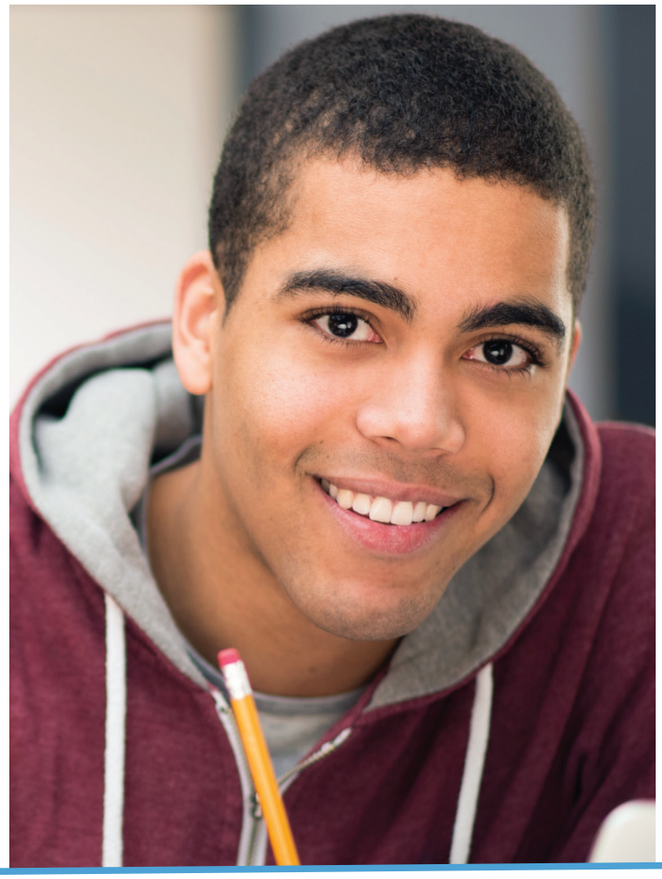
Anthem Medicaid



Commonwealth of Kentucky Request for Proposal (RFP) for Medicaid Managed Care Organization (MCO) - All Regions

TECHNICAL PROPOSAL

Name of Offeror: Anthem Kentucky Managed Care Plan, Inc.

RFP 758 2000000202

Due Date and Time: Friday, February 7, 2020 at 3:30 PM ET

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Anthem Medicaid

Proposal Submission Checklist

Proposal Submission Checklist

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

	Document Description	Page 5
2000000202	Medicaid Managed Care Organization (MCO) - All Regions	

PROPOSAL SUBMISSION CHECKLIST

The vendor **MUST** include the following with the proposal submission.

If the items highlighted below are not submitted with the proposal submission, the Commonwealth **MUST** deem the proposal non-responsive and SHALL NOT consider for award.

All other items **MUST** be submitted prior to award.

- ☑ FACE OF SOLICITATION - SIGNED [see Section 60.4]
- ☑ *PROPOSED TECHNICAL SOLUTION UNDER SEALED COVER AND BY CLOSING DATE AND TIME [see Sections 60.5 – 60.7]
- ☑ TRANSMITTAL LETTER [see Section 60.6(A)]
- ☑ REVENUE FORM 10A100 KENTUCKY TAX REGISTRATION APPLICATION (see Section 60.6 (C)]
- ☑ CERTIFICATE OF AUTHORITY- REGISTRATION WITH SECRETARY OF STATE BY A FOREIGN ENTITY [see Section 60.6 (D)]
- ☑ REQUIRED ANNUAL AFFIDAVIT AND OTHER AFFIDAVIT(S) [see Attachment A]
- ☑ EEO FORMS IF APPLICABLE [see Section 40.21]

**The Commonwealth defines SEALED as "a closure that must be broken to be opened and that thus reveals tampering". (Merriam-Webster Dictionary, http://www.merriam-webster.com/dictionary/seal)*

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Anthem Medicaid

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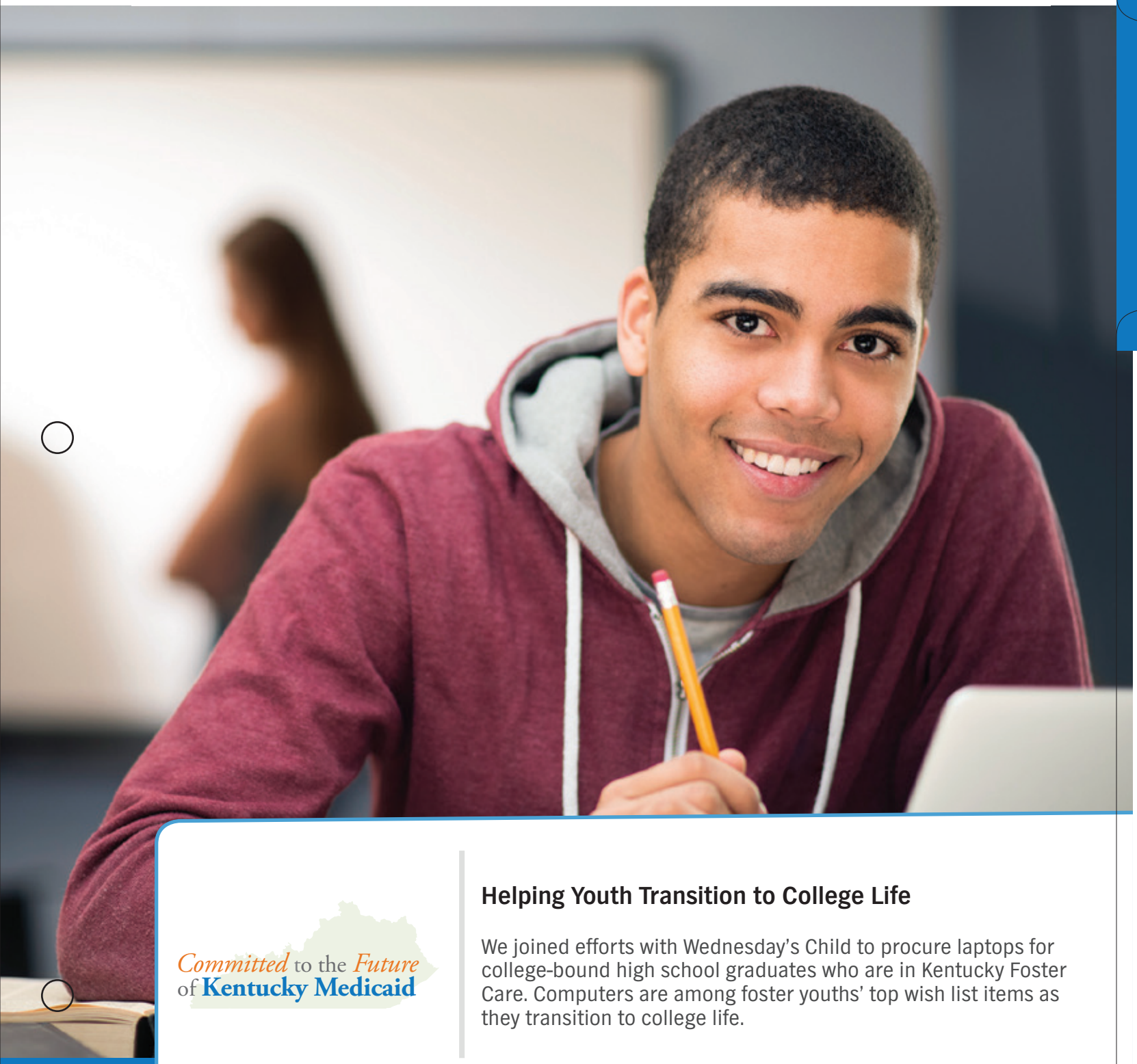

Committed to the *Future* of **Kentucky Medicaid**

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

Technical Proposal

Book 1 of 2

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Anthem Medicaid

A. Transmittal Letter

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

A. Transmittal Letter

February 7, 2020

Amy Monroe, CPPB
Commonwealth of Kentucky
Finance and Administration Cabinet
Office of Procurement Services
New Capitol Annex
702 Capitol Avenue, Room 096
Frankfort, KY 40601

RE: Anthem Proposal Response to the Commonwealth of Kentucky Request for Proposal (RFP) for Medicaid Managed Care Organization (MCO) – All Regions RFP 758 2000000202

Dear Ms. Monroe:

Anthem Kentucky Managed Care Plan, Inc. (Anthem) is pleased to submit our response to the Commonwealth of Kentucky's Request for Proposal (RFP) for Medicaid Managed Care Services for All Regions. Anthem is submitting a proposal for the main Managed Care Contract and a proposal for the Kentucky SKY program.

Anthem fully understands the programs, the RFP, and that deviations are not allowed. We include no deviations in our response. (RFP §60.6[A][i])

Anthem swears and affirms, under penalty of perjury, that:

- If awarded a Contract as a result of this Solicitation, Anthem shall continue to comply in full with all requirements of the Kentucky Civil Rights Act, and shall submit all data required by KRS 45.560 to 45.640. (RFP §60.6[A][ii])
- Pursuant to KRS 11A.040, Anthem has not knowingly violated any provisions of the Executive Branch Code of Ethics. (RFP §60.6[A][iii])
- Anthem is in compliance with RFP Section 40.27 Prohibitions of Certain Conflicts of Interest. (RFP §60.6[A][iv])

In accordance with Federal Acquisition Regulation 52.209-5, Anthem certifies that, to the best of its knowledge and belief, Anthem and/or its principals are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any State or Federal agency. (RFP §60.6[A][v])

As the President of Anthem, I am the representative authorized to contractually bind our organization, the contact person for this RFP, and the contact person for day-to-day operations. (RFP §60.6[A][vi]-[vii])

Should the Commonwealth require clarification for any matters regarding our proposal, please contact me directly:

Leon D Lamoreaux
Chief Executive Officer
Anthem Kentucky Managed Care Plan, Inc.
13550 Triton Park Boulevard
Louisville, KY 40223

Phone: 502-619-6810
Fax: 502-212-7336
Email: Leon.Lamoreaux@Anthem.com

Anthem certifies that the thumb/flash drives submitted have been properly scanned for infected viruses. The virus software used was McAfee Endpoint Security, Version 10.6.1.1068. (RFP §60.6[A][viii])

Anthem will provide a majority of services under the Kentucky Medicaid and Kentucky SKY programs. We will also partner with the following Subcontractors to provide services. (RFP §60.6[A][ix])

Three Subcontractors will provide direct provision of pharmacy, dental, and vision covered services to Members.

Subcontractor	Address	Contact Name and Telephone
IngenioRx, Inc.	2 Speedwell Avenue Morristown, NJ 07960	Robert Galle, VP and COO 833-822-0261
DentaQuest, LLC	465 Medford Street Boston, MA 02129	Steven J. Pollock, CEO 617-886-1568
EyeQuest (a product of DentaQuest, LLC)	465 Medford Street Boston, MA 02129	Steven J. Pollock, CEO 617-886-1568

Additional Subcontractors perform administrative functions.

Subcontractor	Address	Contact Name and Telephone
Anthem, Inc.	220 Virginia Avenue Indianapolis, IN 46204	Felicia Norwood, Executive Vice President and President, Government Business Division 800-331-1476
Alliant ASO	1455 Lincoln Parkway, Suite 800 Atlanta, GA 30346	Will Battles, Chief Strategy Officer 678-527-3672
Aspire Health, Inc.	333 Commerce Street, Suite 700 Nashville, TN 37201	Alicia Bloom, VP of Partnerships 615-454-9850
Availity, LLC	10752 Deerwood Park Boulevard, Suite 110 Jacksonville, Florida 32256	Leo Milus, Director Alliance Management 800-282-4548
BHM Healthcare Solutions, Inc.	5601 Mariner Street, Suite 490 Tampa, FL 33609	Jean Neiner, Senior VP Sales, Marketing & Client Services 888-832-1171
Cenveo Worldwide Limited	200 First Stamford Place Stamford, CT 06902	Bill Silverstein, VP Managed Health Care Sales 203-308-0899
Change Healthcare Resources, LLC	3055 Lebanon Pike, Suite 1000 Nashville, TN 37214	Nancy Weirich, Program Director 615-932-3000
Clarity Software Solutions, Inc.	92 Wall Street, Suite 1 Madison, CT 06443	Rose Levy, Director of National Accounts 203-453-3999
Conduent, Inc.	100 Campus Drive, Suite 200 Florham Park, NJ 07932	Partha Bose, VP Healthcare Payer Engagement 844-663-2638
ConsumerInfo.com, Inc.	475 Anton Boulevard Costa Mesa, CA 92626	Jessica Smith, Director Incident Response 330-329-0180
Corvel Health	5128 Apache Plume Road, Suite 400 Fort Worth, TX 76109	Corey Albrecht, President 817-348-0000
Cotiviti, Inc.	One Glenlake Parkway, Suite 1400 Atlanta, GA 30328	Susan Murray, VP, Client Engagement Leader 770-379-2800
Council for Affordable Quality Healthcare, Inc.	2020 K Street, NW, Suite 900 Washington, DC 20006	BJ Taylor, Account Manager 202-517-0400
CQ Fluency, Inc.	2 University Plaza Drive Hackensack, NJ 07601	Alan Vernon, VP of Healthcare 201-487-8007

Subcontractor	Address	Contact Name and Telephone
CrowdCircle, Inc. dba HealthCrowd	1810 Gateway Drive, Suite 200 San Mateo, CA 94404	Ken Mobley, Strategic Account Director 888-992-7693
CulturaLink LLC	157 Technology Parkway, Suite 600 Norcross, GA 30092	Yolanda Robles, CEO 404-617-3800
CyraCom International, Inc.	5780 N. Swan Road Tucson, AZ 85718	Patrick Schaefer, Senior Account Manager 520-573-2570
Eliza Corporation	5615 High Point Drive Irving, TX 75038	Kathleen Mullarkey, Account Director II 214-453-3000
Episource, LLC	500 W. 190th Street Gardena, CA 90248	Heather Scott, Client Services Manager 714-452-1961
Health Management Systems, Inc.	5615 High Point Drive Irving, TX 75038	Melissa Quince, Account Director II 214-453-3000
InComm Healthcare & Affinity	250 Williams Street NW Atlanta, GA 30303	LaRae Olsson, Account Manager II 770-240-6100
Iron Mountain Incorporated	One Federal Street Boston, MA 02110	Tracy Locke, Senior Business Development Executive Insurance 416-464-4078
Language Line Services, Inc.	1 Lower Ragsdale Drive, Bldg. 2 Monterey, CA 93940	John Reitano, Strategic Account Executive 800-752-6096
MCMC, LLC	300 Crown Colony Drive, Suite 203 Quincy, MA 02169	Crista Lane, Account Executive Senior VP, Sales 913-341-8811 x213
OptumInsight, Inc.	11000 Optum Circle Eden Prairie, MN 55344	Skip Lindsey, VP, Client Management 800-873-4575
Smart Data Solutions	960 Blue Gentian Drive Eagan, MN 55121	Nick Lane, Sales Engineer 651-894-6407
Sutherland Healthcare Solutions, Inc.	2 Brighton Road, Suite 300 Clifton, NJ 07012	Debbie Ruggles, VP of Business Development 973-405-5002
The Dieringer Research Group, Inc.	200 Bishops Way Brookfield WI 53005	Shelley Ahrens, VP Research Services 262-432-5200
WebMD Health Services Group, Inc.	2701 NW Vaughn, Suite 700 Portland, OR 97210	Debbie Rutkin, Director Strategic Accounts 503-205-5066
Welltok, Inc.	1515 Arapahoe Street, Tower 3 – Suite 700 Denver, CO 80202	Anne Mueller, VP Sales & Account Management 888-935-5865

Anthem declares the following information in our proposal as proprietary in nature and not available for public disclosure pursuant to Section 40.29 of this solicitation; therefore, we are presenting these pages under separate sealed cover marked "Proprietary Data."

- Anthem and Subcontractor Disclosure of Ownership and Significant Business Transactions, Attachment B.2.a-1
- Anthem's Prompt Payment Reports filed with the Kentucky Department of Insurance in the Past twelve months, Attachments B.2.b-4g to 4j
- Financial statements of Subcontractors who are privately owned entities and whose financial statements are not otherwise available publicly, found within Attachment B.2.c-2
- Provider rate information and Subcontractor fee schedules found within the Provider Network — Proposed Individual Practitioner Contract Template, Attachment C.18.d-1a
- Financial information found within the contract between IngenioRx and CVS, Attachment C.21.a-1b

In closing, I want to reiterate my personal commitment to continuing Anthem's dedication to delivering the highest quality health care services to Kentucky Medicaid Members. We are excited about the opportunity to continue our partnership with the Commonwealth to improve the health outcomes of underserved Kentuckians.

Anthem Medicaid

We look forward to hearing from you.

Sincerely,

Leon D Lamoreaux
Chief Executive Officer
Anthem Kentucky Managed Care Plan, Inc.

Subscribed and sworn to before me by LEON D. LAMOREAUX (Affiant) CHIEF EXEC OFFICER (Title)

of ANTHEM KENTUCKY MANAGED CARE PLAN, INC. (Company Name) this 30th day of JANUARY, 20 20

Notary Public

[seal of notary]

My commission expires: 4.30.2021

NANCY M. NEWSOM
Notary Public - Reg. # 191631
Commonwealth of Virginia
My Commission Expires Apr. 30, 2021

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Anthem Medicaid

Committed to the Future of Kentucky Medicaid

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

B. Disclosure of Violation of Statutes

B. Disclosure of Violation of Statutes

Anthem Kentucky Managed Care, Inc. ("Anthem"), pursuant to KRS 45A.485, remains in compliance with and does not have any violations within the last five years of, the pertinent provisions as noted in the Report of Prior Violations of Tax and Employment Laws. Therefore, the Report of Prior Violations of Tax and Employment Laws is inapplicable for Anthem.

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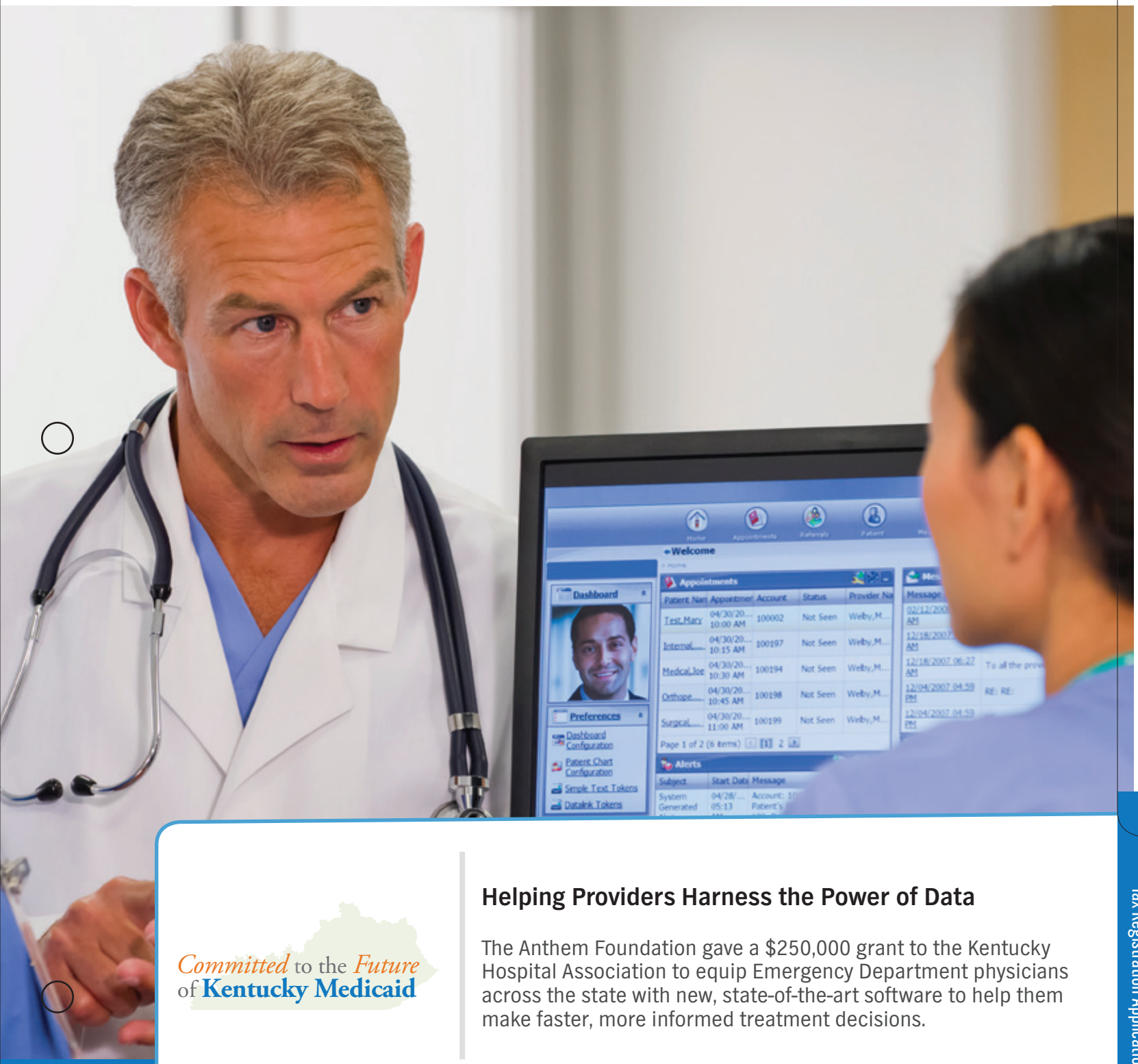
Anthem Medicaid

C. Kentucky Tax Registration Application



Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

C. Kentucky Tax Registration Application

Pursuant to page 94 of DMS' updated RFP and Q&A document, dated January 27, 2020, Anthem Kentucky Managed Care, Inc. (Anthem) is not required to and is therefore not submitting the Kentucky Tax Registration Application with this proposal submission. Anthem, as an existing domestic health maintenance organization, has been operating in the Commonwealth of Kentucky for the past five years and remains in compliance with all applicable tax laws.

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Anthem Medicaid

D. Registration with the Secretary of State by a Foreign Entity

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

D. Registration with the Secretary of State by a Foreign Entity

*Anthem Kentucky Managed Care Plan, Inc. (Anthem) is **not** a foreign entity.*

As an existing domestic health maintenance organization, Anthem is currently registered with the Secretary of the State. A copy of our Articles of Incorporation and our Certificate of Authority are provided in Attachments B.2.b-2a and B.2.b-3, respectively.

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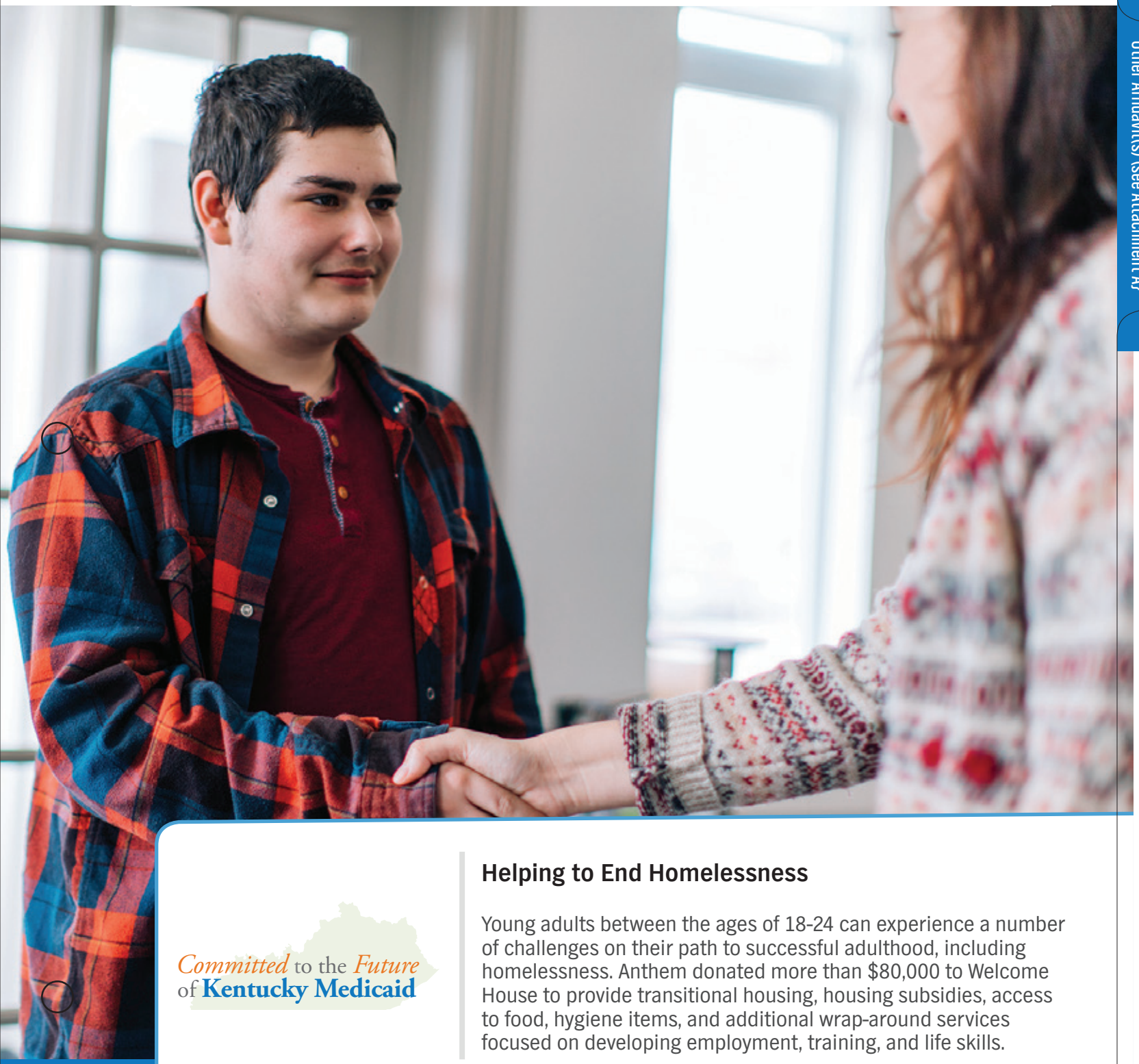
Anthem Medicaid

E. Required Annual Affidavit and Other Affidavit(s) (see Attachment A)



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

E. Required Annual Affidavit and
Other Affidavit(s) (see Attachment A)

E. Required Annual Affidavit and Other Affidavit(s)

Required Annual Affidavit and Other Affidavit(s) includes the following:

- Attachment A (1)
- Attachment A (2)

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ATTACHMENT A (1)

Affidavit Effective Date: February 7, 2020
Affidavit Expiration Date: February 7, 2021
Maximum Length One-Year

REQUIRED AFFIDAVIT FOR BIDDERS, OFFERORS AND CONTRACTORS PAGE 1 OF 2

FOR BIDS AND CONTRACTS IN GENERAL:

I. Each bidder or offeror swears and affirms under penalty of perjury, that to the best of their knowledge:

a. In accordance with KRS 45A.110 and KRS 45A.115, neither the bidder or offeror as defined in KRS 45A.070(6), nor the entity which he/she represents, has knowingly violated any provisions of the campaign finance laws of the Commonwealth of Kentucky; and the award of a contract to the bidder or offeror or the entity which he/she represents will not violate any provisions of the campaign finance laws of the Commonwealth.

b. The bidder or offeror swears and affirms under penalty of perjury that, to the extent required by Kentucky law, the entity bidding, and all subcontractors therein, are aware of the requirements and penalties outlined in KRS 45A.485; have properly disclosed all information required by this statute; and will continue to comply with such requirements for the duration of any contract awarded.

c. The bidder or offeror swears and affirms under penalty of perjury that, to the extent required by Kentucky law, the entity bidding, and its affiliates, are duly registered with the Kentucky Department of Revenue to collect and remit the sales and use tax imposed by KRS Chapter 139, and will remain registered for the duration of any contract awarded.

d. The bidder or offeror swears and affirms under penalty of perjury that the entity bidding is not delinquent on any state taxes or fees owed to the Commonwealth of Kentucky and will remain in good standing for the duration of any contract awarded.

e. The bidder or offeror swears and affirms under penalty of perjury that the entity bidding, is not currently engaged in, and will not for the duration of the contract engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which Kentucky can enjoy open trade, as defined in Executive Order No. 2018-905.

f. The bidder or offeror swears and affirms that the entity bidding, and all subcontractors therein, have not violated any of the prohibitions set forth in KRS 11A.236 during the previous ten (10) years, and further pledge to abide by the restrictions set forth in such statute for the duration of the contract awarded.

FOR "NON-BID" CONTRACTS (I.E. SOLE-SOURCE; NOT-PRACTICAL OR FEASIBLE TO BID; OR EMERGENCY CONTRACTS, ETC):

II. Each contractor further swears and affirms under penalty of perjury, that to the best of their knowledge:

a. In accordance with KRS 121.056, and if this is a non-bid contract, neither the contractor, nor any member of his/her immediate family having an interest of 10% or more in any business entity involved in the performance of any contract awarded, have contributed more than the amount specified in KRS 121.150 to the campaign of the gubernatorial slate elected in the election last preceding the date of contract award.

ATTACHMENT A (2)

REQUIRED AFFIDAVIT FOR BIDDERS, OFFERORS AND CONTRACTORS CLAIMING RESIDENT BIDDER STATUS

FOR BIDS AND CONTRACTS IN GENERAL:
The bidder or offeror hereby swears and affirms under penalty of perjury that, in accordance with KRS 45A.494(2), the entity bidding is an individual, partnership, association, corporation, or other business entity that, on the date the contract is first advertised or announced as available for bidding:

1. Is authorized to transact business in the Commonwealth;
2. Has for one year prior to and through the date of advertisement
   a. Filed Kentucky corporate income taxes;
   b. Made payments to the Kentucky unemployment insurance fund established in KRS 341.49; and
   c. Maintained a Kentucky workers' compensation policy in effect.

The BIDDING AGENCY reserves the right to request documentation supporting a bidder's claim of resident bidder status. Failure to provide such documentation upon request shall result in disqualification of the bidder or contract termination.

Signature

Leon Lamoreaux
Printed Name

President
Title

2-5-20
Date

Company Name Anthem Kentucky Managed Care Plan, Inc.
Address 13350 Triton Park Blvd.
Louisville, KY 40233

Subscribed and sworn to before me by Leon Lamoreaux (Affiant) President (Title)

of Anthem Kentucky Managed Care Plan Inc (Company Name) this 5th day of February, 2020.

Babette Bradley English
Notary Public

[seal of notary]

My commission expires: Aug 11, 2020

	Document Description	Page 86
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ATTACHMENT A (2)

REQUIRED AFFIDAVIT FOR BIDDERS, OFFERORS AND CONTRACTORS CLAIMING RESIDENT BIDDER STATUS

FOR BIDS AND CONTRACTS IN GENERAL:
The bidder or offeror hereby swears and affirms under penalty of perjury that, in accordance with KRS 45A.494(2), the entity bidding is an individual, partnership, association, corporation, or other business entity that, on the date the contract is first advertised or announced as available for bidding:

1. Is authorized to transact business in the Commonwealth;
2. Has for one year prior to and through the date of advertisement
   a. Filed Kentucky corporate income taxes;
   b. Made payments to the Kentucky unemployment insurance fund established in KRS 341.49; and
   c. Maintained a Kentucky workers' compensation policy in effect.

The BIDDING AGENCY reserves the right to request documentation supporting a bidder's claim of resident bidder status. Failure to provide such documentation upon request shall result in disqualification of the bidder or contract termination.

Signature: [signature] Printed Name: Leon Lamoreaux

Title: President Date: 2.5.20

Company Name: Anthem Kentucky Managed Care Plan, Inc.
Address: 13350 Triton Park Blvd.
Louisville, KY 40233

Subscribed and sworn to before me by Leon Lamoreaux (Affiant) President (Title)

of Anthem Kentucky Managed Care Plan Inc (Company Name) this 5th day of February, 2020.

Notary Public [signature]

[seal of notary] My commission expires: Aug 11, 2020

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Anthem Medicaid

F. Completed and Signed Face of Solicitation (§ 60.4)

Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

F. Completed and Signed
Face of Solicitation (§ 60.4)

Document ID: RFP 758 2000000202

Page: 1

Commonwealth of Kentucky
SOLICITATION

Addenda: No **Addenda #:**

TITLE: Medicaid Managed Care Organization (MCO) - All Regions		
Date Issued: 1/10/20 **Record Date:** 2020-01-10	**Solicitation Closes Date:** 2/7/20 **Time:** 15:30	**Solicitation No:** RFP 758 2000000202
Online Bidding Prohibited: Yes		
For Information Call: Amy Monroe 502-564-4510	**Bid Receiving Location:** Finance - Office of Procurement Services Bid Clerk 702 Capitol Ave, Capitol Annex Room 095 Frankfort KY 40601	

Vendor Customer Number: KY0020841

Vendor Name: Anthem Kentucky Managed Care Plan, Inc.

Phone Number: (502) 619-6810

Fax Number: (502) 212-7336

Email Address: Leon.Lamoreaux@Anthem.com

Ordering	**Payment**
Address: 13550 Triton Park Blvd.	**Address: 13550 Triton Park Blvd.**
City, State, Zip: Louisville, KY 40223	**City, State, Zip: Louisville, KY 40223**
Contact Name: Leon Lamoreaux	**Contact Name: Leon Lamoreaux**
Contact Email: Leon.Lamoreaux@Anthem.com	**Contact Email: Leon.Lamoreaux@Anthem.com**
Contact Phone Number: (502) 619-6810	**Contact Phone Number: (502) 619-6810**

Ownership Type

__ Sole Proprietorship __ Partnership _x_ Corporation __ Other_____

SIGNATURE OF AUTHORIZED AGENT IS REQUIRED UNLESS RESPONSE IS SUBMITTED ELECTRONICALLY. FAILURE TO SIGN SHALL RENDER THE BID INVALID.

Signature X_____ **FEIN#** KRS 61.878(1)(a) **Date** 1·30·2020

All offers subject to all terms and conditions contained in this solicitation.

Document ID: RFP 758 2000000202

Page: 2

Commonwealth of Kentucky
SOLICITATION

Addenda: No **Addenda #:**

Line Items

Commodity Group: Default

Line	GL Description	Quantity	UOM	Unit Cost	Line Total or Contract Amnt
1	Managed Care Services	0.00000	EA		

Comm Code	Comm Description	Manufacturer	Model #	Manuf Part #
95856	Health Care Management Services (Including Managed Care Serv			

Extended Description
Provided managed care services for Kentucky Medicaid recipients.

Capitated Rates contained in the contract are set by the Department within the actuarially sound range developed by the Department's Actuarial Contractor. These rates are subject to final approval by CMS. Therefore, cost will not be a factor in the evaluation and award of any resulting contracts.

Sample rates and rate books are included as Attachment E, Exhibits 1-3 of this RFP. These rates are provided as an example of the process. Actual rates will be developed and made available to successful Contractors during the review and acceptance of the contract.

Shipping Information	Billing Information
CHFS DMS Division of Fiscal Management	CHFS DMS Division of Fiscal Management
	dms.invoice@ky.gov
275 E Main Street 6W-C	275 E Main Street 6W-C
Frankfort KY 40621	Frankfort KY 40621

Document ID: RFP 758 2000000202

Page: 3

Commonwealth of Kentucky
SOLICITATION

Addenda: No **Addenda #:**

Submission Checklist

The following items will be required to be submitted with bid:

Item

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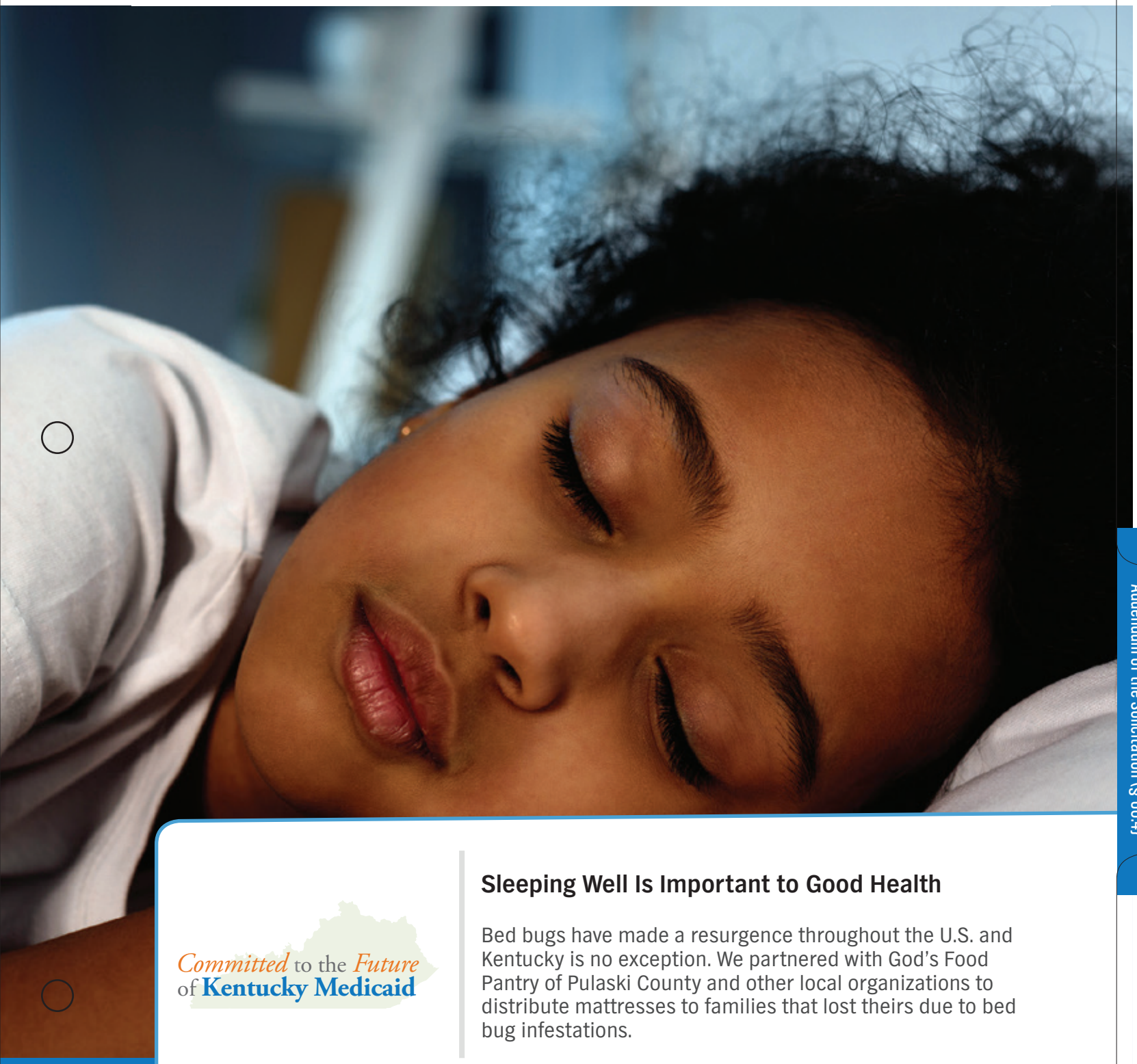
Anthem Medicaid

G. Signed Face of Latest Addendum of the Solicitation (§ 60.4)



Committed to the Future of Kentucky Medicaid

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

G. Signed Face of Latest Addendum of the Solicitation (§ 60.4)

G. Signed Face of Latest
Addendum of the Solicitation (§ 60.4)

Document ID: RFP 758 2000000202

Page: 1

Commonwealth of Kentucky
SOLICITATION MODIFICATION

Addenda: Yes **Addenda #:** 2

TITLE: Medicaid Managed Care Organization (MCO) - All Regions		
Date Issued: 1/27/20 **Record Date:** 2020-01-27	**Solicitation Closes Date:** 2/7/20 **Time:** 15:30	**Solicitation No:** RFP 758 2000000202
Online Bidding Prohibited: Yes		
For Information Call: Amy Monroe 502-564-4510	**Bid Receiving Location:** Finance - Office of Procurement Services Bid Clerk 702 Capitol Ave, Capitol Annex Room 095 Frankfort KY 40601	

Vendor Customer Number: KY0020841

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Signature X_____ **FEIN#** [redacted] **Date** 1-30-2020

All offers subject to all terms and conditions contained in this solicitation.

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Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

H. EEO Forms (§ 40.21)

H. EEO Forms (§ 40.21)

To demonstrate Anthem Kentucky Managed Care Plan, Inc.'s compliance with 40.21 EEO Requirements and The Equal Employment Opportunity Act of 1978, we have included a copy of our current Equal Employment Opportunity Certification with the Commonwealth of Kentucky.

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Commonwealth of Kentucky
Finance and Administration Cabinet
OFFICE OF EEO AND CONTRACT COMPLIANCE
Room 395, Capitol Annex
702 Capital Avenue
Frankfort, Kentucky 40601
(502) 564-2874
Fax (502) 564-1055

Matthew G. Bevin
Governor

William M. Landrum III
Secretary

Yvette M. Smith
Executive Director

April 1, 2019

ATTENTION: Anthem Kentucky Managed Care Plan, Inc.

Subject: Certification

Your company has been certified to do business with the Commonwealth of Kentucky pursuant to Kentucky's Equal Employment Opportunity Act, KRS 45.550 to 45.640. The one-year certification **expires March 30, 2020.**

You will receive a recertification notice at least ten (10) business days before the expiration date.

Please call (502) 564-2874 if you have questions regarding your certification.

Sincerely,

Yvette M. Smith
Executive Director

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Anthem Medicaid

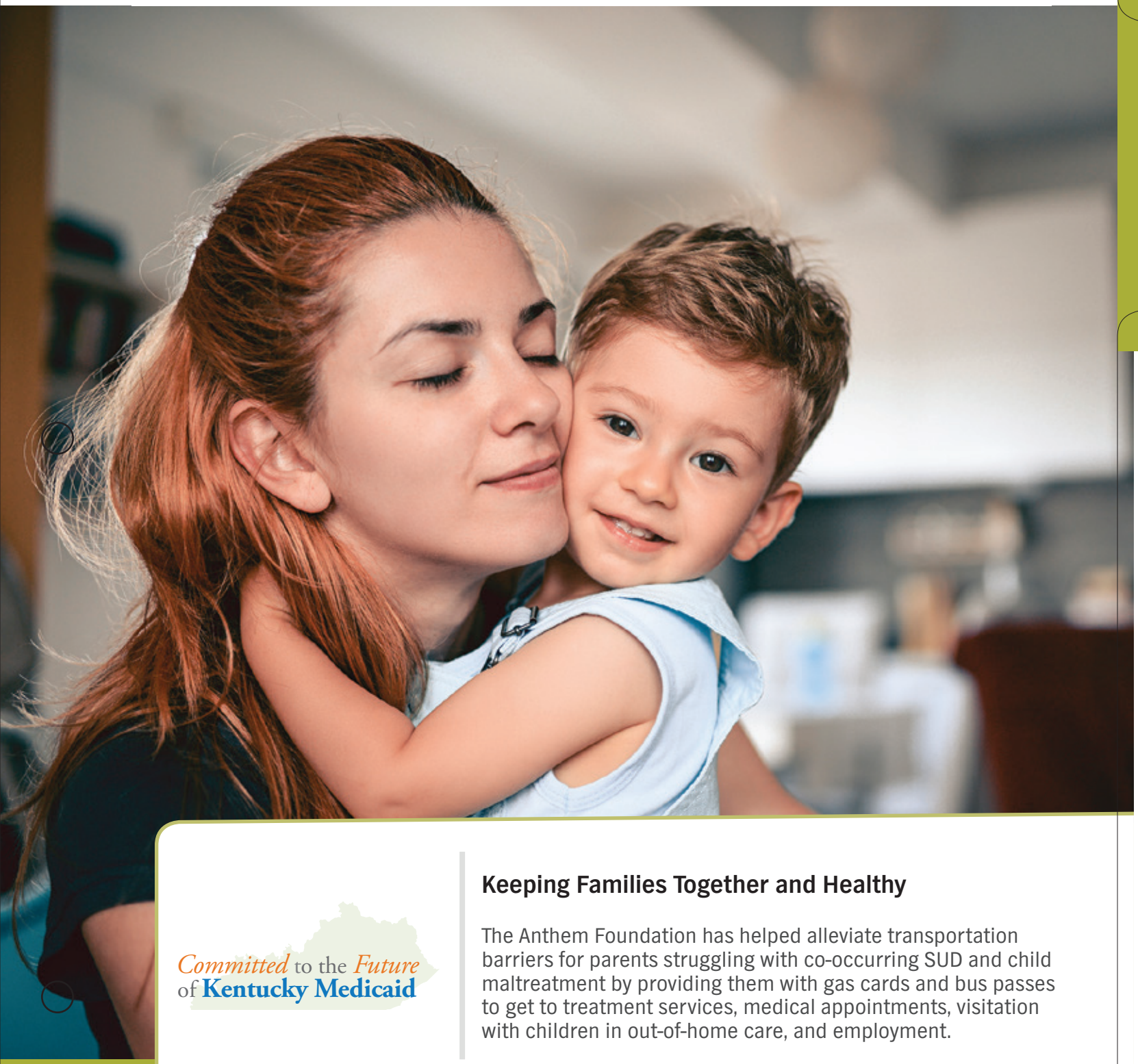
I. Proposed Solution (§ 60.7)

Committed to the *Future* of **Kentucky Medicaid**

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

Anthem Medicaid



Committed to the Future of Kentucky Medicaid

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

A. EXECUTIVE SUMMARY

A. Executive Summary

Provide an Executive Summary that summarizes the Vendor's proposed staffing and organizational structure, technical approach, and implementation plan. The Executive Summary must include a statement of understanding and fully document the Vendor's ability, understanding and capability to provide the full scope of work. Address the following, at a minimum:

Anthem Kentucky Managed Care Plan, Inc. (Anthem) is pleased to respond to the Commonwealth of Kentucky Cabinet for Health and Family Services' (CHFS) and the Department for Medicaid Services' (DMS) Request for Proposal to provide managed care services for Kentucky Medicaid recipients. Anthem has been providing Medicaid services in Kentucky since 2014, when services expanded through the Affordable Care Act to the childless adult population. We continued to expand our services when Region 3 was opened to competition. Medicaid has become a vital part of Anthem's services offerings to the Commonwealth, and Anthem is proud to provide services to Kentuckians regardless of age, income, disability, employment status, or geography. ***Currently Anthem is serving more than 132,000 Kentucky Medicaid Enrollees (Members) and we hope to continue to grow and serve the underserved throughout the Commonwealth.*** We stand ready to continue delivering transformative health care solutions for Members, with a targeted focus on quality, access, innovation, and the highest level of customer service. Throughout this Executive Summary, we will outline our proposed staff and organizational structure and will highlight our technical approach and implementation plan. We will also demonstrate our understanding of DMS' goals and provide an overview of our ability using actual examples and evidence of our success.

Committed to the Future of Kentucky Medicaid

Proposed Staffing and Organizational Structure

The Anthem Medicaid staffing model is structured to significantly exceed Contract requirements. Our Kentucky-based team is supported by national resources that enable us to deliver superior service to Kentucky Members in Medicaid by leveraging proven solutions and sharing best practices.

We believe that health care is local and that strong personal relationships are the key to success. ***Anthem's Leadership Team and all Key Staff outlined in the Contract are located in Kentucky*** and are dedicated to serving Kentucky Medicaid. Additionally, all positions that interact directly with Members, Providers, DMS, or community-based organizations are based in Kentucky.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

At the core of our structure is our Population Health Management (PHM) model, which is focused on whole-person health and person-centered care. Our PHM model aligns with the Commonwealth's goals for reducing substance use disorder (SUD), improving health outcomes, increasing utilization of preventive services, improving access to high-quality care, enhancing collaboration with Providers, and maintaining a strong partnership between DMS, other MCOs, community organizations, Providers, and the Members we serve. With these goals in mind, our organizational model reflects not only our past and present experience supporting the Kentucky Medicaid Program, but also includes future improvements and innovations to meet DMS' programmatic goals, address the changing Medicaid landscape, and further strengthen our community ties.

Approach to Serving Kentucky Members in Medicaid

Anthem remains fully dedicated to the Kentucky Medicaid program, with a targeted focus on operational and service excellence. We share DMS' vision to maximize access to quality health care for our fellow Kentuckians across the Commonwealth. Backed by our commitment to address the priorities, challenges, and needs of the communities we serve, we have made strides as an incumbent Managed Care Organization (MCO) to offer the highest-quality care to our Members in Medicaid and to be the partner of choice for Providers. We are prepared to launch new and innovative services and programs that will help take the Medicaid program to the next level.

The Anthem Medicaid model is inspired by the concept of whole-person health. Whole-person health takes into consideration that every Member has different needs — healthy, low utilizers may only need preventive services and education to stay healthy, while those with chronic conditions may need targeted education and specific interventions to live successfully. For Members with a short-term acute conditions, case management services help navigate the care system and assist with successful transitions from one mode of care to another or understand their discharge instructions. For Members with highly complex health needs, the health plan must supply many different types of support services. It may be that ***case management*** becomes ***care management*** and must take place within the treatment facility or the Member's home.

Kentucky Medicaid Implementation Plan

As an incumbent Kentucky Medicaid MCO, we are fully operational and have demonstrated our ability to implement, staff, and manage a successful Medicaid program while responding to the needs of DMS and the Members we serve. To support the readiness review process, our local Kentucky leadership will oversee implementation with support from our national Implementation Management Office (IMO) that has successfully launched more than 250 publicly funded programs, service area expansions, and enhancements. ***We consistently pass all implementation readiness reviews and have always met operational start dates to begin successfully serving Members.*** To augment our IMO resources, we have established our locally based Operational Excellence team, under the leadership of our Chief Operating Officer, Nicole Basham. This team will lead our efforts to achieve operational accuracy, compliance, and successful implementation of all new Contract requirements. Our comprehensive Kentucky Medicaid Implementation Plan is included in our response to Section D.1.

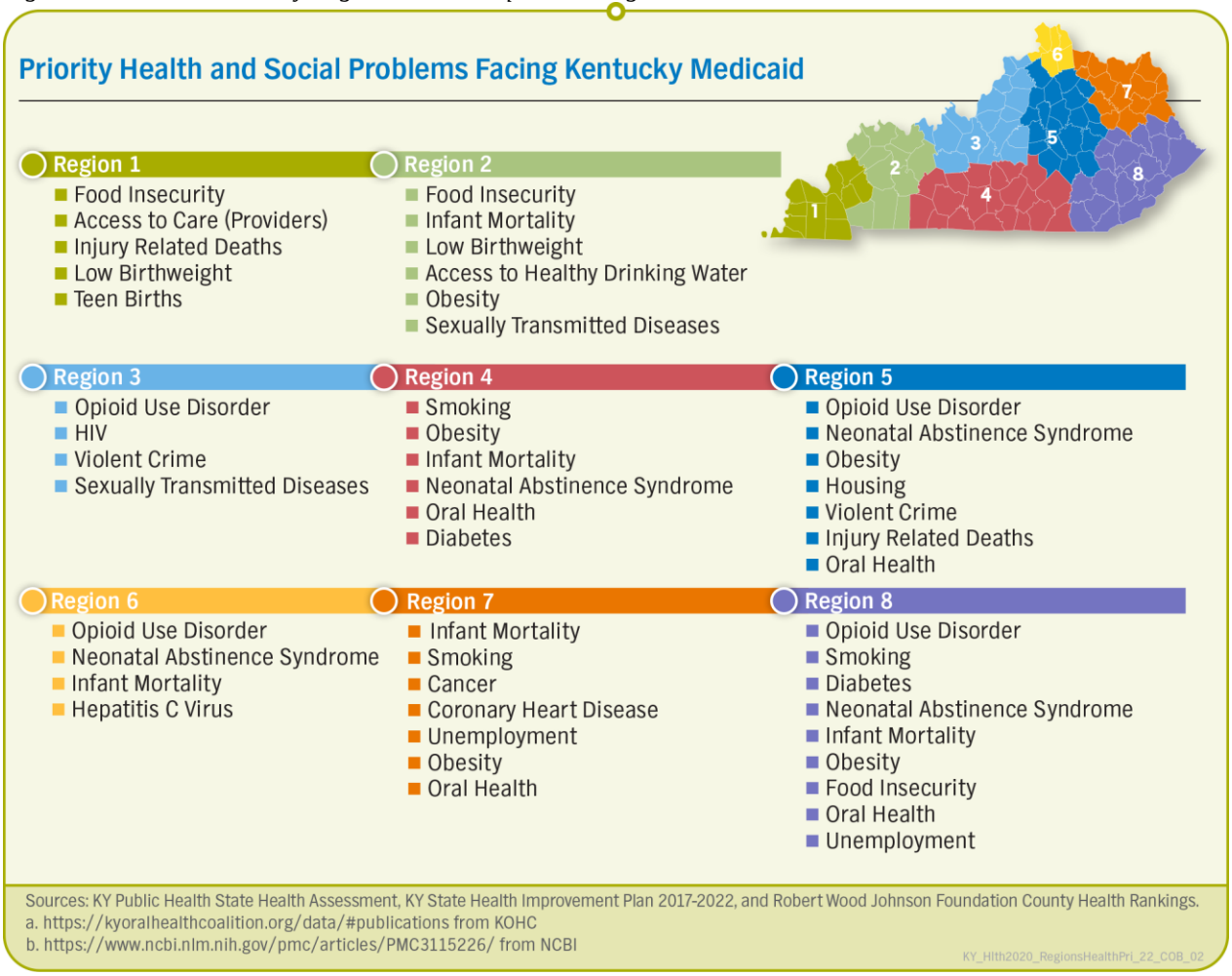
A.1. Understanding of Health Care Environment

1. The Vendor's statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.

Understanding of Health Care Environment and Enrollee Needs

Anthem's areas of focus are aligned with the Commonwealth's health priorities and populations, and our team conducts extensive research and evaluation of health care issues to inform our solutions and programs. To enhance our knowledge of Kentucky's health care environment, we have drawn upon the findings of the Kentucky Public Health State Health Assessment and State Health Improvement Plan, as a well as the Robert Wood Johnson County Health Rankings, to understand the priority health and social challenges facing Kentucky Medicaid, illustrated in Figure A.1-1. By knowing the issues Members face in each individual Region, we are able to focus our efforts. For example, to address low birth weight and infant mortality in multiple Regions, Anthem offers the *New Baby, New Life*SM program that provides evidence-based interventions for pregnant women at all risk levels, with specialized interventions for those with high-risk pregnancies, including individualized OB care management.

Figure A.1-1. Each Kentucky Region Faces Unique Challenges



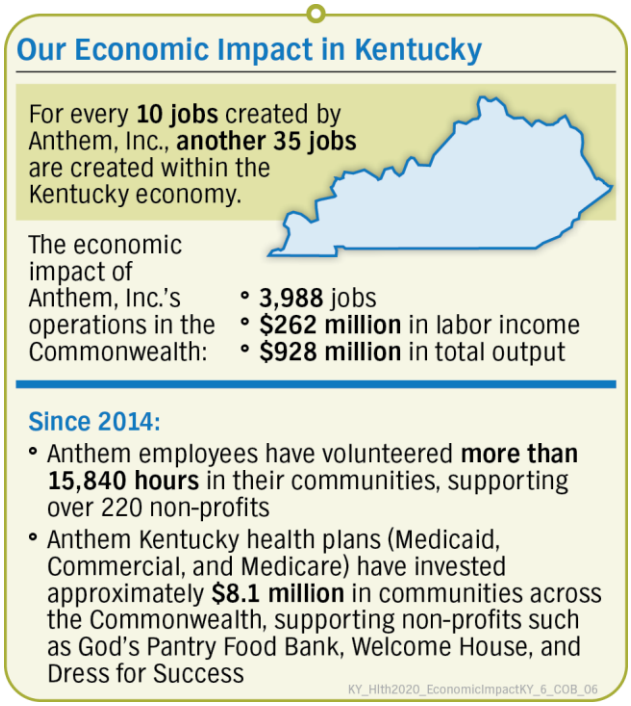
We take a data-driven approach to developing our programs to meet Kentucky Members' needs. Each month, the entire Anthem Leadership team meets to review medical trends and identify ways to address them. As a result of these Medical Trend review meetings, Anthem has identified several business practices to help meet the needs of our Members, including:

- ***Complex Care Management***, which uses an integrated team strategy to address Members' needs and health goals that are multi-dimensional, including medical complexities, disabilities, and social determinants of health (SDOH).
- ***Comprehensive SUD program***, which includes developing Evidence-Based Practice Medication-Assisted Treatment (MAT) therapies in underserved areas and augmenting the typical programming with harm reduction strategies for Members who are not yet ready for abstinence-based interventions.
- ***FOCUS 100***, an effort to validate the overall effectiveness of the sophisticated tools made possible by Health Intech, our care management system. Our data and analytics team initially developed the FOCUS 100 report to profile the 100 highest-risk Members and the most common diagnoses. Based on this data, Anthem began to target specific Provider groups with training and education and to develop specific programs, like the SUD programs in eastern Kentucky, a neonatal focus in the extreme northern Kentucky, and embedded Behavioral Health (BH) Care Managers in a particular high-volume location. FOCUS 100 has become so successful that we expanded it to include BH and pharmacy, and it has also helped inform our community organization and Provider outreach efforts.

DMS' Vision of the Kentucky Medicaid Program

We understand DMS is seeking to enhance the current Medicaid managed care system in the Commonwealth, with a ***focus on improving access to affordable health care for all Kentuckians, especially children***. Knowing the importance of getting and keeping children healthy, the Anthem Foundation provided a $100,000 grant to the National Foundation for Governors' Fitness Councils (NFGFC), a national non-profit organization that encourages fitness and exercise in local schools. Each year, NFGFC selects four states to receive three *Don't Quit Fitness Centers* at local schools, which include state-of-the-art exercise equipment to increase physical activity among students. ***Governor Beshear was pleased to announce recently that Kentucky was chosen to be one of the four states to receive these fitness centers in 2020.*** Schools throughout the Commonwealth can nominate themselves this spring, and winners will be announced in early summer.

By assuring access to high-quality health care services, the MCOs that provide Medicaid programs in Kentucky will help Members improve their overall health and well-being. Additionally, DMS is seeking to develop



collaborative, innovative initiatives with the contracted MCOs, as well as Commonwealth agency partners, and to implement targeted approaches to improve the health of Members in Medicaid.

DMS wants to partner with MCOs that will provide innovative, results-driven programs, and Anthem is committed to delivering high-quality services and support to Kentucky Medicaid beneficiaries. ***In 2019, Anthem's NCQA rating went from Accredited to Commendable, and we were awarded 3.5 Stars, making us one of the top performing MCOs in the Commonwealth. Our goal is to be a 5-Star health plan within two years.***

Anthem knows Kentucky, and we are proud of our service and commitment to the Kentucky Medicaid program. We will continue to support DMS in developing data-informed programs and innovative solutions to improve our Members' health and well-being.

A.2. Proposed Organization to Provide Services

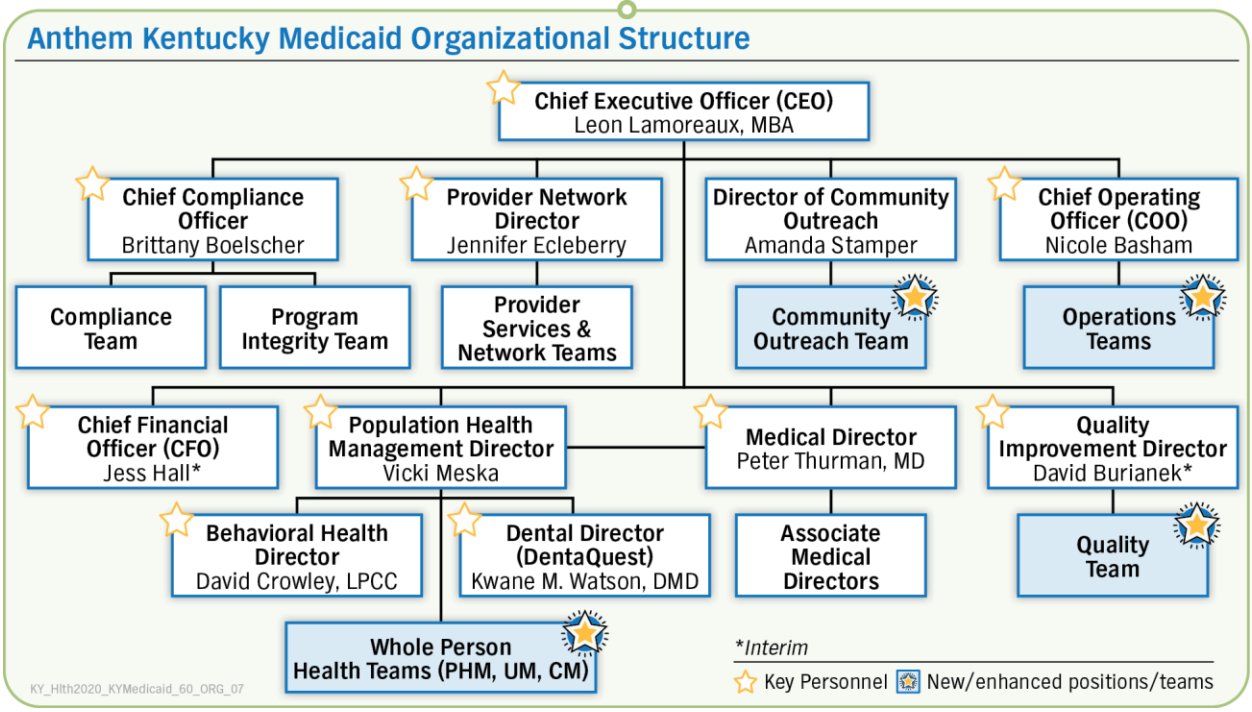
2. An overview of the Vendor's proposed organization to provide coordinated services under the Contract.

Our experienced, locally based leadership team and staff are at the heart of our organizational and operational structure. We developed this structure to fulfill the program requirements and obligations of Kentucky's Medicaid program, embracing our belief that health care is best delivered locally in the communities where we live and work. Our organization blends our strong local team across the Commonwealth with the administrative proficiency of national back-office functions. ***All Key Leadership, Member- and Provider-facing personnel, community outreach personnel, and our Operations Excellence team are located in Kentucky.*** This structure exists so that we can assure that Kentuckians are taking care of Kentuckians while also implementing proven processes and best-in-class administrative solutions.

Our locally based employees are at the foundation of our approach for our Kentucky Medicaid Managed Care operations. These employees oversee and manage each of the functional areas outlined under the proposed Contract. ***Under the direction of our CEO, Leon Lamoreaux, our Kentucky-based leadership team is accountable for, and has ultimate authority over every aspect of our operations.*** Led by Mr. Lamoreaux, our organizational structure is built on promoting whole-person integrated care, population health, and improvement in health outcomes to create a healthier Kentucky.

Mr. Lamoreaux is focused on evolving the leadership vision to continually improve quality, enhance operations, achieve substantial growth, and improve financial performance. Our local team, illustrated in Figure A.2-1, works as one to address Members' health and social needs and remove any barriers to care. As a successful MCO serving Kentucky Members in Medicaid for more than six years, Anthem is fully equipped to continue providing integrated and coordinated services under the new Medicaid Managed Care Contract. We have the staff and structure in place to build upon our current programs while enhancing our model to offer relevant and responsive innovative services to our Members. ***Our qualified and well-trained team members are Kentuckians who are proud to serve Kentucky.***

Figure A.2-1. Our Local Kentucky Team is Structured to Provide Superior Service



Our Staff and Structure Support Kentucky

As an incumbent MCO, Anthem has long-standing leadership already in place in Kentucky. Many of our staff have been with us since the very early stages of our Kentucky Medicaid program launch and are keenly aware of the challenges affecting the communities we serve. Anthem has staff located across multiple locations in the Commonwealth, with two main offices in Lexington and Louisville. ***Our Key Personnel are currently in place and managing every aspect of our Kentucky Medicaid program operations today.***

Through our strategic staffing approach, we start with a robust employee search and rigorous evaluation process to identify and employ the best candidates across all levels, functions, and departments. ***We seek employees who are passionate about Kentucky Medicaid, the Members we serve, and the communities where they live.*** We employ a diverse workforce with a broad range of experience. We supplement this experience by providing extensive Kentucky-specific, customized trainings to help our employees perform their roles and provide exemplary, culturally competent, and appropriate services.

Comprehensive Staffing Delivers Coordinated Service

Our organizational structure includes staff dedicated to creative programs that help Members reach their goals. Our PHM model has been designed specifically to align Anthem's resources to the Kentucky Medicaid program goals of improved health and health care delivery across the Commonwealth. Within our PHM team, we have established several specialized functions, specifically focused on meeting the whole-person needs of our Members and engaging the in preventive health and wellness activities. Our Kentucky-based team includes new and established staff positions, all working together, to deliver high-quality services and expand our reach into the community to help meet SDOH needs.

Our comprehensive PHM team includes the following roles:

- **Community Engagement (SDOH) Navigators.** These team members serve as a resource to our care management team to help resolve SDOH challenges for Members and their families — such as employment, social isolation, food insecurity, or access to Providers — and to provide local, community-based assistance. Community Engagement Navigators are Certified Community Health Workers (CHWs) responsible for engaging with Members as a liaison between the care management team and local, Commonwealth, or federally funded programs. Community Engagement Navigators will also be trained to support Members as liaisons for the following key SDOH areas:
  - **Housing.** The Community Engagement Navigator team will support a person-centered outreach plan and care planning activities for Members experiencing homelessness, work with housing agencies, and develop partnerships with community resources
  - **Employment.** Community Engagement Navigators will coach Members on job skills and provide information about job entry and new career paths they may pursue
  - **Transportation.** Community Engagement Navigators will assist Members in finding reliable transportation to community events, job interviews, and other nonmedical needs
- **Public Health Consultants.** Public Health Promotions and Education Consultants (Public Health Consultants) will support Kentucky Health Benefit Exchange Application Assisters in the field to identify opportunities to develop and implement educational community outreach strategies, school-based initiatives, and community events that promote wellness initiatives and public health priorities. Public Health Consultants will also coordinate with local public health agencies and community partners, connecting public health initiatives to our care management workflows and referral programs, and supporting the Commonwealth in all opioid initiatives.
- **Community Outreach Specialists.** Anthem will have eight Community Outreach Specialists located strategically in each Region throughout the Commonwealth. Each Specialist will live in the respective community they serve and will develop meaningful relationships with community-based organizations serving the Medicaid population, such as local faith-based organizations, schools, food banks, WIC centers, and homeless shelters. Additionally, when needed, they will serve as a resource to our care management team and our Public Health Consultants to help resolve challenges for Members and their families and provide local, community-based assistance.
- **Patient Centered Care Consultants.** Patient Centered Care Consultants (PCCCs), focused on Provider enablement, will work with Providers to achieve quality goals by making sure they have the tools, resources, and assistance needed to earn additional incentive payments available through our Provider Incentive program. PCCCs will deliver Provider-specific performance analysis of quality metrics, profile reports, and tailored gap in care reports, as well as establish transformation action plans to facilitate Provider advancement along our Alternative Payment Model (APM) continuum.
- **Integrated Physical and Behavioral Health Provider Relations Consultant.** A new role in the Provider Solutions organization, our Integrated Physical and Behavioral Health Provider Relations Consultant will be dedicated to serving interdisciplinary medical groups. As part of our focus on whole-person health, we recognize that the needs of interdisciplinary practices are different from those of other practitioners. Our Integrated Physical and Behavioral Health Provider Relations Consultant will offer interdisciplinary groups a differentiated concierge-

type service tailored to their practice, which includes a single point-of-contact for operational support.

- **Field-Based Care Managers.** Our team of eight fully dedicated, field-based Care Managers will be embedded in our high volume service locations, such as hospitals and other facilities, to help Members with complex and chronic care needs through transitions of care such as discharges. The team will be comprised of four Registered Nurses and four Licensed Clinical Social Workers to ensure we are able to address the full spectrum of our Members' needs.
- **Care Delivery Transformation Consultant.** Working in concert with our PCCC Team, our Care Delivery Transformation Consultant collaborates with Providers to develop their capabilities and improve program performance, facilitate Provider progress along the APM continuum to help Providers prepare for risk. Through our dedicated Care Delivery Transformation approach, we offer resources, tools, and supports that will ultimately enable Providers to advance along the value-based payment (VBP) continuum as they mature and build the appropriate capabilities.

Service-focused Operational Structure Supports Members and Providers

Anthem's operational structure has been designed to provide service excellence to both Members and Providers and help assure access to timely issue resolution.

- **Operational Excellence Model.** We have established an Operational Excellence team that leverages the best and brightest members of our operational staff combined with the latest process design and technology innovations. Under the leadership of our Chief Operating Officer, Nicole Basham, our Operational Excellence team is comprised of seven subject matter experts from key functional areas spanning operations, including Program Management, Provider Reimbursement, Claims Research and Processing, Trending and Analytics, Provider Configuration, and Reporting. Through this model, their mission is to achieve operational accuracy, optimal implementations, and rapid resolution of identified risks. Our Operational Excellence team develops, delivers, and monitors short- and long-term solutions, continuously seeking to improve our performance. Accomplishments of the Operational Excellence team include:
  - Implementation of the ***Provider Collaborative Resolution Model***, which partners the Operational Excellence team with the Provider Solutions team to conduct on-site visits to address outstanding Provider claims questions; since its deployment in 2018, this model has ***reduced Provider complaints by more than 75%***
  - Integration of the ***Provider Reconciliation Score Card*** to support the Resolution Model to quickly and consistently provide feedback to Providers when claims issues arise
  - Optimization of our Encounter Data Submissions, including ***performance improvement to 99.8% accuracy of monthly claims submissions***
- **Kentucky-based, Expanded Call Center.** To provide superior local service to Kentucky Members in Medicaid, Anthem has established an expanded Member and Provider Services call center in Louisville. This team of 150 Customer Care Representatives and Member Concierge Service Representatives, along with eight management staff, will be responsible for front-line engagement with our Members and Providers. Staffed with local Kentuckians, the call center will provide economic growth in Kentucky as well as connect Members with Customer Care Representatives who are familiar with geographic references and local

nuances of the Commonwealth. To date, 49 employees for this center have been hired, and we continue to recruit for the remaining positions.

- **Member Concierge Team.** Our local team of 10 Member Concierge Service Representatives provides a locally based high-touch customer service team that handles our Members' complex or non-routine issue resolutions. The Member Concierge team is are fully versed in plan benefit design and can resolve claim, benefit, and enrollment issues while increasing Members' engagement in appropriate programs and serving as a resource for health care access inquiries.

A.3. Strategy for Administering Enrollee Services

3. A summary of the Vendor's strategy and approach for administering services for Enrollees.

Our strategy for administering services to our Members goes beyond simply providing access to medical care. A comprehensive PHM approach is the most holistic and effective way to address all aspects of Members' health and well-being — including physical, behavioral, and social needs. Anthem has been supporting Kentucky Members in Medicaid through fully integrated Care Coordination and Management programs for more than six years, and over that time, we have integrated PHM into our Member care planning. We regularly assess our Members' needs through predictive modeling, health assessments, utilization trends, care gaps, and patterns in accessing care, enabling us to engage fully with Members and steer them toward the most appropriate services.

Outreach and Engagement Drive Member Interactions

Person-centered care is foundational to Anthem's PHM model. Our PHM outreach and engagement strategy is designed to reach Members as quickly as possible to build a relationship with them, assess their needs, learn about their goals and any challenges they are experiencing, and connect them to Providers and community supports.

We know from experience that extra effort is required to reach some Members, so we are expanding our community outreach capabilities through additional staffing and community partnerships. For example, ***we are adding two additional Community Engagement Navigators to our Kentucky-based staff in 2020, for a total of seven across the Commonwealth***. Using a model developed by one of our affiliate health plans, Anthem is expanding its quality outreach efforts to Members. By using person-centered assessment techniques, Community Engagement Navigators will engage directly with Members to identify and address SDOH barriers, as well as connect them to local community-based resources.

Additionally, with oversight from our Manager of Health Outcomes and Promotion Services, we will ***dedicate eight Public Health Consultants to Regions across the Commonwealth with high needs*** to work collaboratively in the community with school systems, county public health agencies, Providers, and Commonwealth partners. Public Health Consultants will identify opportunities, as well as develop and implement educational community outreach strategies, school-based initiatives, and community events that promote wellness initiatives and public health priorities.

Early Identification of Members Experiencing Homelessness

Engaging Members experiencing homelessness or housing instability is a critical first step to towards connecting them to services and supports that lead to healthier lives. However, locating those Members can be challenging, particularly when they are moving frequently or do not have up-to-date contact information on file. We use proven methods to rapidly identify, assess, and engage Members experiencing homelessness, and we will be adding new methods to enhance their identification, including use of the Homeless Management Information System (HMIS). We have access to HMIS in Jefferson County through our partnership with the Louisville Coalition to End Homelessness and intend to extend access to HMIS in the remainder of Kentucky. ***Community Engagement Navigators will also work with community-based organizations and conduct field work to locate and engage Members in their care and treatment.***

Transition Age Youth Housing Pilot

Transition Age Youth are at a high risk of experiencing homelessness, which has a significant impact on their ability to maintain their health and well-being. In 2018, we began working with Welcome House of Northern Kentucky to identify ways we could collaborate to provide additional housing support and services to help these individuals gain stability and prevent long-term homelessness.

Anthem supports Welcome House through a pilot program, a grant award, and co-located staff to support all Members being served in that area. The Anthem grant also enabled Welcome House to purchase a home in Covington that is being used for transitional housing. In October 2018, Anthem co-located a Community Engagement Navigator at Welcome House to support and engage with individuals, including conducting an SDOH assessment and working to address SDOH barriers, and enabling Anthem to meet our Members where they are. From 2018 through December 2019, ***more than 50 individuals have been served through this program***.

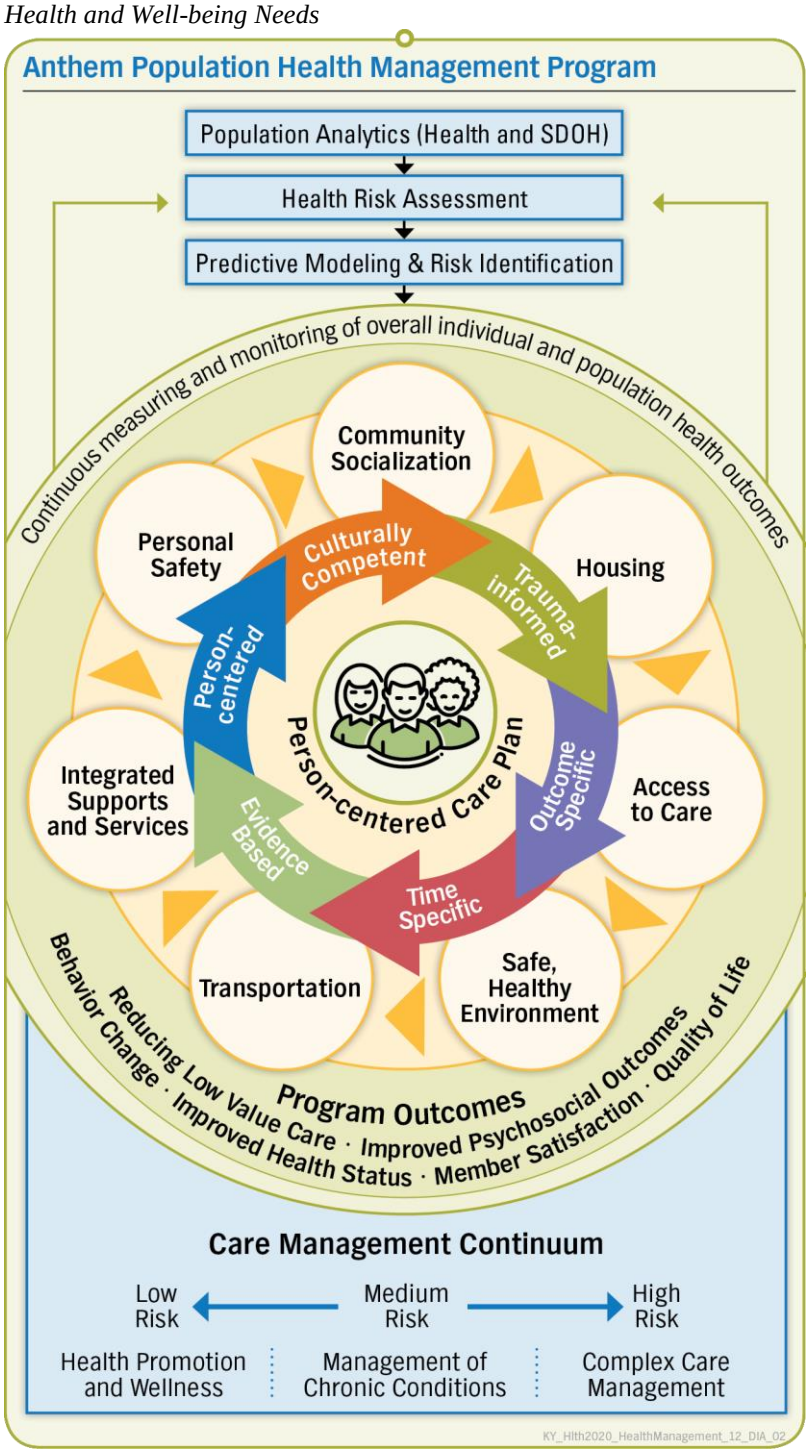
High Outreach to Promote Engagement

The High Outreach to Promote Engagement (HOPE) program addresses our highest health care services utilizers. Anthem Care Managers work with our Utilization Management team and facility Providers to coordinate discharge planning. Currently used in the Commonwealth, ***HOPE engages Members with high utilization or avoidable health care visits in motivational interviews and person-centered planning to reduce occurrences***. In this initiative, Care Managers serve as the central point-of-contact for the Member, extending the reach of Primary Care Providers (PCP) and coordinating care that addresses physical, behavioral, and social needs. In early 2019, HOPE was expanded to provide in-person support by Care Managers in the Louisville and Lexington areas. Since then, we have enrolled 43 Kentucky Members in the program and have seen a ***15% reduction in claims, resulting in an overall savings of $215,583***.

Population Health Management Encompasses Holistic Care

Our PHM model is an integrated, whole-person approach to supporting all Members throughout the continuum of care. We use health and socioeconomic data and powerful analytics to identify opportunities to collaborate with our Members, enabling us to focus services on what matters most to Members, their families, and their communities. We recognize that health is more than just the absence of illness — it means not only having access to doctors and hospitals, but also having access to stable housing, healthy food, reliable transportation, interpersonal safety, and job support. As shown in Figure A.3-1, our comprehensive PHM approach is designed to assure the delivery of holistic care management that is high-quality, cost-effective, and focused on getting and keeping Members healthy.

Figure A.3-1. Our PHM Model Encompasses a Full Range of Members' Health and Well-being Needs



Our PHM model is designed to represent the continuum of Provider and Member interventions, including bedside care management for high-volume locations, telephonic care management, and support for addressing SDOH through relationships with local community-based organizations. Additionally, our PCCC team will encourage Providers to adopt value-based payment models and assist them in engaging Members and closing quality care gaps.

To complement our whole-person health philosophy and

PHM model, Anthem also has a dedicated operations team and highly sophisticated claims engine to achieve superior Member and Provider service. Throughout 2019, Anthem was able to answer Member phone calls in an average of 10 seconds and Provider calls within 25 seconds — both of which with minimal abandonment rates. We processed 99% of claims within 30 days, and the average time to pay an accurate claim was less than six days.

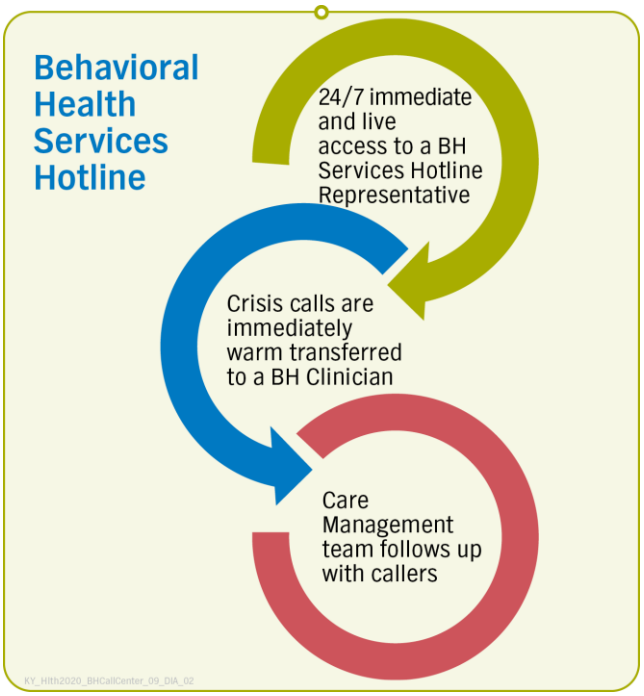
Behavioral Health Informs Physical Health

In 2019, approximately 46% of the Kentucky Medicaid population was diagnosed with a BH condition. To help address this, our BH Services are based on a whole-person, integrated approach, which coordinates Members' PH, BH, dental, pharmacy, and social support services; addresses unmet health-related resource and access needs; improves health outcomes; and maximizes efficient use of resources. We are dedicated to supporting Members on their recovery journey, helping them access timely and flexible services at the appropriate level of care, fostering their independence, and seeing that they receive services in an equitable, dignified, and respectful manner.

Delivering Integrated Behavioral Health Solutions

Our 24/7 BH Services Hotline provides our Members and Providers direct access to trained experts in a timely manner. As shown in Figure A.3-2, BH Services Hotline Representatives are able to quickly respond and route callers to the appropriate clinical services. The BH Services Hotline also provides Members direct access to Crisis assistance and clinicians who can connect them with local Providers, mobile Crisis resources, and emergency services.

Figure A.3-2. Our BH Hotline Connects Members to Key Clinical Services



As part of our PHM model, we work with Members, their Providers, and our integrated care team to proactively identify and address each Member's unique behavioral needs, strengths, and goals. In alignment with ***nationally recognized thought leaders such as Michael Smull/Support Development Associates,*** we incorporate person-centered practices into our integrated screening and assessment tools, service planning, Care Coordination, integrated clinical rounds, and monitoring processes. This coordinated approach makes sure Members receive ***the right care at the right time in the right setting*** to address their comprehensive care and service needs.

It is Anthem's philosophy to collaborate with and support community-based organizations to directly impact health and well-being. For example, to help address the BH needs of youth, we

have invested in ***Shine Light on Depression***, a multi-disciplinary, school-based, public health initiative between Anthem, Inc., the American School Health Association, Erika's Lighthouse online well-being program, and the National Parent Teacher Association. The Shine Light on Depression e-toolkit provides ***free, ready-to-use resources and tools designed to raise awareness of depression and suicide prevention among middle- and high-school youth*** and families in a positive, honest, fact-based, and culturally inclusive manner. Over the next year, we will be enhancing this program to include anti-bullying strategies.

Additionally, in January 2020, we began our campaign to ***End the Stigma***. In our thinking and actions, diversity informs every decision we make and impacts every interaction with those we serve. Anthem and NAMI have a long history of working together as partners to improve opportunities for people with mental health conditions and the communities where we live, and ***we endorsed NAMI Kentucky's StigmaFree campaign***.

Value-added Services Enhance Member Resources

First, We Listen

Anthem's commitment to wellness and access to care is supported by value-added services (VAS) that address physical, behavioral, and SDOH needs for all Members (Figure A.3-3). We developed our comprehensive suite of VAS for the Kentucky Medicaid program after evaluating feedback from Members, key stakeholders, our Member Advisory Council, Care Managers, and representatives from our Clinical, Quality, and Chronic Condition Management teams. We reviewed all Covered Services within the RFP Attachment C: "Draft Medicaid Managed Care Contract and Appendices" (Draft Contract) to identify gaps or opportunities to expand offerings, and we evaluated locally available community resources to make sure our VAS help support, but do not duplicate, services that Members are already receiving. Full details on VAS we are offering to Kentucky Members in Medicaid are included in C.20.a.iii, Covered Services.

Figure A.3-3. Value-added Services Supplement Our Kentucky Medicaid Program

Anthem's Unique Value-added Services Meet Members' Needs

New VAS are shown in blue!

Maternal and Child Health	Education and Employment Supports	Promoting Healthy Lifestyles	Wellness	Opioid Supports
■ Mail Order Diapers ■ Books for Babies ■ Safe Sleep Kit ■ Breastfeeding Support Kit ■ Boys and Girl Club Memberships ■ Free Baby Shower Gift	■ No-Cost Laptop Benefit ■ Jump Start Program ■ GED Assistance ■ Criminal Record Expungement ■ Transportation Assistance ■ Lifeline Phone benefit ■ Community Resource Link	■ Fresh Fruit and Veggies Program ■ Home-Delivered Medically Tailored Meals ■ WW® (formerly known as Weight Watchers®) Memberships ■ Fitness Coach Program ■ Healthy Families Program	■ Caregiver Toolkit ■ Smoking Distraction Kit ■ Healthy Lifestyle Aids ■ Family Activity Coupon book ■ Sports and School Physicals ■ Adult Vision Benefit	■ Mail Order OTC Products ■ Medicine Safety Kit ■ Online Well-being Program ■ SUD Recovery Support Program

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A.4. Establishing a Comprehensive Provider Network

4. A summary of the Vendor's strategy and approach for establishing a comprehensive provider network.

As a current Kentucky MCO, ***Anthem has a well-established, comprehensive, statewide Medicaid Provider Network of more than 5,000 unique PCPs, as well as 110 hospitals, more than 19,000 unique specialists, including Behavioral Health professionals and ancillary Providers, more than 1,660 dental Providers, and more than 1,300 vision Providers to serve our Members in Medicaid***. Our Network exceeds required adequacy standards, and we employ a rigorous credentialing process to help assure our Members of timely care from their Providers.

Provider Network Strategy and Support Systems

The overarching strategy for Anthem Medicaid's Provider Network is to provide seamless access to high-quality, cost-effective care from local, culturally competent Providers. ***Anthem currently meets 100% of the Commonwealth's Network adequacy standards for all major Provider types***, including hospital, primary care, and all specialty care, with one exception, as there are no allergists available in a small portion of Region 7.

If a Member comes to us with a Provider who is not currently contracted with Anthem Medicaid, we work quickly to credential and contract with the Provider so the Member can maintain a continuity of care; we can also implement a Single Case Agreement, if necessary. Anthem also makes it a point to contract with Providers in border counties in neighboring states. We continue to actively recruit new Providers — ***in 2019, Anthem added more than 1,300 Providers to our Medicaid Network*** — and we are committed to maintaining exceptional access to high-quality Providers throughout the Commonwealth.

Provider Collaboration Improves the Member Experience

We are committed to ongoing efforts of support and collaboration through our ***Provider Promise to deliver a superior experience by simplifying health care so Providers can focus on Member care***. We bring this commitment to life through the following distinct pillars that align our suite of Provider programs and solutions:

- **Capacity for Efficient Care.** Assuring cost-effective Provider capacity and compiling the appropriate mix of Network Providers and resources capable of delivering a culturally competent, accessible, and effective model of care
- **Accountable Reimbursement.** Enhancing the fiscal ability of Providers to transform care delivery in their practices to a model based on population health that emphasizes high-quality and improved efficiency outcomes
- **Administrative Simplification.** Making it easier for Providers to efficiently and effectively care for their patients through administrative simplification, specialized service models, and technical supports that reduce administrative burdens and increase Provider and Member satisfaction
- **Health Advocacy.** Connecting, in a personal way, the highest performing and most appropriate Providers with our Members to optimize health outcomes and assure effective management of their SDOH

Our Robust Provider Website

Our Provider website features tools that promote convenience and transparency while simplifying practice management. Through these channels, we can disseminate information to Providers quickly and efficiently, offering immediate access to important information and a connection to the tools and resources needed to deliver appropriate care. The Provider website includes links to online training, Provider bulletins, and Network e-updates that include important information on claims submission processes, pharmacy, BH, and the Prior Authorization process. Our Provider website includes a publicly accessible side and a secure Provider Portal that offers online functionality, such as claim submission and inquiry, claim dispute submission and tracking, and Prior Authorization submission.

Strong Provider Relations Increase Provider Satisfaction

We are part of an organization with the most tenure in the Commonwealth and the longest-standing Provider relationships, cultivated over the past 81 years. Anthem's Kentucky-based Network Relations Consultants are highly seasoned professionals responsible for cultivating and maintaining meaningful relationships with Providers. Network Relations Consultants live in the communities they serve, and upon joining our Network, Providers are introduced to their assigned Network Relations Consultant as part of the welcome package.

In 2020, Anthem is adding new services to our Provider community, including a Provider Relations team. This team will provide high-touch service to Providers for operational support functions, resolving payment matters such as eligibility verification, benefits, Prior Authorization requirements, claims, and administrative requirements, and addressing barriers to care. Along with our Public Health Consultants, the Provider Relations team can be an extension of the Provider's office to help address health literacy and basic health education access concerns in the market today.

First, We Listen

Providers have knowledge and experience critical to informing and strengthening our systems and processes and Member experience. Anthem believes that a comprehensive and high-performing Provider Network helps achieve the Triple Aim of improving population health and quality of care while lowering cost. Provider satisfaction is essential to delivering high-quality health care to Members, so we regularly gather feedback from our Providers and evaluate their satisfaction through surveys and focus groups, including our Program Advisory Council. We then incorporate that feedback into improvements to our Provider Network strategy.

Approach to Building a Comprehensive Provider Network

The foundation for the Anthem Medicaid comprehensive Provider Network stems from the 81-year history that Anthem has in Kentucky. We have dedicated, field-based Provider representatives in locations throughout the entire Commonwealth who are constantly working to enhance Provider relationships, improve access, enhance quality delivery of services to Members, and contract with Providers throughout Kentucky, as well as border counties. Contracting of Providers is simplified through use of a Medicaid-specific addendum to the Master Provider Agreement.

Achieving a comprehensive Provider Network includes monitoring through annual geographic access mapping, reviewing Member appeals and grievances, and Member Liaison or care management referrals. It is our goal to achieve the greatest access possible for our Members.

Addressing Provider Shortages Across Kentucky

Rural communities in the Commonwealth have significant challenges with Provider access. This is particularly true for mental health, SUD, and specialty Providers. Some areas also have significant PCP shortages, making access to services difficult for Members. As a partial solution to this access challenge, ***Anthem proposes convening a collaborative of Kentucky stakeholders, including MCOs, Providers and health system leadership, DMS leaders, and community members to focus on current and projected Provider shortages***. Together, we can develop action plans that include commitments to attract new Providers, address the challenges faced by existing Kentucky Providers, and tailor a collective approach to plan for the future.

Enlarging the Provider Network Through Workforce Development

Anthem is heavily investing in our innovative Provider Network Workforce Development initiative to help expand access to care and to develop the workforce in the Appalachian region of Kentucky. This ***$292,000 investment*** is a continuation of our commitment to recruiting Providers in traditionally underserved and non-urban areas; easing the administrative burden on Providers to increase their capacity to deliver care; and accelerating the road to licensure for prospective BH professionals. This investment includes:

- $92,000 to fund tuition and training costs for three Rural Health Family Nurse Practitioners at Eastern Kentucky University, in exchange for a commitment to serve as PCPs in Appalachia for minimum of five years post-graduation
- $100,000 to establish a scholarship fund, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College
- $100,000 to implement Motivo's HIPAA-complaint clinical supervision program to accelerate access to mental health services for approximately 8,000 Kentuckians in the Appalachian regions

Expanding Telehealth at Schools to Serve Kentucky Children

In Kentucky, the ratio for full-time school nurses to students is approximately 1:1,877, ranking Kentucky 36th nationwide for full-time nurses to students,[1] so innovative solutions are critical to address our children's health needs. Anthem proposes deploying telehealth services to school districts in need of on-demand health services and options for telehealth services for students while at school to help the Commonwealth address this shortage.

We will collaborate with Norton Healthcare to identify school districts in need of urgent care solutions for acute issues, physicals, and health screenings, as well as support for accessible BH evaluations and treatment during the school day. We will work together to create a model that assures the right combination of Providers, establishes protocol for parental consent, and enables the management of certain chronic conditions and distribution of over-the-counter prescriptions.

[1] National Education Association (nea.org)

Value-based Payment Programs to Incent Quality Outcomes

An important part of Anthem's approach to maintaining a strong, effective Provider Network is meeting Providers where they are with regard to capability and comfort on their path to assuming risk. The goal of our value-based payment program is to support Providers' success and, over time, movement through the continuum to accept more risk. Under the new Contract, we will work with DMS to propose and implement meaningful VBP structures that align incentives for Members, Providers, and the Commonwealth to improve health care quality in terms of access, outcomes, and savings. Currently, ***45% of our membership is aligned to Providers that are in a VBP arrangement***. Anthem has a goal of increasing that percentage to 55% by the end of 2021.

Anthem Will Contract with Major Kentucky Provider for VBP

Anthem is currently in negotiations with a major Kentucky Provider to advance them along our VBP continuum from our HCP-LAN Category 3 PQIP to a Negotiated Risk Agreement in the coming year that will include a PMPM payment for Care Coordination and associated risk for outcomes. Out of deference for our partner, we will disclose the details of this Negotiated Risk Agreement to DMS upon finalization.

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Results of our VBP programs have been significant:

- Potentially avoidable ER percentage rates decreased 2.15% between 2017 and 2018
- From 2017 to 2018, the quality measure compliance rate improved 0.62% year-over-year
- In 2018, incentive groups' outperformed non-incentive groups' compliance rate by 1.34%

Our VBP and Provider collaboration models provide an effective framework to incent Providers to collaborate with us on effective PHM strategies. We design our enablement strategies to train and support Provider organizations in the techniques and tools for managing population health risks, enabling them to become more willing to assume risk and more effective at producing improved outcomes for Members. Figure A.4-1 illustrates all available VBP programs.

Figure A.4.-1. Anthem Offers a Robust Suite of Accountable Reimbursement Programs

Improving Health Outcomes and Quality with Accountable Reimbursement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness ∘ *Pay for Quality HEDIS (P4Q HEDIS)** ∘ *Foster Care Access Incentive Program (FCAIP)**	**Focus on enhancing quality, efficiency and total cost of care savings** ∘ Provider Quality Incentive Program (PQIP) ∘ PQIP Essentials ∘ Provider Incentives • Toxicology screening in first trimester of pregnancy • Tobacco screening • Colorectal cancer screening • Hemoglobin A1c (HbA1c) testing	**Focus on specialized services and PH/BH integration** ∘ Behavioral Health Quality Incentive Program (BHQIP) ∘ Behavioral Health Facility Incentive Program (BHFIP) ∘ *Integrated Care Quality Incentive Program (ICQIP)** ∘ *Obstetrical Care Quality Incentive Program (OBQIP)** ∘ *Pediatric Residential Treatment Quality Incentive Program (PRTQIP)**	**Focus on social determinants of health and socially necessary services and supports** ∘ Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** ∘ Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) ∘ Trauma-informed Care Blue Ribbon Providers (Blue Ribbon Providers)

* *Indicates proposed programming subject to approval from DMS.*

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Currently, we have implemented the following four VBP models in Kentucky, but commit to adding more with the new Contract:

- **Provider Quality Incentive Program (PQIP).** Implemented in 2016, PQIP (HCP-LAN category 3A) provides incentives for PCPs to undertake systemic improvements that affect both health care outcomes and cost trends
- **Provider Quality Incentive Program Essentials (PQIP Essentials).** Implemented in 2018, PQIP Essentials (HCP-LAN category 3A) incents smaller practices, focusing on PCPs with 250-999 attributed Members
- **Behavioral Health Quality Incentive Program (BHQIP).** Implemented in 2017, BHQIP (HCP-LAN category 2C) incents eligible BH Providers (such as Community Mental Health Centers and high-volume BH groups) to improve coordination of Members' PH and BH needs and the quality of care provided to Members with BH conditions
- **Behavioral Health Facility Incentive Program (BHFIP).** Implemented in 2018, BHFIP (HCP-LAN category 2C) offers incentives to BH inpatient facilities for improvements in indicators related to clinical quality and patient outcomes (readmission rates, follow-up rates with a BH Provider)

To help meet Providers where they are at in terms of VBP programs, a three-member Provider Concierge team will be added to the existing team of Customer Care Representatives to help Providers profile their Anthem practice and manage their populations.

A.5. Proposed Innovations and Initiatives

5. A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.

Having served the Commonwealth for many years, Anthem is aware of the challenges faced by DMS and Kentucky Medicaid MCOs in providing managed care programs and services to our most underserved populations. Implementing comprehensive programs that address all aspects of Members' health and well-being, while also being cost-effective, is not an easy task. Our experience in Kentucky, along with that of our affiliate Medicaid plans, enhances our ability to continue bringing high-quality services to our Members. In the following section, we have highlighted three key challenges facing Kentucky Members in Medicaid and provided examples of innovative solutions we have in place or will implement to address them.

Challenge: Addressing Social Determinants of Health

One of the main challenges in helping Members achieve positive health outcomes is addressing SDOH. As shown in Figure A.5-1, a wide variety of social and environmental factors can impact a Member's health and well-being. As part of our commitment to whole-person health, we have developed and implemented numerous programs that help break down barriers to care and improve Member outcomes. The following are just a few examples of these innovative initiatives.

Innovative Initiative: Lyft Transportation Extension Program

Figure A.5-1. SDOH Affect Members' Overall Health and Well-being

Lack of transportation is often a significant barrier to accessing care. Our affiliate Medicaid plan in Tennessee worked closely with TennCare to relay the benefits associated with having Lyft available to Members. The Lyft pilot project was approved for implementation in a single county to assess the initiative's ability to address transportation barriers prevalent across rural and Appalachian regions in Kentucky. The pilot project was implemented August 2019, and within the first three months of operations, 349 Members had been transported by Lyft on 508 trips to or from appointments. ***Member wait-time was cut down by one-third with Lyft*** as compared to conventional transportation networks. Initial outcomes measured by our affiliate plan have been promising — within the first two months of implementation, our affiliate has documented:

- Almost 10% increase in PCP visits
- More than 50% decrease in ER visits
- Nearly 20% decrease in cancelled trips
- Closing 50% of their pre-existing Primary Care gaps for those who have used Lyft
- A decrease in Member grievances

TennCare acknowledged the value of this innovative initiative, and recently approved expanding the pilot from a single county to all areas in Tennessee where Lyft Concierge is available. ***Anthem is committed to working with DMS to bring this best practice to Kentucky.*** We have already initiated discussions with Lyft to develop a proposal tailored for Kentucky, and we look forward to sharing our proposal with DMS.

Innovative Initiative: Member Empowerment Program

To better support our Kentucky Members in Medicaid, the Member Empowerment program was designed to assist Members seeking employment and education. Building on our initial investments as part of Kentucky HEALTH, we have redesigned the Member Empowerment

program to address additional SDOH and provide broadened access to community-based resources. As an extension of our PHM model, the Member Empowerment program provides:

- Person-centered, strengths-based needs assessments and individualized, actionable goal plans
- Access to new, innovative VAS that address the specific needs of Kentucky Members in Medicaid, such as GED assistance or criminal record expungement
- Tangible opportunities for Member economic mobility and improved health outcomes
- Connections to existing community-based economic and social support services in the Members' area

The Member Empowerment program includes access to Community Engagement Navigators, who are field-based, certified CHWs with prior experience working in community-based organizations. Community Engagement Navigators can help Members access support services and resources that can improve their well-being and help them achieve self-sufficiency.

Innovative Initiative: Interpersonal Violence Reduction Program

In 2020, we are launching a targeted program that focuses on a violence reduction. Our Interpersonal Violence Reduction Program (IVRP) provides team-based, technology-enabled care extension services to Members who have experienced or who are at risk of experiencing acts of intimate or interpersonal violence. Members who may potentially benefit from the IVRP are identified through an algorithm that uses claims data to recognize diagnoses or treatments that signify the Member may have been exposed to violence or trauma. In addition to addressing SDOH specific to interpersonal violence reduction and making referrals to Providers and community services specific to interpersonal violence reduction, IVRP team members develop and help assure adherence to personalized safety plans for each Member. The IVRP team is able to provide supplemental support services, such as accompanying Members to important, time-sensitive medical and social service appointments.

Innovative Initiative: Mobile Produce Distribution Van

In the Kentucky regions served by God's Pantry Food Bank, one in six people struggle with hunger, including one in five children[2]. Anthem is committed to helping reduce food insecurity and improve Members' access to nutritious food. To that end, we recently donated a new, custom vehicle that will serve as a Mobile Produce Distribution Van to God's Pantry Food Bank, helping the non-profit meet the nutrition needs of children and teens during the summer months by providing healthy, fresh alternatives. Illustrated in Figure A.5-2,

Figure A.5-2. Anthem Provided Funding for a Produce Distribution Van

[2] FeedingAmerica.org

the van allows distribution in areas where a larger truck, typically what is used during produce distributions, cannot fit. The van was outfitted and redesigned by Anthem to allow the God's Pantry to set up a produce stand out of the back, while the inside can be used to transport produce.

Challenge: Improving Access for Members Across Kentucky

Another prominent challenge facing MCOs in delivering care is reaching Members, especially in rural or remote areas with little or no access to Providers. Throughout the Commonwealth, there is a shortage of qualified PCPs, dentists, and BH Providers, with 19 counties designated geographic Health Professional Shortage Areas (HPSAs) for primary care and eight counties designated geographic HPSAs for mental health. The following are examples of innovative strategies Anthem will use to increase access to care for all Kentucky Members in Medicaid.

Innovative Initiative: Provider Network Workforce Development

Anthem is investing in its innovative Provider Network Workforce Development initiative to fund expanded access to care and to develop the workforce in the Appalachian region of Kentucky to help meet Network adequacy standards improve Members' access to care.

The ***total investment of $292,000*** includes $92,000 to help increase the workforce by funding complete tuition and training costs for three Rural Health Family Nurse Practitioners at Eastern Kentucky University, in exchange for a commitment to serve as PCPs in Appalachia for minimum of five years post-graduation.

To alleviate the administrative burden on Providers, Anthem is providing $100,000 to establish a scholarship fund, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College.

Anthem will also grow the mental health workforce in the area by investing $100,000 to implement Motivo's HIPAA-complaint, clinical supervision program to accelerate access to mental health services for approximately 8,000 Kentuckians in the Appalachian regions. Through Motivo, prospective Mental Health Professionals will be able to satisfy their clinical supervision requirement to attain licensure by accessing licensed clinicians virtually who can perform supervisory functions through video monitoring. This innovative approach will accelerate growth in the workforce to address the substantial mental health Crisis without burdening existing licensed clinicians in the Commonwealth who are focused on treating patients. Aspiring Providers will no longer be reliant on the existing Kentucky workforce who struggle to balance their patient commitments with assisting new practitioners needing clinical supervision to complete their licensure.

Anthem to Invest in Provider Workforce Development

In 2020, Anthem is making an **investment of $292,000** to support Provider Workforce Development. This includes:

- **$92,000** to fund tuition and training costs for three Rural Health Family Nurse Practitioners at Eastern Kentucky University, in exchange for a commitment to serve as PCPs in Appalachia for minimum of five years post-graduation
- **$100,000** to establish a scholarship fund, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College
- **$100,000** to implement Motivo's HIPAA-complaint clinical supervision program to accelerate access to mental health services for approximately **8,000 Kentuckians** in the Appalachian regions

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Innovative Initiative: Expanded Telehealth Strategy

To help improve access to care across Kentucky, ***we will use telehealth to support Members by meeting them where they are — their home, school, primary care clinic, BH or SUD Provider, or other location***. In addition to leveraging existing telehealth services available through our trusted Network Providers, we will invest in the expansion of telehealth services — such as LiveHealth Online and FasPsych — by bringing the technology to PCPs statewide, enabling connectivity to specialists through HIPAA-compliant platforms.

The successful implementation of our telehealth strategy requires concentrated efforts to promote availability of services to Members and broaden Provider understanding of telehealth capabilities. We will deploy tools to Providers about our telehealth strategy, such as training on how to engage patients in telehealth through our Anthem Medicaid Academy.

Expanding Telehealth Services at Schools

In Kentucky, only 54% of high schools employ a full-time nurse, so Anthem proposes to help address this shortage by deploying telehealth services to school districts in need of on-demand health services. We will collaborate with Norton Healthcare to identify school districts in need of urgent care solutions for acute issues, physicals, and health screenings, and support for BH evaluations and treatment accessible during the school day. Led by our Public Health Consultants and Provider Network team, we will work to create a model that assures the right combination of Providers, establishes protocol for parental consent, and allows for management of certain chronic conditions and distribution of over-the-counter prescriptions. Additionally, we propose deploying the TytoCare solution in to small rural schools without a full-time school nurse. TytoCare will allow video visits directly with licensed physicians from small rural school settings facilitated by a presenter at the school location.

Increasing SUD Treatment Through Telehealth

Access to SUD treatment is a significant challenge due to limited availability to treatment centers, rural transportation issues, and potential reluctance of Members to seek treatment. Bright Heart Health is a contracted, Kentucky-licensed Anthem telepsychiatry Provider that connects Members to expert Providers through telehealth to treat a full spectrum of BH disorders as well as MAT. Bright Heart Health prescribes and monitors medications that allow Anthem Members to stop abusing opioids without experiencing powerful drug withdrawal symptoms.

Innovative Initiative: Community Paramedicine Program

In 2018, UniCare, Anthem's affiliate health plan in West Virginia, implemented a community paramedicine outreach program with Kanawha County Emergency Ambulance Authority (KCEAA). The program utilizes community paramedicine Providers as an extension of the health plan's care management team to locate and engage with hard-to-reach, high-cost Members in Medicaid. UniCare Case Managers and KCEAA work as a team to coordinate Members' immediate health needs, including scheduling Provider office visits, transportation, and medications. Additionally, they educate Members regarding community resources, health education, and provide a safety check for smoke detectors, carbon dioxide detectors, and overloaded electrical circuits. As of January 2020, our affiliate engaged with 460 Members — a 53% engagement rate — as part of the community paramedicine pilot. Over 190 Members have completed Care Coordination and were transitioned to intensive care management upon request.

Leveraging this best practice from our West Virginia affiliate, ***Anthem will launch a community paramedicine program with the Kentucky Board of Emergency Medical Services (EMS) in 2020 to increase access to care and address health disparities.*** EMS is currently piloting community paramedicine services in six counties — Fayette, Montgomery, Warren, Calloway, Oldham, and Boyd — and Anthem's partnership with EMS will allow us to target EMS' outreach and face-to-face engagement with our Members in these counties. Anthem is the first MCO working in partnership with EMS to implement this innovative community program, extending our collective reach to bring quality health care to Kentucky Members in Medicaid.

Innovative Initiative: St. Stephen Sunday Health Fair

As a way of bringing health services directly to the community, Anthem organized a Sunday Health Fair in collaboration with St. Stephen Church in Louisville. We engaged Subcontractors and community partners to provide health screenings and health education to attendees. St. Stephen Church is the largest African-American church in Kentucky, with a congregation of more than 14,000 people. Community organizations that participated in this event include:

- Kare Mobile Dentistry provided an innovative mobile dental clinic that offered dental services
- Shawnee Christian Federally Qualified Community Health Centers deployed two medical doctors to administer on-site flu immunizations
- Norton Healthcare provided on-site bone density testing and breast cancer screening education
- Kentucky Public Health Vaccines for Children provided public education regarding childhood immunization
- Bluegrass Lions Club provided on-site HbA1C testing and retinal exams
- Hope Wellness Clinic provided on-site body mass index (BMI) testing
- VOA Mid States provided HIV testing and education
- HighVibe Living LLC performed postural assessments

Anthem is committed to organizing similar events across the Commonwealth.

Challenge: Addressing Opioid Use Disorder

Kentucky has been one of the states hardest hit by the opioid Crisis — in 2017, 15 counties had an overdose death rate more than twice the national average. Furthermore, through ongoing data analysis completed in late 2018, we determined that 24% of our membership had been identified as having an SUD. Additionally, United Health Foundation's 2019 Report of America's Health Rankings stated that Kentucky reported approximately 32 deaths for every 100,000 people, an increase of 96% in the past 10 years. Anthem is committed to developing services for Members who are dealing with opioid use disorders (OUD) and the Providers who treat them.

Innovative Initiative: Comprehensive Opioid Response Solution

An example of our ability to leverage national expertise to strengthen our local solution is our Comprehensive Opioid Response Solution. Recognizing the seriousness of OUD to the Commonwealth and our Members, we have leveraged the addictionology expertise of our Ultimate Parent Company and our health plan affiliates to develop a comprehensive opioid response model. Our local BH team is deploying this model through partnerships with Providers and community-based organizations in Kentucky. We continually seek opportunities to improve access to the full range of MAT services through our contracts with Opioid Treatment programs,

office-based MAT programs, Community Mental Health Centers, and FQHCs that provide MAT. We also support Members by expanding telehealth psychiatry and addictions treatment options in rural areas, and we currently contract with more than 700 MAT Providers across Kentucky. ***In Kentucky, we have seen an 87% improvement from baseline for our Medicaid line of business***, and a 20% improvement from a March 2017 baseline in our commercial lines of business.

Additionally, we have implemented use of ***Project ECHO® (Extension for Community Healthcare Outcomes)***, a collaborative model of medical education and Care Coordination that supports clinicians with evidence-based guidelines and tools to provide better care to more people where they live. Project ECHO's Opioid Addiction Treatment increases access to specialty treatment in rural and underserved areas by providing no-cost training in opioid addiction to Providers and front line clinicians, along with the support they need to manage Members with opioid conditions. The program offers addiction treatment training and access to a virtual learning community for treatment guidelines, tools, and Member resources. We are leveraging our national experience by connecting Kentucky Providers with resources from the University of West Virginia to expand and support MAT programs and services.

Innovative Initiative: Harm Reduction Provider Education Program

Anthem is partnering with the Louisville Metro Department of Public Health and Wellness (LMPHW), the University of Louisville School of Public Health and Information Sciences, and Norton Hospital in downtown Louisville to pilot a Harm Reduction Provider Education program. This program, ***funded by a $157,000 grant from Anthem Medicaid and other in-kind supports,*** is focused on providing hospital medical staff with tools to improve their ability to provide care to people who use drugs, navigate the complicated relationships that often develop between medical staff and people who use drugs, and reduce burnout from compassion fatigue and vicarious trauma. Increasing the efficacy of harm reduction efforts and reducing stigma surrounding SUD are two major goals outlined in LMPHW's *Coming Together for Hope, Healing, and Recovery* — a report and two-year action plan to address substance use in Louisville.

Innovative Initiative: KY START Program

Our partnership with the University of Kentucky Continuing Education department brings forward a pilot program named ***KY START*** (Statewide Treatment and Addiction Resource Training). KY START represents an effort to meet the growing demand for an in-depth opioid addiction continuing professional development training program for health care Providers. This pilot program will be used to improve training for health care professionals to act as the direct line of care for Members with SUD, increasing patient access to Narcan®, long acting naltrexone (LAN) MAT, and additional mental health and SUD resources. Made possible by ***two-year, $296,000 grant from Anthem***, The KY START program team and participating practices are collaborating to develop a toolkit, based on evidence-based best practices, for integrating education on Narcan and LAN MAT in primary care practices throughout Kentucky.

Stronger Together

Throughout this Executive Summary, we have outlined our proposed staff and structure, demonstrated significant investments through our whole-person health and PHM models, and highlighted our technical approach and implementation plan.

Additionally, we have demonstrated our understanding of the Kentucky Medicaid market and DMS' goals, and have provided an overview of our capabilities using actual examples and many evidences of our success.

We applaud the Commonwealth's commitment to providing Kentucky Members in Medicaid with innovative programs and services through collaboration with MCOs such as Anthem. Anthem has improved quality and operations and invested in data systems, reporting, and informatics infrastructure that help us to make information-based decisions. With our combined organization's more than 81 years of experience serving Kentucky through our multiple lines of business, Anthem is uniquely positioned to deliver the programs and services Kentuckians need and want. We are grateful for the opportunity to continue supporting the Commonwealth, DMS, and our Kentucky Members.

Anthem is the MCO that DMS can look to as a collaborative partner, as we collectively strive to improve access to high-quality care, enhance Member engagement, partner with Providers in the community, utilize the strengths of community-based organizations, and help to improve health, health literacy, and quality of life in the Commonwealth. ***Anthem and DMS are stronger together*.**

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Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

B. Company Background

Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

1. Corporate Experience

B. COMPANY BACKGROUND

B.1. Corporate Experience

B.1.a. Experience Providing Services to Specified Populations

a. Describe the Vendor's experience in the provision of managed care services to the populations specified in this Contract. Include the following information in the response:

i. Experience in implementation of population health management programs and initiatives. Include information about how the Vendor has addressed social determinants of health.

ii. Three (3) examples of initiatives the Vendor has implemented for Medicaid managed care programs that have supported improved outcomes. Describe whether such initiatives were cost effective and resulted in sustained change.

iii. A summary of lessons learned from the Vendor's experience providing similar services to similar populations.

iv. How the Vendor will apply such lessons learned to the Kentucky Medicaid managed care program.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) has been serving the Medicaid population in 105 counties in Kentucky since 2014 when the Commonwealth expanded coverage to the Childless Adult population, made possible by the Affordable Care Act. Our dedication to Kentucky's Medicaid population has allowed us to continuously grow. In 2015, Anthem expanded to the Louisville Service Region, thus expanding to all 120 counties of the Commonwealth.

With this growth in 2015, Anthem began serving the TANF, SSI, and aged, blind, and disabled (ABD) populations as well as increased our engagement with Foster Children and many other specialty populations. ***We remain committed to Kentucky and continue to build deeper relationships, serve more individuals and families, and collaborate with more community organizations and Providers to support our Enrollees (Members).***

By virtue of the timing of its market entrance, the Anthem Member mix is about 50% Childless Adults (ACA) followed closely by the TANF population, Foster Care (FC), and the ABD population.

Anthem quickly grew to 132,000 Members, representing nearly 11% market share. We expect to continue to grow membership and market share by virtue of our dedication to excellence through our focus of driving Member choice and satisfaction thereby strengthening our brand recognition and maintaining strong Provider partnerships.

Anthem has invested in new leadership and is adding new talent to the leadership team to support continued accelerated growth. The vision of this new leadership is to collaborate with the Department for Medicaid Services (DMS), Provider partners, Kentucky agencies, and community-based organizations to bring innovative solutions to all the sub-segments of the Medicaid population — 2019 has been a rebuilding year with four significant achievements:

Local, Experienced, and Dedicated Medicaid Team

- Our Kentucky Medicaid operations are currently led by our Executive Team, all located within the Commonwealth and holding **over 200 years** of combined relevant experience, **including 80 years** in managed care experience and **more than 60 years** of Kentucky managed care experience
- Our Medicaid line of business has **over 440** employees dedicated to Kentucky Members, **95%** of whom live in Kentucky Members. Not only do our employees work in Kentucky, most are native Kentuckians

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Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

1. A remarkable increase in quality scores wherein Anthem has seen improvement in 115 of 148 HEDIS® Measures; has gone from a 3.0 to a 3.5 star plan; and is tied for 1st place with two other 3.5 Star plans. Anthem has also increased its NCQA Rating to Commendable.
2. Focused improvement in Administrative efficiencies of the operations to significantly exceed all Member and Provider service performance indicators including a Member average speed of answer in 10 seconds, and an average claims payment in just under 9 days with 99.9% processed in under 30 days and the fewest Provider issues, as reported by the Kentucky Hospital Association's monthly report. One achievement that the team is very proud of is the dramatic improvement in encounter data submissions with 99.8% accuracy during the last half of 2019.
3. The creation and expansion of new decision support tools and processes to better identify emerging medical trends, individuals needing services, and potential for fraud, waste, or abuse. For example, we recently updated our initial health screening tool to incorporate social determinants of health (SDOH) questions that help identify unmet SDOH needs in key areas such educational levels, health literacy, transportation needs, housing security, physical safety, and access to food, utilities, clothing, childcare, phones, and household needs.
4. Evolving the clinical operations into a Population Health Management (PHM) model that is based on whole-person health principles. We have accomplished this by integrating PH and Behavioral Health (BH) utilization and care management services and adding field-based staff augmented by what we refer to as the Community Engagement Navigator team that helps individuals with SDOH.

The Medicaid health plan is a vital part of our overall vision of our organization - to be a Managed Care Organization (MCO) available to individuals regardless of their, age, income, employment status, disability, or geography. Regardless of how people engage with us, we strive to provide the same high level of service to every Member, Provider, and partner so they will want to have Anthem for life.

Anthem has already begun to further develop unique programs and models to meet the needs of specialized populations. Because of our Member mix and high concentration of Members using substances (24%), Anthem has turned significant attention building a robust Substance Use program and strengthening Provider partnerships in this area. Anthem has also worked with our affiliate plans to develop a robust model for Foster Care and helping Transition Age Youth (TAY).

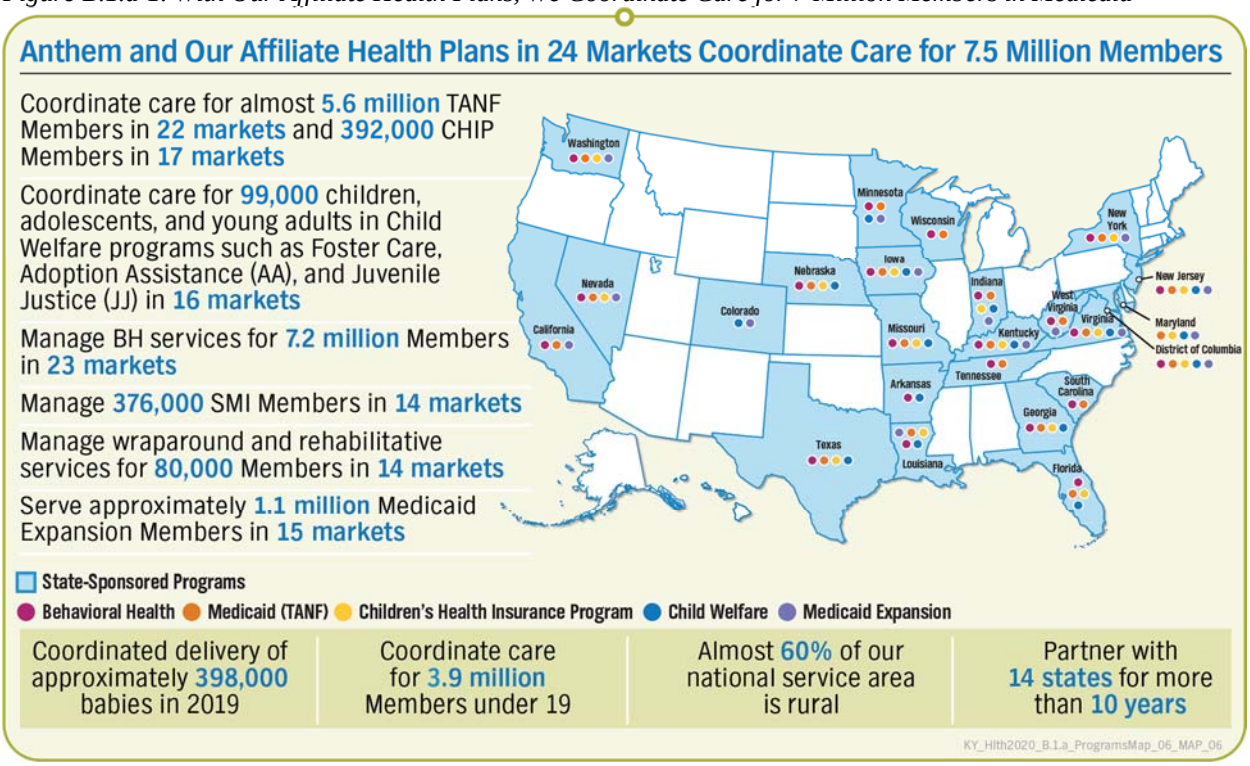
Today, we proudly serve more than 132,000 Members in Kentucky Medicaid and are eager to continue our strong partnership with DMS and support of the Medicaid population who trust us with their health care and services. With our commercial affiliate, Anthem Health Plans of Kentucky, Inc. dba Anthem Blue Cross and Blue Shield, our combined presence in Kentucky serves more than 1.85 million individuals in the Commonwealth. ***One in three Kentuckians currently carries an Anthem card, and we are committed to continuing to serve them.*** We are well-positioned to grow and to be an innovative, strong, lasting, and stable partner to DMS.

Anthem and Our Affiliate Health Plans Advance Best-in-class Medicaid Solutions

Anthem is part of one of the nation's leading health benefits organizations, Anthem, Inc. Through its health plan subsidiaries our ultimate parent company, Anthem, Inc. delivers health benefit solutions to more than 41 million Members via a broad portfolio of integrated health care plans, including more than 7.5 million Members in Medicaid in 24 markets[1], as shown in Figure B.1.a-1. Our affiliates have been serving the Medicaid population for more than 29 years. Anthem and our affiliates are dedicated to implementing and administering managed care programs for individuals with diverse and specialized health care needs through Medicaid and other state-sponsored programs. ***More than 1 million of those Members have specialized needs, such as FC youth, individuals with intellectual or developmental disabilities (ID/DD), persons with dual eligibility, individuals with physical or functional disabilities, and those requiring long-term services and supports (LTSS).*** Beginning with the first health plan in California in 1991 to the most recently implemented plan in the District of Columbia, our broader organizational commitment to State partners, Providers, Members, and communities has never wavered.

[1] Anthem, Inc., Anthem's ultimate parent company, recently (effective January 23, 2020) completed its acquisition of Medicaid managed care plans in NE and MO which brings its total Medicaid footprint through its affiliated health plans to over 7.5M Medicaid members in 23 states and the District. However, due to the recency of this acquisition, we have not included NE and MO membership numbers and contract experience in this response.

Figure B.1.a-1. With Our Affiliate Health Plans, We Coordinate Care for 7 Million Members in Medicaid



As Medicaid and other state programs have grown in offerings and complexity over time, Anthem and our affiliate health plans have been at the forefront of designing and implementing strategies and innovative solutions to increase access to care and improve the quality of care for Members with various health care needs. Programs and innovations Anthem and our affiliates develop are continually tested and enhanced and shared across the health plans to improve our services to Members, Providers, stakeholders, and health plan partners. ***Anthem is dedicated to continuing to bring flexible solutions tailored to the Commonwealth's goals and the needs of our Members.***

This eagerness to partner and adapt to changing needs of our state-sponsored programs is not unique to Kentucky. Rather, it is embedded in our organization's culture. For example, our affiliate in Iowa recently assumed a massive number of new Members, approximately 200,000, after another MCO exited the market. Our Iowa affiliate worked very closely with their state customer to make sure continuity of care of their new Members remained intact. To support the transition, our Iowa affiliate took deliberate action by executing a business associate agreement to allow open communication directly with the exiting MCO to help with the transition of high-risk Members. Our affiliate worked with the state on a plan to waive Prior Authorization on certain services to smooth the transition for all involved, including Providers, Members, and our Iowa health plan. They worked with Iowa Medicaid to put together public notices and frequently asked questions (FAQs). They also submitted daily updates that monitored call center metrics, Prior Authorization turnaround-times, claims turnaround-times, claims denial reasons, and pharmacy call and claim statistics. It was the strong partnership between our affiliate in Iowa and the Iowa state Medicaid agency, as well as their commitment and ability to effectively work together to avoid disruption for the Members, that made the transition successful.

Anthem is able to leverage the expertise and resources of our ultimate parent company, Anthem, Inc., and our affiliate health plans across the country. By leveraging our best-in-class Medicaid solutions with our local presence and expertise, we are able to bring innovative solutions, tailored to meet the needs of Members in Kentucky Medicaid and their communities to achieve better health outcomes.

Anthem delivers a suite of transformative Member, Provider, and community solutions to optimize the health care in Kentucky. For example, we will promote Provider-level interventions that address tobacco use modeled on the work of our Indiana affiliate. Our affiliate is working with Providers to collaboratively support Members to quit tobacco use, which includes a multi-faceted strategy using physician incentives, evidence-based Member and Provider education, and Member incentives to encourage reductions in tobacco use dependency. Our affiliate is building on their existing smoking cessation and tobacco dependence treatment strategy by implementing a Smoking Cessation and Tobacco Dependence Physician Incentive Program to incent physicians to expand provision of tobacco dependence counseling. Beginning in 2020, PMPs, OB/GYNs and BH Providers who provide intensive smoking cessation counseling and submit a corresponding claim will be eligible for a $20 per claim enhancement beyond the Medicaid fee schedule rate. This innovative value-based payment (VBP) program, is evidence-based, and supports our holistic person-centered model of care. Anthem will bring this program to Kentucky to support Quality Improvement.

Underscoring Our Commitment to Medicaid

Since we began serving Medicaid recipients in Kentucky in 2014, our vision has remained the same: to be Kentucky's leader in improving health care outcomes for our Members in Medicaid and communities. We will continue to bring the best and brightest Members of our operational staff, supported by the latest process design and technology innovations, to achieve operational excellence in the Commonwealth. Anthem shares the Commonwealth's vision to maximize access to quality health care for our fellow Kentuckians across the Commonwealth. As an incumbent MCO we offer high value care to our Members in Medicaid and extraordinary service for our Providers. We continually strive to develop new and innovative services and programs that will further improve health outcomes and quality of care for Members in Kentucky Medicaid.

Serving All Kentuckians

Being part of Anthem, Inc. alongside affiliate Medicaid health plans in 23 other markets is only one dimension of Anthem's experience as a Managed Care Organization. An additional advantage for us here in Kentucky is the close affiliation with our commercial plan. Together with Anthem Blue Cross and Blue Shield, we have been committed to the people of Kentucky for 81 years; offering Kentuckians continuity of care and seamless support through a suite of products and services regardless of a person's age, income, disability, or employment status. Anthem Blue Cross and Blue Shield began serving Kentuckians in 1938, and in 1966 became one of the first organizations to serve individuals through state-sponsored programs by administering Medicare Part A benefits. In 1994, when more than 40 insurance companies left Kentucky in fear of financial losses after passage of the Kentucky Health Care Reform Act, ***Anthem Blue Cross and Blue Shield was the one company that displayed a genuine dedication to Kentucky by continuing to offer health insurance in the individual market***.

Our longstanding presence in and commitment to Kentucky provides us with a unique perspective on the health needs of Kentuckians. ***We are the only MCO able to provide continuous coverage as individuals move in and out of Medicaid, with minimal Provider disruption.*** Our organization has served Kentuckians across the state — in urban areas like Louisville and Lexington to the rural counties of Appalachia — in various commercial and state-sponsored programs since 1938, from newborns to older adults. This breadth of experience underscores our deep understanding of the Commonwealth's health care environment, and informs our solutions focused on Kentucky's health priorities, including priority conditions identified by the Commonwealth, as well as priority identifications we pinpoint through Population Analysis.

Supporting Kentucky's Local Communities

Anthem is committed to supporting organizations in the delivery of services and development of initiatives to benefit our Members and communities in Kentucky through our local health plan as well as through the Anthem, Inc. Foundation (Foundation). ***Together with the Anthem Foundation, since 2014 when we entered the Medicaid market, our organization has invested over $8.1 million in Kentucky through community grants and sponsorships. The call out box to the right provides a few examples of the grants and relationships.*** For example, in 2019, our Foundation donated ***$250,000 to the Kentucky Hospital Research and Education Foundation*** to help hospitals improve management of complex patients that present to an Emergency Room (ER) with the goal of reducing preventable ER utilization. Our Foundation's donation of ***$75,000 to Western Kentucky University*** supports efforts to remove barriers to health care based on rural geography and improve health care and quality of life for participants age 65 years and older.

Community and Organizational Support Since 2014

- The Anthem Foundation has invested $2 million in 22 Kentucky local non-profits such as Maryhurst, The Morton Center, University of Kentucky, and University of Louisville Research Foundation
- The Anthem Foundation has invested $2.1 million in 23 national non-profit partners, such as March of Dimes, The American Red Cross, and The American Lung Association
- The Anthem Foundation has supported 45 local non-profit partners through community relations donations totaling $918,583 and another $1.4 million through Associate Community Engagement programs, supporting 130 nonprofits in 2019
- Anthem Kentucky health plans (Medicaid, commercial, and Medicare) have invested approximately $1.7 million in communities across the state, supporting non-profits such as God's Pantry Food Bank, Welcome House, and Dress for Success

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As part of our continued commitment to the Commonwealth of Kentucky, ***Anthem, together with its Foundation, will be investing $2 million in 2020 with a focus to address health disparities across the state, with heightened awareness around school-aged youth.*** For example, the Anthem Foundation provided a $100,000 grant to the National Foundation for Governors' Fitness Councils (NFGFC), a national non-profit organization that encourages fitness and exercise in local schools. Each year, NFGFC selects four (4) states to receive three (3) "Don't Quit Fitness Centers" at local schools. These fitness centers include state-of-the-art exercise equipment to increase physical activity among students. Governor Beshear was pleased to

Anthem has worked with March of Dimes to provide services to thousands of new mothers across the Commonwealth. We think health care should be in the hands of local organizations that care about more than just their contracts, but also about our communities.
— **Kristin Lehman**
Executive Director of Market Development
March of Dimes

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announce that Kentucky was chosen to be one of the four states to receive these fitness centers in 2020. Schools throughout the Commonwealth can nominate themselves later this spring and winners will be announced in early summer.

We recently donated $190,000 to God's Pantry to sponsor a mobile food pantry that will serve 50 counties in Eastern KY through 243 events. In addition, $289,000 was invested in Feeding America-Kentucky's Heartland to sponsor 40 events with fresh produce and to wrap advertising on one of their trucks — we continue that support in 2020 and will be sponsoring a total of 72 events to provide fresh produce to the community.

The partnerships and relationships enabled through this grant and sponsorship process enable us to engage with organizations to co-deliver key health messages and supports to our Members and the general community, providing our Members and their neighbors' resources to meet their diverse needs locally. Through charitable contributions and programs, we strategically sponsor and invest in organizations to build capacity to serve in our communities. Focusing on prenatal care, smoking cessation, cardiovascular health, youth health, and active lifestyles, the Foundation teams up with community organizations to offer innovative programs and long-term solutions.

Beyond the impact our organization and the Foundation are making in Kentucky, employees have dedicated ***15,840 volunteer hours*** to benefit countless nonprofits in communities across the state since 2014.

Anthem to Invest in Provider Workforce Development

In 2020, Anthem is making an **investment of $292,000** to support Provider Workforce Development. This includes:

- **$92,000** to fund tuition and training costs for three Rural Health Family Nurse Practitioners at Eastern Kentucky University, in exchange for a commitment to serve as PCPs in Appalachia for minimum of five years post-graduation
- **$100,000** to establish a scholarship fund, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College
- **$100,000** to implement Motivo's HIPAA-complaint clinical supervision program to accelerate access to mental health services for approximately **8,000 Kentuckians** in the Appalachian regions

KY_Hlth2020_B.3_Invest_COB_02

Anthem Medicaid is committed to the Kentucky communities they serve and have demonstrated this by their actions. Anthem Medicaid has provided sponsorships to local community groups meeting the needs of their Members. They continue to provide funding for innovative programs to decrease the negative impact of social determinants of health for Members.
— **Danielle Amrine**
Chief Executive Officer
Welcome House of Northern Kentucky

KY_Hlth2020_B.1_Danielle_TST_01

Our organizational presence also positively contributes to Kentucky's economy. Anthem and its affiliates currently employ over ***1,400 workers in Kentucky*** and offer jobs with location flexibility and remote access. In fact, Anthem is one of only 20 Companies to have been named to FlexJobs "Top 100" list every year since 2014. According to an Economic Impact Study performed by the University of Louisville, for every 10 jobs directly created by Anthem and our local affiliates, an additional 35 jobs are created within the Kentucky economy. We paid over $114.4 million in state wages, $616,011 in payroll taxes, $18 million in corporate taxes, and spent over $46.5 million on services and supplies sourced in Kentucky for operational expenses in 2017. With the implementation of our new Contract, we are expanding our commitment to creating jobs in Kentucky, including a local 158-person Member call center to further enhance our service delivery.

Improving Member Outcomes

Anthem's goal is to provide high value, quality care, broad access, and unique innovative programs. We are a trusted and compassionate partner to the Commonwealth, our Members, Providers, and the Medicaid communities we have been serving since 2014. We know this is only possible through close collaboration with our Members; Providers; Kentucky agencies including DMS, Department for Community Based Services (DCBS), Family Resources and Youth Services Centers, Kentucky Career Centers, Office of Employment Training, Department of Corrections, Office of Vocational Rehabilitation, Metro Louisville Board of Health Enrollment Committee, Interagency Councils, and local coalitions. In addition, we know the importance of collaboration with our community partners including the Kentucky Office for Refugees, Community Action of Kentucky, Goodwill of Kentucky, Dare to Care and God's Pantry Food Banks, faith institutions, schools, chambers of commerce, and small and large nonprofits and businesses such as Maryhurst, Dress for Success, Welcome House, as well as others as they interact frequently with our Members. We have expanded our commitment to our Members by more comprehensively addressing the drivers of health such as food security, stable housing, transportation, employment, and education through value-added services (VAS) and community partnerships.

Our approach embraces the use of evidence-based practices and processes, like our Controlled Substance Utilization Management (CSUM) program tasked with decreasing over-utilization of controlled substances, including opioids, by identifying Members receiving multiple controlled medications, opioids from multiple Providers filled at multiple pharmacies, or combinations of controlled substances that may indicate risk. ***In 2019, 63% of Anthem's Kentucky Medicaid CSUM program Members reduced their claims for controlled substances, from 10 or more to less than 10.*** Our sophisticated predictive modeling tailors our services and resources to meet the needs of the Member through:

- Assessing risk for ER visits, admissions and readmissions, high-risk pregnancies, BH issues, and pharmacy indicators with our Chronic Illness Intensity Index (CI^3) predictive modeling and other tools
- Identifying Members with high utilization or at emerging risk, and coordinating services and supports

Our predictive modeling tools assess risks and identify Members, so we can implement appropriate initiatives to make positive behavior changes.

Through our experience in Kentucky, and the extended experience of our affiliates across 23 other markets, Anthem has demonstrated its ability to effectively coordinate care and supports to all of Kentucky Health's populations and to build strong partnerships with Providers and communities to improve health outcomes.

i. Population Health Management Program Experience and Initiatives

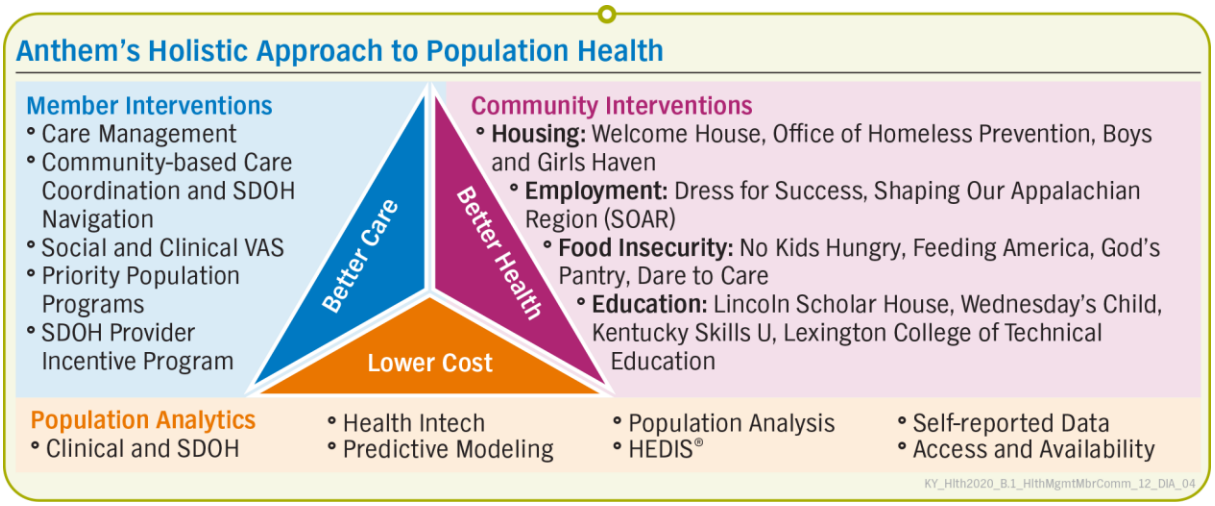
i. Experience in implementation of population health management programs and initiatives. Include information about how the Vendor has addressed social determinants of health.

Health care is not one size fits all — and it is local. We must address health disparities that exist across populations and communities in order to effectively provide Members with an equal opportunity to improve their health. As detailed in more detail throughout our response to C.24, Anthem's PHM program works to address these disparities to the benefit of both our Members

and our communities. Recognizing the importance of this work, we are investing in an expanded staffing model and new programs to build on the success of our efforts to date.

As depicted in Figure B.1.a-2, Anthem's approach to population health are the dual tenets of person-centered care and Community Engagement. By working to address needs at both the individual and community levels, our PHM program holistically works to improve health outcomes in the short-term (person by person) and in the long-term (generation by generation). The specific interventions supporting our PHM program are informed by the Commonwealth's goals, internal and external data both specific to our membership and across communities, and through engagement with our Members, Providers, community organizations, and other stakeholders. This approach and the resulting programs constitute our PHM program's framework.

Figure B.1.a-2. We Address SDOH at the Individual and Community Levels to Improve Both Short- and Long-term Health Outcomes



Our PHM program is incorporated throughout our processes and across the continuum of care. In 2018, we incorporated a Population Health Management model as defined by NCQA into our Quality Management program to maximize our ability to help Members and communities achieve better health and wellness. The NCQA PHM model, based upon the well-established Institute for Healthcare Improvement Triple Aim, reflects the needs of the whole person, including SDOH.

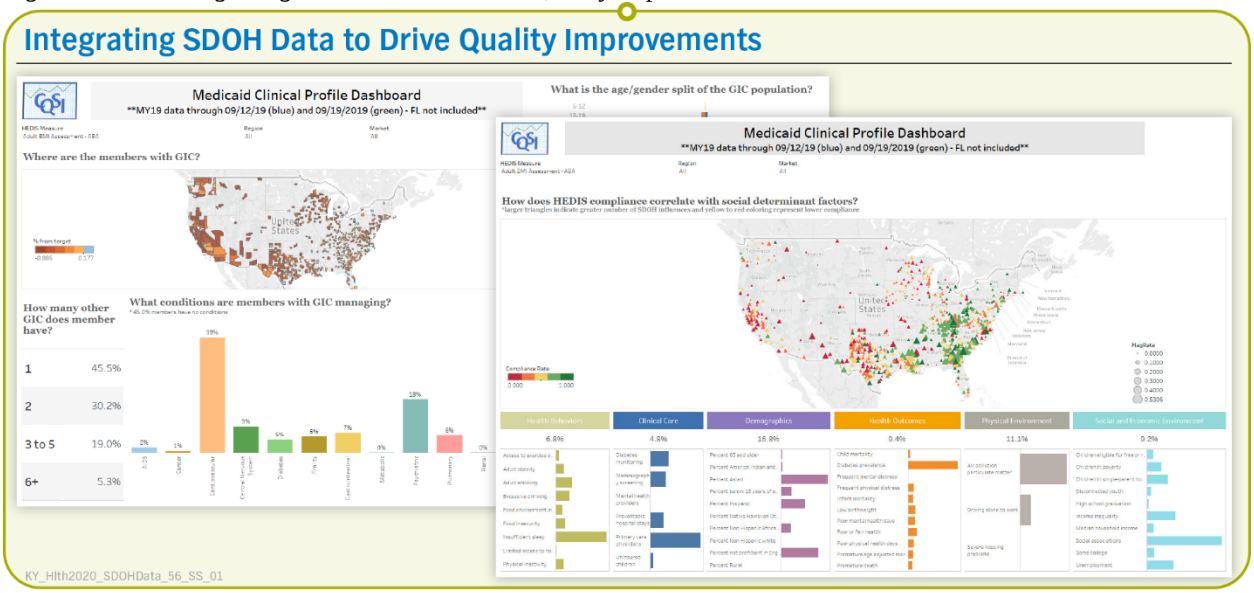
Our approach incorporates required components of the PHM model, including population identification, data integration, stratification, measurement, care delivery systems, Providers, and community resources. Table B.1.a-1 summarizes how our PHM approach ties directly to required components of the NCQA PHM model.

Table B.1.a-1. Anthem's PHM Approach Aligns to NCQA's PHM Model

Alignment of the NCQA PHM Model to Anthem's PHM Approach
Data Integration and Stratification
Our powerful analytics help analyze population-level health and socioeconomic data to identify health disparities and clinical and social opportunities. We continually make SDOH and community resource linkage a priority in our overall efforts through: • Population assessments • Integration of actionable data • Risk stratification based on evidence-based logic
Population Identification and Person-Centered Interventions
Building on risk stratification, we identify the most appropriate and relevant interventions and services for Kentuckians to engage them in their care, including but not limited to: • Wellness and prevention programs • Chronic condition management • Targeted case management • BH management programs
Measurement
We continuously assess, monitor, and deploy all types of measures relevant to each program goal and use our tools to evaluate the impact of the overall approach. Data we measure and monitor includes, but is not limited to: • Clinical and non-clinical data • Cost and utilization • Member and Provider experience
Care Delivery System
We partner with Providers to engage with and support care delivery towards PHM goals and to align activities through arrangements that include: • Value-based payment arrangements • Collaborative training • Data sharing, shared decision-making, and other process improvement to reduce administrative burden
Community Resources
We partner with community-based programs and stakeholders, including Public Health Departments (PHDs) and school systems, to assure access to community-based resources and VAS that will help meet the total needs of Members. Community Engagement Navigators identify and address Members' SDOH barriers through hands-on assistance and by connecting Members to community resources and Anthem's VAS.

Our PHM approach includes specific programs and initiatives to improve the health of our Members and their communities. We use population-level health and socioeconomic (population) data and powerful analytics to generate both social and clinical insights to identify opportunities and health disparities, and to work together with our Members to improve their health and overall well-being. Anthem integrates SDOH and clinical data to bring greater focus and personalization to Member engagement efforts. Our Interactive Analytic Insights quality tool now incorporates an SDOH Dashboard that includes a visualization of local SDOH data. Six SDOH categories each with several factors that capture critical SDOH data elements such as: Food Insecurity, Cultural Barriers, Income Inequality, Disconnected Youth, and Health Outcomes. The tool enables us to measure the impact of SDOH interventions and other programs on HEDIS quality measures. ***A visual example of this tool is provided in Figure B.1.a-3.***

Figure B.1.a-3. Integrating SDOH Data to Drive Quality Improvements



This insight allows us to focus services on what matters most to Members, their families, and their communities. Using population health data and our SDOH/Clinical Overlay tool, we are able to effectively promote prevention and population health through a combination of community education, Provider partnerships, Member accountability and self-management, and innovative programming.

Population Health that Works for Kentucky

The strength of our PHM program lies in our experience and relationships in the state. While we leverage best practices and lessons learned from our 23 affiliate states, it is always through the lens of what matters most to Kentucky. We use data analytics, including health assessments, predictive modeling, and HEDIS measures to identify barriers to health, but we also know the data is only part of the story. We know being in the communities and engaging with Members, Providers, and stakeholders is also necessary to understand their pain points and what is needed to address those pain points. The combination of data and engagement allows us to create programs tailored to Kentucky's priorities.

Addressing SDOH Through the Empowerment Program

The importance of addressing SDOH to improve health outcomes is well-documented throughout health research and is something Anthem has woven into all parts of our organization. Based on feedback from our Members, our Care Managers, our Community Outreach team, and our community resource partners, we recognized an opportunity to strengthen our approach to addressing SDOH that resulted in the creation of our Anthem Member Empowerment program in January 2019. ***We invested in new staffing and technology tools specifically designed to support Members seeking employment or education opportunities or who were at risk of or experiencing food or housing insecurities.*** This program has engaged with more than 700 Members since its inception.

As detailed in the Kentucky Behavioral Risk Factor Survey, data shows that Kentuckians with lower educational achievement (less than high school completion versus college graduate) and with lower annual income (less than $25,000 annual household income versus $50,000 or more) suffer from:

- Up to three times higher rates of diabetes
- Double the rate of coronary artery disease
- Over four times higher rates of poor health habits (that is, smoking)
- Triple the number of reported poor mental health days

To support our Members in reaching their education and employment goals, and ultimately improve their health outcomes, Anthem created an innovative suite of VAS as part of the Member Empowerment program.

The Member Empowerment program also includes access to Community Engagement Navigators, who are field-based employees with prior experience working in community-based organizations and available to support Members in reducing and eliminating the SDOH barriers they are experiencing. In addition, Community Engagement Navigators are certified community health workers (CHWs). This whole-person approach helps us address the immediate needs of all Members — from those who are low-risk to those with emerging or high risks.

Members access the program through self-referral or referral from our Care Management team or community organization. Members work one-on-one with a Navigator who assesses for SDOH barriers or needs in a safe, positive manner, using a specially-developed SDOH Assessment tool. The SDOH Assessment tool, based on the National Association of Community Health Center's PRAPARE (Protocols for Responding to and Assessing Patients' Assets, Risks, and Experience) has been specifically designed to identify Members' unmet SDOH-related needs in key areas such as housing, education, employment, health literacy, and food.

Since the Member Empowerment program's inception in early 2019, 723 Members have been referred to the program:

- 38% of received Members requested assistance with employment
- 29% of received Members requested assistance with food or housing insecurity
- 18% of Members received assistance with transportation (on average navigators arrange 10 trips per Member using the transportation VAS)
- 15% of Members received assistance with the criminal record expungement application process
- 28% of Members assessed by a navigator in 2019 have "graduated" from the program and achieved the goals they partnered with their navigator to achieve

We will continue to build our existing capacity by employing additional Community Engagement Navigators, dedicating them to each county Anthem serves across the state, and certifying new and existing Community Engagement Navigators as CHWs in 2020.

Anthem's Community Engagement Navigators Have Experience Working With Local Organizations

- Catholic Charities, Human Trafficking Program
- Bellewood Home for Children
- 4C for Children
- Community Action Centers
- Brighton Center
- KVC Behavioral Health
- Family and Children's Place

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Partnering with Providers to Advance Population Health

Anthem's VBP programs available and proposed for our contracted Medicaid Providers across the state include an array of programs and other Provider incentive programs focused on expanding access and wellness and incentivizing improvements in PHM.

We are proposing additional programs this year, including ***an incentive tied to a Provider's assessment of their patient's SDOH-related needs and connection to community resources.*** We are currently evaluating additional potential Providers and are on track to implement this pilot initiative during the second quarter of 2020. This program, Social Determinants of Health Provider Incentive Program (SDOHPIP) will be available to Providers participating in Provider Quality Incentive Program (PQIP) or PQIP Essentials. A complement to our Physician Incentive Plans, this incentive program offers SDOH-related incentive measures for Providers with the following objectives:

- Obtaining a baseline of SDOH needs for our membership
- Increase Provider awareness and utilization of Community Resource Link as a resource to refer our Members to the community organizations that can help them with SDOH needs and improve Member health outcomes by addressing their SDOH needs
- Incentive payments are independent of what Providers earn in our Physician Incentive Plans

These VBP programs will help drive integration of physical health (PH) and BH, incentivizing increased engagement of Specialists and facilities in meeting Members' needs, and increased focus and engagement with the SDOH that influence Members' health and well-being. We also promote innovation and expansion of evidence-based best practices through Provider incentives and recognition programs that recognize Provider expertise and achievement in key areas important to our Members in child welfare. Our portfolio of VBP programs and incentives assures the delivery of evidence-based practices rooted in the foundation of Trauma-informed Care. They are summarized in Figure B.1.a-4.

Figure B.1.a-4. Anthem Value-based Programs

Improving Health Outcomes and Quality with Accountable Reimbursement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness ∘ *Pay for Quality HEDIS (P4Q HEDIS)** ∘ *Foster Care Access Incentive Program (FCAIP)**	**Focus on enhancing quality, efficiency and total cost of care savings** ∘ Provider Quality Incentive Program (PQIP) ∘ PQIP Essentials ∘ Provider Incentives • Toxicology screening in first trimester of pregnancy • Tobacco screening • Colorectal cancer screening • Hemoglobin A1c (HbA1c) testing	**Focus on specialized services and PH/BH integration** ∘ Behavioral Health Quality Incentive Program (BHQIP) ∘ Behavioral Health Facility Incentive Program (BHFIP) ∘ *Integrated Care Quality Incentive Program (ICQIP)** ∘ *Obstetrical Care Quality Incentive Program (OBQIP)** ∘ *Pediatric Residential Treatment Quality Incentive Program (PRTQIP)**	**Focus on social determinants of health and socially necessary services and supports** ∘ Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** ∘ Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) ∘ Trauma-informed Care Blue Ribbon Providers (Blue Ribbon Providers)

* *Indicates proposed programming subject to approval from DMS.*

KY_HIth2020_C.3_FocusAreas_COB_04

Supporting Rural Access to Health Care and Social Supports

With the rural nature of Kentucky, Members may often travel substantial distances between their homes and their Providers' offices. We use proactive techniques, including Network development, capacity-building, in-person outreach, telehealth and technology solutions, and peer support, as well as innovative Provider partnerships and VAS, to assure Members throughout Kentucky have access to needed services and social supports.

In order to support Network development, Anthem invested $292,000 in workforce development. Our Anthem's innovative approach to recruiting Providers to practice in traditionally underserved and non-urban areas includes investments to bring more Providers to Appalachia, easing the administrative burden on Commonwealth Providers to increase their capacity to deliver care, and accelerating the road to licensure for prospective Mental Health Professionals This investment included:

- $92,000 to fund complete tuition/training costs for three Rural Health Family Nurse Practitioners (MSN) at Eastern Kentucky University in exchange for commitment to serve as PCPs in Appalachia for minimum of five years post-graduation.
- $100,000 to establish a scholarship fund that could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College.
- $100,000 to implement Motivo's HIPAA complaint, clinical supervision program to create access for 8,000 Kentuckians. Offering prospective Psychologists, Clinical Social Workers, Professional Counselors, Marriage and Family Therapists, and Certified Addictions Counselors an efficient, accessible, online solution to fulfill their clinical supervision requirements to bring additional mental health professionals to the state quickly.

In addition, we offer Member access to LiveHealth Online, a telehealth solution that provides scheduled BH consultations with Kentucky-licensed, Medicaid-enrolled BH Clinicians and real-time urgent care visits with Kentucky-licensed, Medicaid-enrolled physicians for clinically appropriate conditions such as colds, flu, allergies, or other non-emergent conditions. Members can access services through a secure internet connection or application on any video-enabled computer, laptop, tablet, or smartphone. LiveHealth Online Providers can diagnose, make medical recommendations, and prescribe medications in accordance with Commonwealth requirements.

We will also deploy TytoCare for telehealth in schools to increase Member access to care for PH and BH conditions, urgent and non-emergent issues, and dental. TytoCare will allow video visits directly with licensed physicians from small school settings facilitated by a presenter. The student's PCP can receive details via the cloud, or the school nurse can connect the student to a clinician for immediate treatment on demand.

Access to substance use disorder (SUD) treatment is currently a challenge in the state due to limited availability, rural transportation issues, and reluctance to seek treatment due to stigma. Our contracted Kentucky-licensed Anthem telepsychiatry Providers work directly with our Members through telehealth to treat a full spectrum of BH disorders. Members can meet with medical staff and counselors via video conferencing.

Anthem also contracts with Bright Heart Health for their Substance Abuse Intensive Outpatient program and Medication-Assisted Treatment (MAT). To develop a comprehensive treatment plan, Anthem Members will meet with a Bright Heart Health physician in person for a medical evaluation and continue their treatment with a licensed therapist via telehealth for a clinical assessment. Counselors will meet with Anthem Members online via telehealth and help identify and develop strategies to deal with the issues and disorders that may have contributed to or been impacted by opioid use disorder (OUD) in collaboration with the Member's treating physician.

Anthem Donates a Mobile Distribution Van to God's Pantry

KY_Hlth2020_MobilePantry3_PICT_01

In addition to health care services, Anthem also works to improve access to social supports throughout rural access areas.

For example, in 2019, Anthem donated a new, custom vehicle that will serve as a Mobile Produce Distribution Van to God's Pantry, helping the non-profit meet the nutrition needs of kids and teens during the summer months by providing healthy fresh alternatives. The van allows distribution in areas where a larger truck, typically what is used during produce distributions, cannot fit. The van was outfitted and redesigned by Anthem to allow the Food Bank to set up a produce stand out of the back. The inside can be used to transport produce during summer months and the open design give God's Pantry Food Bank flexibility to use the van for a variety of needs throughout the year.

In September 2018, we donated a fully renovated recreation vehicle (RV) to the Professional Women's Group (PWG). The RV was retrofitted to be a mobile 'suiting' and training center that

Extending the Reach of Dress for Success

KY_Hlth2020_DressSuccess_SS_02

also hosts one-on-one training and small group sessions, enhancing the employability of women by providing access to necessary clothing and training for employment. Anthem also donated computers and Wi-Fi capabilities. PWG focuses on employment retention, employment advancement, and leadership development.

The addition of the mobile unit has allowed PWG to expand services to Frankfort, Henry, Shelby, Spencer, Oldham, and Trimble counties, and 51% of their clients have either secured employment or are pursuing additional training and education opportunities. We are supporting PWG to expand current capabilities of the Dress for Success program through additional partnerships with rural communities to facilitate career readiness programs, financial empowerment, and computer literacy.

Targeting Programs to Support Kentucky's Priority Populations

Anthem's priority areas of focus are aligned with the Commonwealth's health priorities and populations; we recognize the challenges Members face in accessing resources and the conditions prevalent among Kentuckians.

For example, given that Kentuckians have a higher percentage of people with diabetes than the U.S. average and opioid overdose deaths have tripled from 2006-2015, Anthem has included diabetes and OUD in our PHM priority population programs. Our research and local knowledge of the population informs our approach. For example, to address the prevalence of diabetes in our population, in 2020, Anthem will launch a comprehensive Diabetes Prevention Program (DPP) that is already recognized as a best practice from our commercial affiliate.

In addition, in 2019, based on the information about the utilization of the Anthem Medicaid population, Anthem focused its energies on developing programs and strengthening Provider relationships to support OUD, Neonatal Abstinence Syndrome (NAS), cancer, and diabetes. We have also concentrated our 2019 Health Disparities strategy on Food Insecurity and barriers to education and employment.

Dress for Success Louisville is proud to have offered services to more than 1,100 women in the Kentucky area in 2018 and 2019. Of those, 210 women were served at 36 different mobile events across 950 miles in eight counties, allowing us to reach women who may lack adequate transportation as a barrier to employment. The Dress for Success Louisville team strives to walk alongside each woman as she takes the next step in her journey to financial independence.
— **Michelle Dayvault**
Executive Director
Dress for Success Louisville

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ii. Examples of Three Initiatives to Support Improved Outcomes

ii. Three (3) examples of initiatives the Vendor has implemented for Medicaid managed care programs that have supported improved outcomes. Describe whether such initiatives were cost effective and resulted in sustained change.

Anthem is dedicated to operating under a culture of continuous innovation and improvement. Reviewing our performance and seeking opportunities to improve our operations and the service we deliver to our Members, Providers, DMS, and other stakeholders is ingrained in who we are and what we do every day. As part of our quality monitoring and assessment approach — Plan, Do, Study, Act — Anthem reviews initiatives regularly to assess results against expectations and identify any necessary modifications. Anthem knows we need to apply resources in areas that deliver the most value to our Members, Providers, and stakeholders. We also understand not all initiatives deliver the results we expect or result in sustained change. Initiatives that demonstrate positive sustained change initially may falter over time due to changes in the characteristics of the population, such as age, rural or urban, policy changes, or access issues. We continuously review trends in utilization of medical, behavioral, and social services and use Member feedback to enhance our initiatives and create change in approach. As we refine and explore opportunities for new initiatives, Anthem also identifies best practices from our affiliates in other states and as appropriate, tailors those to meet the needs of Kentucky.

We have highlighted three examples of programs we implemented that have shown improved outcomes for Members by engaging them in the health care decisions, services, and supports that positively affect their health, safety, and quality of life. Anthem presents information on these initiatives, underscoring how we developed and refined the initiatives over time to support improved outcomes and sustained change in Kentucky.

- ***FOCUS 100.*** In-depth study of our highest-risk Members based on illness, location, treatment Providers, and overall claims expense; this report informs the clinical, Provider, and operational interventions we implement to support improved Member health outcomes.
- ***Empowerment Program.*** Assists Members to address SDOH and provide broadened access to community-based resources, including employment and education, helping us to address and maintain the immediate needs of all Members.
- ***Partnership with Bluegrass Transitional Care℠ (formerly known as Kentucky Appalachian Transition Services [KATS]).*** Helps Members transitioning home after a hospitalization to learn more about their health conditions and reduce future hospital readmissions.

FOCUS 100

In a 2019 effort to leverage the power of our sophisticated tools in Health Intech to improve Member outcomes, the Kentucky data and analytics team developed what we call a FOCUS 100 report. Initially, this report profiled the 100 highest-risk Members based on illness, location, treatment Providers, and overall claims expense. In addition to profiling the most common diagnosis, we used heat mapping to determine if there were any unusual hot spots of activity and to validate that all 100 Members were involved in active care management. It was from this report that Anthem began to target specific Provider groups with training and education. The report also guided our development of specific and targeted programs, like the SUD programs in the eastern part of the state, a Neonatal focus in the extreme northern part of the state, and embedded Behavioral Health Care Managers in high volume locations. Most Members identified in these monthly FOCUS 100 reviews require level

three interventions of Targeted Case Management. The reports have also helped to inform our community and Provider outreach efforts as well.

Examples of initiatives and outcomes, driven by FOCUS 100, are summarized next.

High Outreach to Promote Engagement

High Outreach to Promote Engagement (HOPE), is a care management program identifying and focusing on our Members with high-risk and complex PH or BH conditions who have frequent ER visits and multiple hospital admissions and who are not actively engaged in an existing care management program. We identify these Members through our FOCUS 100 reports, as well as through our risk stratification process and referrals. ***HOPE engages Members with high utilization or avoidable health care visits in motivational interviews and person-centered planning to connect Members to the services and care management that will reduce occurrences.*** Our Field-Based Care Managers inform Members about how to utilize the most appropriate care to meet their health care needs through motivational interviewing and person-centered planning. They work with Providers, such as PCPs, specialty physicians, and hospitals, to assure all parties are working toward the same goals. The field-based Care Manager is the central point of contact for the Member, addressing their PH, BH, and social support needs. ***In 2019, the HOPE program achieved a 15% savings in claims for engaged Members.***

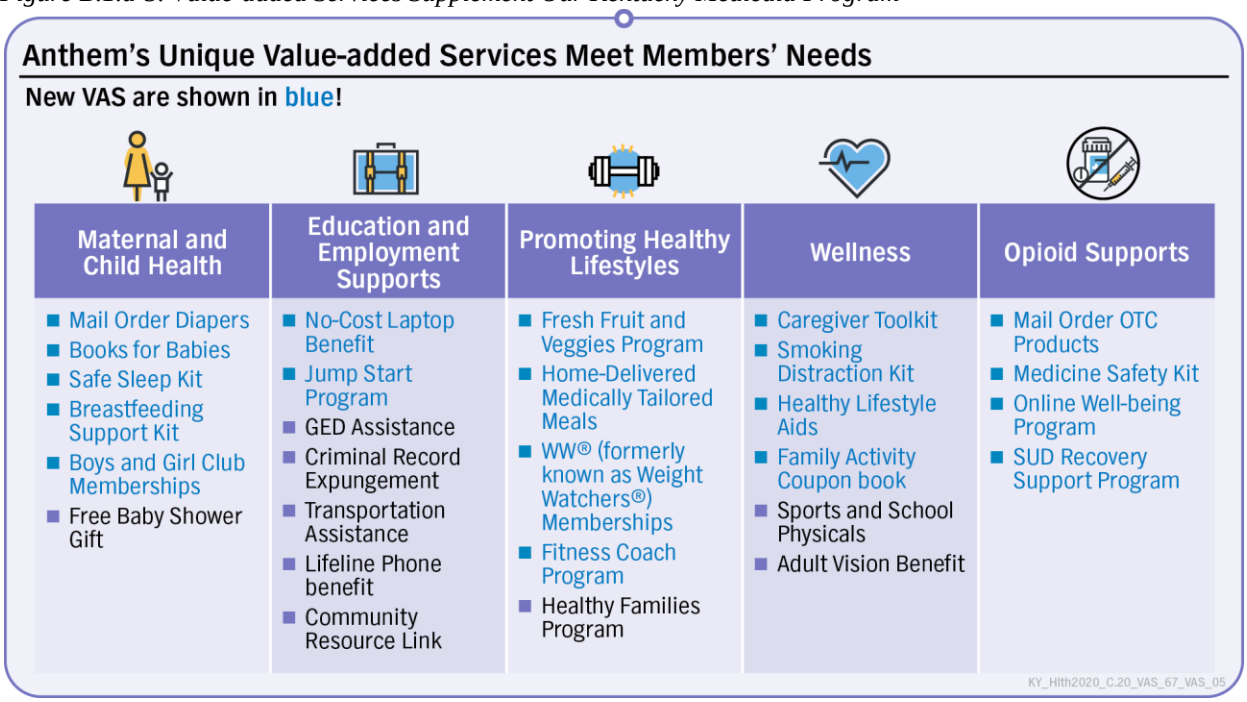
Member Empowerment Program

As introduced previously in this section, Anthem created the Member Empowerment program to address barriers to access experienced by our Members. In 2018, Members provided feedback about experiencing local barriers around transportation, child care, and more. We recognize that clinical care is only one factor affecting a Member's health outcomes; social, economic, and physical environmental factors also have a great impact on length and quality of life. Access to food, jobs, child care, education, transportation, and housing can determine a Member's ability to be self-reliant and attain their goals. In response, and in alignment with our continuous Quality Improvement foundation, we created the Member Empowerment program to help Members overcome the social and functional barriers that affect their health.

The Member Empowerment program is part of our PHM model and an extension of the care management program that brings together the following:

- Person-centered, strengths-based needs assessments and individualized, actionable goal plans
- Access to new, innovative VAS that address the specific needs of Members in Medicaid (see Figure B.1.a-5)
- Opportunities for Members to improve economic mobility and health outcomes
- Connection to local community-based economic and social support services
- Support for Members in overcoming barriers to self-sufficiency
- Assistance with paying for expungement in order to help Members overcome legal barriers that inhibit their ability to access employment and housing

Figure B.1.a-5. Value-added Services Supplement Our Kentucky Medicaid Program



The Community Engagement Navigator and Member work together to create a care plan involving local community resources to address the Member's needs. The Community Engagement Navigator may, with the Member's consent, contact community organizations to arrange appointments and facilitate the Member's engagement with the organization. Community Engagement Navigators may also approve Members for one or more of Anthem's VAS, developed and offered to meet the needs of our Kentucky Members.

Since the Member Empowerment program's inception in early 2019, 723 Members have been referred to the program. We will build our existing capacity by certifying additional Navigators as CHWs and dedicating them to each county Anthem serves across the state in 2020. In 2020, we will also develop and implement community-based pilots for focused outreach and provide funding to support workforce development and training efforts to expand capacity, such as specialized expertise as a Housing Liaison to assist Members with securing accessible, affordable housing through federal and local programs. We will also partner with the community-based organizations that assist in locating and engaging Members. For example, 180 Health Partners provides field-based location and engagement of Members who are pregnant and using substances and provides support to pregnant moms with OUD to reduce the effects on the child and offer support up to one-year postpartum.

Partnership with Bluegrass Transitional Care

Unnecessary hospital readmissions are both costly and detrimental to a Member's recovery. Through our data and focus on improving outcomes for Members, we partner with Bluegrass Transitional Care to provide nurse case managers who visit with Members in the hospital before they are discharged to support a more successful transition home. Case managers complete medication reconciliation and facilitate access to needed services to increase continued engagement with the service plan (or service Providers) and avoid disruptive readmissions. The Bluegrass Transitional Care staff are embedded in over 25 facilities, with 22 facilities in the Central and Eastern part of the Commonwealth. Figure B.1.a-6 illustrates these locations.

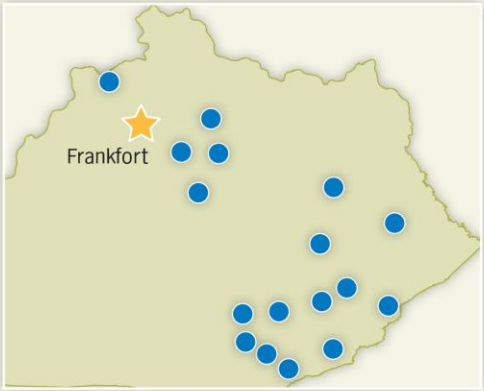
Bluegrass Transitional Care case managers are regionally trained to know the local resources available in their community for post-discharge visits and make sure the Member has a follow-up appointment scheduled with their PCP. They work with the Member and their Providers to make sure the right services and supports are agreed upon and in place, including completing a Health Risk Assessment (HRA) with the Member, monitoring their progress through their transition home, and conducting post-discharge visits for up to six weeks.

The Bluegrass Transitional Care team and Anthem Care Manager participate in clinical rounds every two weeks to discuss Members enrolled in the program and their transition to the next phase of our telephonic care management program once Bluegrass Transitional Care discharges the Member.

Since implementing the Bluegrass Transitional Care Initiative in May 2018, ***we have lowered the readmission rate by 0.80% from baseline across more than 25 facilities in Kentucky, with a 1.4% decrease in readmission rates at the University of Kentucky, our largest facility***.

Figure B.1.a-6. Anthem's Bluegrass Transitional Care Initiative Embeds Staff in Facilities to Engage Members and Enhance Access to Care

Our Bluegrass Transitional Care Initiative Embeds Care Managers in Central and Eastern KY



1	Barbourville	Barbourville ARH
2	Carrollton	Carroll Co. Hospital
3	Corbin	Baptist Health Corbin
4	Cynthiana	Harrison Memorial Hospital
5	Franklin	Franklin Co. Regional Medical Center
6	Georgetown	Georgetown Community Hospital/ Scott Co. Memorial
7	Harlan	Harlan ARH
8	Hazard	ARH Regional Medical Center Hazard
9	Hyden	Mary Breckinridge Hospital
10	Jackson	Kentucky River Medical Center
11	Lexington	Baptist Health Lexington
12	Lexington	Saint Joseph East
13	Lexington	Saint Joseph Hospital
14	Lexington	University of Kentucky (UK) Albert B. Chandler Hospital
15	Lexington	UK Good Samaritan Hospital and Emergency Department
16	London	Saint Joseph London
17	Manchester	Manchester Memorial
18	Paris	Bourbon Co. Hospital
19	Pineville	Pineville Hospital
20	Prestonsburg	Highlands Regional Medical Center
21	West Liberty	Morgan Co. ARH
22	Whitesburg	Whitesburg ARH

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Because of the success of this partnership, we expanded it to assist Members when they enter the ER to begin immediate transition planning to help establish the services and supports that will reduce future ER visits. Anthem identifies Members in the ER for this enhanced face-to-face engagement and Case Managers of Bluegrass Transitional Care help determine and address the root causes for the potentially preventable ER use.

iii. and iv. Lessons Learned and Applying Them to Kentucky Medicaid

iii. A summary of lessons learned from the Vendor's experience providing similar services to similar populations.

iv. How the Vendor will apply such lessons learned to the Kentucky Medicaid managed care program.

Anthem shares best practices with our affiliates in all our Medicaid states who provide similar services for populations like those we serve for Kentucky Medicaid. Our organizational culture and structure support our ability to exchange accomplishments, innovations, and lessons learned with affiliates, which helps us better serve our Members in Kentucky. We are always open and enthusiastic to hearing lessons from our Members, Providers, DMS, community partners, and other stakeholders — and we use this information and feedback to create meaningful change.

A few of the key lessons learned across Medicaid states and we have applied or are in the process of applying to improve the Kentucky Medicaid managed care program include:

- ***Lesson Learned 1:*** Member engagement cannot be increased without identifying and addressing access barriers and applying the guidance shared by other Members.
- ***Lesson Learned 2:*** In order to successfully implement data-driven decision making, multiple factors need to be identified and analyzed that include Member characteristics as well as other factors like geography, socioeconomic factors, disease prevalence, and health disparities within the state.
- ***Lesson Learned 3:*** It is necessary to understand unique population groups in order to identify and effectively address unique and diverse needs, by engaging those very populations in the process.
- ***Lesson Learned 4:*** To identify and address all Member needs and barriers, it is important to establish strong partnerships with community-based organizations, advocates, Kentucky Health Benefit Exchange (KBHE) Application Assisters, and school systems.

Lesson Learned 1: Targeted Solutions that Address Access Barriers Can Increase Member Engagement

Engaging with Members directly to address and meet their needs and goals is at the heart of what we do. Our strategies reflect our passion and are designed to implement the initiatives that serve to support and improve Member engagement in their care. One of the ways we do this is by listening to Members to understand what would be helpful to them.

As neighboring states with similar access to care issues, we are leveraging lessons learned from our affiliate health plans in Tennessee and West Virginia to address some of these challenges. We will also be leveraging a best practice to reach and engage Members implemented by our affiliates in Indiana and Wisconsin. Anthem proposes to adapt these successful initiatives, summarized below, to support and improve our ability to engage and improve outcomes for Members in Kentucky Medicaid.

Lyft Transportation Extension Program

Our affiliate Medicaid plan in Tennessee, in collaboration with another managed care plan, worked closely with TennCare to relay the benefits associated with having Lyft available to Members. The Lyft pilot project was approved for implementation in a single county to assess the initiative's ability to address transportation barriers prevalent across rural and Appalachian regions in the rest of the state. The pilot project was implemented in August 2019. Within the first three months of operations, 349 Members had been transported by Lyft on 508 trips to and from appointments. Member wait time was cut down by one third with Lyft, as compared to conventional transportation networks. Initial outcomes measured by our affiliate plan have been promising — within the first two months of implementation, our affiliate has documented:

- Almost a 10% increase in PCP visits
- Over 50% decrease in ER visits
- An almost 20% decrease in cancelled trips
- Closing half (50%) of their pre-existing primary care gaps for those that have used Lyft
- A decrease in Member Grievances
- A decrease in quality of care (QOC) related transportation

TennCare acknowledged the value of this innovative initiative, and recently approved expanding the pilot from a single county to all areas in Tennessee where Lyft Concierge is available.

Anthem is committed to working with DMS to bring this best practice to Kentucky. We have already initiated discussions with Lyft to develop a proposal that is tailored for Kentucky and we look forward to sharing our proposal with DMS.

Paramedicine Program

In 2018, UniCare, Anthem's affiliate in West Virginia, implemented a community paramedicine outreach program with Kanawha County Emergency Ambulance Authority (KCEAA). The program uses community paramedicine Providers as an extension of the health plan's care management team to locate and engage with hard-to-reach, high-cost Members in Medicaid. UniCare case managers and KCEAA work as a team to coordinate the immediate health needs of the Member including scheduling Provider office visits, transportation, and medications. Additionally, they educate the Member regarding community resources, health education, and provide a safety check for smoke detectors, carbon dioxide detectors, and overloaded electrical circuits.

These team members work in the communities in which they live. Through this approach, our affiliate is able to focus on Members who are difficult to locate, experience significant SDOH barriers and clinical needs, and who may have complex comorbid conditions and social challenges.

As of January 2020, our affiliate engaged with 460 Members, a 53% engagement rate, as part of the community paramedicine pilot. Following our community paramedicine engagement, over 190 Members were transitioned to intensive care management upon request. Of the Members engaged in the program in Boone County, West Virginia, 50% did not previously have a PCP and have now been connected to one.

Leveraging this best practice from our West Virginia affiliate, Anthem will launch a Community Paramedicine program with the Kentucky Board of Emergency Medical Services (EMS) in 2020 to increase access to care and address health disparities. We have already initiated discussions with EMS to establish a partnership for implementing the super utilizer paramedicine pilot. EMS is currently piloting community paramedicine services in six counties, including Fayette, Montgomery, Warren, Calloway, Oldham, and Boyd. Anthem's partnership with EMS will allow us to target EMS' outreach and face-to-face engagement with our Members in these counties. Anthem is the first MCO working in partnership with EMS to implement this innovative community program, extending our collective reach to bring quality health care to Members.

> *We are excited about the opportunity to partner with Anthem on an EMS Community Paramedicine program for our mutual patients. We look forward to our continued work in this important area to help improve the health of our citizens in the Commonwealth of Kentucky.*
> — **Michael E. Poynter,** EMT-P, CP-C, FACPE
> Executive Director
> Kentucky Board of Emergency Medical Services
> KY_Hlth2020_Michael_TST_01

Extending Our Reach into Communities to Understand and Address Barriers

Our affiliate plans in Indiana and Wisconsin introduced an innovative solution to extend their reach into all communities to improve access to care, improve health outcomes, support self-management, and address unmet SDOH needs. Based on available Member information, the plans assign an appropriate Quality Member Outreach Recovery and Engagement (Q-MORE) representative. The Q-MORE team links the Member back to the clinical team for support of chronic and complex health needs. The plans also use the Q-MORE team to visit Members in the hospital to help coordinate discharge planning and understand any barriers our Members may be having transitioning to the next level of care.

Q-MORE team members have played a valuable role in extending our affiliate health plan's reach deep into their communities. Q-MORE staff help Members identify and resolve the unmet social needs and risk factors that are barriers to engaging in health and facilitate connection with the PH and BH services and social supports they need and want to improve health and quality of life outcomes.

In Indiana, the Q-MORE team has had significant success in Member engagement achieving reductions in inappropriate utilization. From January 1, 2019 through November 30, 2019, Q-MORE has a 49.78% engagement rate.

In Wisconsin, introduction of the model paralleled a steady increase in the CAHPS® measure Overall Rating of Health Plan over three years (6% Adult version, 7% Child version). The Wisconsin team directly assisted 300 Members in the second half of 2019 alone.

In order to strategically enhance our PHM approach, Anthem will adapt a similar model, customizing it to meet Anthem's local needs and implementing in 2020. The dedicated staff will work in tandem with our Community Engagement Navigators in the community to engage Members and encourage proper utilization of services to close care gaps, address SDOH needs, and better enable Members to reach their goals and improve outcomes.

Lesson Learned 2: Multiple Factors Need to Be Identified and Analyzed in Order to Successfully Implement Data Driven Decision-making

In order to most effectively serve our Members, our decision making regarding program design must be driven by macro and micro level data. We know from our own experience in Kentucky and through our affiliate health plans who serve similar demographics that a deep understanding of the rural nature of the state, the socioeconomic environment, and the health issues facing this population is vital to be able to adequately serve the Commonwealth.

From a macro perspective, we must evaluate the overall environment in Kentucky and health concerns for the Commonwealth. We know Kentucky has the highest level of cancer deaths in the nation, the highest percent of preventable hospitalizations in the nation, the highest rate of physical inactivity in the nation, and the second highest rate of smoking in the nation. We also know Kentucky is described by many as the "Belt Buckle" of the Opioid Belt because 17 of the nation's 30 highest-risk counties are in Kentucky. In 2017, there were 1,160 reported opioid-involved deaths in Kentucky — a rate of 27.9 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons[2].

Geography, socioeconomic factors, and health status all impact our program design. These macro-level factors were the impetus to initiating innovative initiatives to address barriers to Member engagement, as outlined above in Lesson Learned 1.

Additionally, we must understand the Members we are serving. Demographics, health disparities, disease prevalence, and SDOH barriers are all key data points that inform our program design and are constantly changing. Ongoing disparities analyses that we conduct to support our NCQA Multicultural Health Distinction are instrumental in helping us identify and drive initiatives that address health disparities in Kentucky. Understanding the PH and BH conditions our Members have, and understanding the SDOH barriers they face is essential to informing our program design.

Finally, we must constantly stay attuned to trends to determine the effectiveness of our health management interventions with subpopulations within our membership. To illustrate how we use data to inform our decision-making and programs, we include an example of how data continually informed and refined our OUD program.

[2] https://www.drugabuse.gov/opioid-summaries-by-state/kentucky-opioid-summary

Membership Informs Program Design

Because Anthem entered the Medicaid market following the enactment of the Affordable Care Act (ACA), which enabled Medicaid Expansion, our mix of Members is more highly concentrated in the Childless Adult population commonly referred to as the ACA or Expansion population. As has been seen across the country, this population has a higher incidence of SUD, often an opioid use disorder. We saw incremental changes in our membership, specifically in SUD Member distribution. In late 2019, more than 19,000 of our Members had a SUD. Additionally, almost 15% of our Members had co-occurring BH and PH conditions; many of these Members also struggle with challenges with access to stable housing, transportation, or other SDOH.

As a result of this analysis, the prevalence of Members with an SUD/OUD, and the knowledge that Kentucky is in the center of the opioid Crisis, we reached out to our organization's addictionology experts to identify strategies for developing a comprehensive Opioid Response program to serve our Members, Providers, and communities. Our Opioid Response program is based upon five key pillars: Prevention, Identification, Education, Treatment, and Recovery.

Lessons Learned Drive and Refine Approach

While we leveraged our national expertise to help inform this model, our Kentucky-based BH team identified specific strategies and local partners who directly reflect the resources and culture of Kentucky. We learned access to SUD treatment is a challenge in Kentucky due to limited availability, rural transportation issues, and reluctance to seek treatment due to stigma. We responded by contracting Kentucky-licensed Anthem telepsychiatry Providers that work directly with our Members through telehealth to treat a full spectrum of BH disorders. Members can meet with medical staff and counselors via video conferencing.

Provider Incentives

We also learned that a lack of integrated care in Kentucky impacted our ability to fully address the opioid epidemic. In response and to care for Members experiencing OUD and address the challenges associated with truly integrated and coordinated care, especially in rural areas across the state where access can be a barrier, we offer our Integrated Care Quality Incentive Program (ICQIP) program to eligible BH Providers (community mental health centers, community services boards, local mental health authorities, community-based outpatient Providers and large Provider groups) to incent those Providers and treat Members effectively and holistically.

Other activities include our pharmacy program, Prescriber education reporting, promoting Screening, Brief Intervention, and Referral to Treatment (SBIRT) best practices, and performing quality audits for Medication-Assisted Treatment Providers. We will continue to evaluate the need for additional strategies to facilitate the prevention and early identification of substance use disorders.

Training and Programs to Address Opioid Abuse

To support our Education pillar, we have leveraged Anthem, Inc.'s partnership with the National Urban League to promote the *What's Up With Opioids?* program that offers a web-based toolkit to facilitate community workshops regarding opioid use and warning signs of abuse. In 2020 to further our education efforts, we partnered with the LMPHW, the University of Louisville School Of Public Health and Information Sciences, and Norton's Hospital System in Downtown Louisville with a $157,000 dollar grant to pilot a ***Harm Reduction Provider Education program***

designed to decrease the incidence of serious comorbid health conditions related to intravenous drug use. To support our Treatment and Recovery pillar, we have leveraged best practices from our parent company, such as Project ECHO® (Extension for Community Healthcare Outcomes), to improve MAT access and education for PCPs. To minimize the likelihood of an infant being born with NAS, we contracted with ***180 Health Partners***, a multimodal, enhanced care management program for pregnant women with an active SUD. ***A focused study on NAS was conducted in 2019 by the External Quality Review Organization; at 10.1%, Anthem's rate of newborns with NAS was the lowest in comparison to other Medicaid MCOs in Kentucky.*** We have also implemented several new initiatives to expand access to MAT and Opioid Treatment Programs (OTPs), including new agreements with ***CleanSlate*** and ***Bright Heart Health.***

To date, we have made demonstrable progress, with all identified Prevention and Identification pillar activities implemented in Kentucky. Improvements in our 2019 HEDIS scores, summarized in Table B.1.a-2, document our strong progress and effectiveness in addressing BH and SUD needs of our Members. We are continuing to enhance our treatment offerings through teleconsultation services with several local universities. This program is fully described in Section C.23, Behavioral Health Services, of our response.

Table B.1.a-2. Anthem HEDIS Scores Reflect Our Commitment to Addressing BH and SUD Needs of Members

HEDIS Measure	2019 Achievement	Change from 2018
Initiation of treatment for alcohol and other substance abuse or dependence	51.84%	↑13.49%
Engagement in treatment for alcohol and other substance abuse or dependence	23.75%	↑11.66%
7-day follow-up after ER visit for alcohol or other substance abuse or dependence	8.79%	↑13.75%

Lesson Learned 3: It Is Necessary to Understand Unique Population Groups to Identify and Effectively Address Unique and Diverse Needs

Anthem serves 1,656 children and youth involved in the child welfare system, and more than 19,000 Members with an SUD diagnosis. We understand these and other groups within our overall membership have unique needs that require specific programs. We are highlighting several of the lessons learned from our experience in Kentucky, and through the experience of our affiliate health plans, regarding how we must, and can best, support these Members, their caregivers, and the Providers who serve them.

Children and Youth in the Child Welfare System

In order to meet the unique needs of these children and youth, and their caregivers, we have drawn upon lessons learned and best practices from our 13 affiliates who also serve this vulnerable population. We have been particularly fortunate in our ability to leverage the experience of our Georgia affiliate, who functions as the single entity serving more than 33,000 children involved in the child welfare system. Specific lessons learned identified a need for:

1. A unique team structure that is multidisciplinary and includes the Care Coordination Team; numerous liaisons with key system of care stakeholders including DCBS, the judiciary, and Providers; a training and education team; and a team to assure assimilation of vital data from multiple sources into a care plan that can be acted upon as soon as a child comes into care to minimize disruption and duplication of services, assure continuity of care, and reduce risk of re-traumatization. Our Georgia affiliate also

reminds us we need to be flexible with our team structure and expect to make changes along the way as the program matures and evolves, and in response to changes based on need, geography, and other factors.

2. Additional factors to be considered during risk stratification, including Adverse Childhood Experience (ACE) exposure, reunification barriers, family of origin and caregiver needs, and educational and developmental deficiencies.
3. Increased Provider and community education to assure Providers and other system of care stakeholders are interacting with the children and youth in a trauma-informed manner.
4. Dedicated bidirectional communication with the judicial system to maximize responsiveness and minimize overly restrictive placement orders.

Removal from family is traumatic in and of itself. Being cognizant that this trauma is usually an exacerbation of previous trauma from abuse or neglect, we have worked diligently to minimize disruption and re-traumatization of children and youth, and their caregivers, who are involved in the child welfare system. Specific steps we have already taken in serving these children, youth, and caregivers include:

- Creating an Intake team responsible for reaching out to DCBS immediately upon enrollment of a child in order to access all available assessments and records. This is an essential component to minimizing duplication of services and potentially re-traumatizing the child through repetitive assessments.
- Pairing the same Care Coordinator with a child throughout their enrollment minimizes disruptions experienced by the child. We believe this is essential to enhancing the relationship between the child and their Care Coordinator and have structured our program to assure the same Care Coordinator stays with the child.

As we will describe more fully in our response to Section G, Kentucky SKY, we are prepared to implement multiple new initiatives to better serve the children and youth, and their caregivers, who are involved with the child welfare system. In particular, we propose:

- Establish key teams to appropriately serve these children, youth, and their caregivers and to connect to and collaborate with all components of the system of care. These teams include: (1) regionally deployed Care Coordination Teams (CCTs) staffed with professionals experienced in the child welfare system; (2) using a trauma-informed approach, our Fostering Connected Care Concierge team which, through a Kentucky-based dedicated hotline, will go beyond answering calls and will coordinate and schedule assessments, verify and identify the accuracy of Member contact information, and assure the care planning process begins with as much information as possible, and (3) a Kentucky SKY Training and Education team, who develop program specific training for caregivers, DMS, DCBS, DJJ, other Cabinet sister agencies, law enforcement officials, and the juvenile judicial system, Providers, and other stakeholders.
- Using our organization's proprietary Predictive Modeling tool, which is specific to the Foster Care population and is used to identify Members who traditionally stratified lower but had unique risk factors requiring a higher level of engagement to proactively engage and prevent negative outcomes (such as placement disruptions and hospitalization).

- A robust, multimodal training program that goes beyond Providers and staff and supports stakeholders across the system of care including the child welfare, Juvenile Justice, the judiciary system, law enforcement, caregivers, educators, Foster Care youth, as well as other stakeholders.
- Several strategies for enhancing Provider capacity, specifically related to provision of Trauma-informed Care and evidence-based practices; for example, our Provider Relations Liaisons will engage with Providers to continue to develop their capacity to provide Trauma-informed Care and we will offer several Provider incentive programs designed to increase Provider capacity and competency in serving these children and youth.

Opioid Use Disorder Treatment Program

As referenced earlier in this section, our membership reflects the significant Crisis Kentucky is facing related to the opioid epidemic. Nearly one quarter of Anthem's membership has a SUD. Our Members are struggling not only with their addiction, but are contracting comorbid diseases as a result of their drug usage including Hepatitis A and C, Endocarditis, HIV, Sepsis and severe infections of the vascular system, and Neonatal Abstinence Syndrome. We know our Members must have better access to MAT, but we have learned through meetings with many PCPs that they do not feel they have sufficient expertise to meet the needs of our Members. To address this, we have offered Providers teleconsultation through Project ECHO and have established contracts with several Providers who offer MAT through a telehealth platform. As described earlier, we are in the process of finalizing partnerships with University of Louisville, the Louisville Department of Public Health and Wellness, and Norton Hospital to increase access to education and teleconsultation for Providers across Kentucky.

In 2019, we finalized our partnership with the University of Kentucky Continuing Education department brings forward a pilot program named ***KY START*** (Statewide Treatment and Addiction Resource Training). KY START represents an effort to meet the growing demand for an in-depth opioid addiction continuing professional development training program for health care Providers. This pilot program will be used to improve training for health care professionals to act as the direct line of care for Members with SUD, increasing patient access to Narcan®, long acting naltrexone (LAN) MAT, and additional BH and SUD resources. Made possible by a ***two-year, $296,000 grant from Anthem, as well as administrative support, custom educational materials, support identifying unmet needs and targeting Providers to be recruited***. The KY START program team and participating practices are collaborating to develop a toolkit, based on evidence-based best practices, for integrating education on Narcan and LAN MAT in primary care practices throughout Kentucky.

We will continue to seek strategies to increase access to needed services for our Members and education and support for our Providers in order to address this Crisis. Additionally, our BH team is focused on working with Providers to assure Members have direct access to the appropriate level of services through Utilization Management (UM) Reviewer and Medical Director reviews and by developing enhanced discharge planning protocols. The goal is to make sure that Members have access to services and the tools they need to obtain and maintain sobriety.

Lesson Learned 4: Strong Partnerships with Community-based Organizations, Commonwealth Public Health Agencies, Application Assisters, and School Systems Are Necessary to Identify and Address Member Needs

Anthem's local experience has taught us "all of us are smarter than one of us;" therefore, Anthem's philosophy is to work collaboratively with existing community partners to support our Members. Our experience in Kentucky and through our affiliates has taught us we need to establish strong, focused communication channels with our stakeholder partners to share information, develop processes, and facilitate problem-solving. We have also learned what is critical to success is building and maintaining a collaborative team who establishes trusting relationships, has experience with the population, and embraces a common mission of taking care of youth and setting them up to be healthy and productive adults who are empowered to make decisions.

As we strengthen our community relationships, we continuously work towards being the trusted partner in serving our mutual constituents. Examples of these purposeful collaborators we partner with include:

- Local Health Care Providers (including FQHCs)
- Local Universities
- School Systems
- Kentucky Health Benefit Exchange Application Assisters
- Department of Health
- Community Action Agencies
- Economic Development Districts, such as the Eastern Kentucky Concentrated Employment Program
- Community groups that already support our membership, such as Salvation Army, God's Pantry (Feeding America), Dress for Success, and more

The following illustrates how we already collaborate with our Commonwealth partners and stakeholders and apply lessons we learn through our experiences in Kentucky and through our affiliate plans who serve similar populations.

In 2019, Anthem held a series of "listening sessions" in DCBS Service Regions to establish an open forum to learn about Foster Care concerns, to educate ourselves on lessons learned and opportunities, and to collaborate and support the work of the regional social workers in the field. Through these "listening sessions," we heard about the need for Providers to have access to more detailed training topics that go beyond an overview of Trauma-informed Care. This led to our planned expansion of multiple training options for Providers through our Anthem Training Academy (Academy). Starting in 2020, we will be adding robust trainings which include, but are not limited to: Orientation to the Foster Care System, Trauma-informed Care/Evidence Based Trauma Treatment, and Integrated Treatment Planning and Service Delivery. These training are available via web-based learning and face-to-face based on the preference of the Provider. Additional examples of how we are applying lessons learned to continue collaboration with stakeholders and streamline access to information include:

- During quarterly meetings with DMS and DCBS, we have honed processes for early identification of Members in Foster Care, improved the outcomes reporting we provide to these partners, and collaborated to share experiences from our affiliates.

- To make sure we have accurate information on each Member's DCBS SSW, we have designated staff reach out to points of contact at DCBS.
- At a DCBS Community Partners meeting, some caregivers and Providers shared how difficult it is for Foster Parents to keep up with all the critical documentation required. To help make it easier, we began sending all Foster Parents an expandable file folder they can use to store and organize paperwork, along with other useful information.

We continue to learn more about the resources of people with lived experience in Kentucky communities through our engagement in the State Interagency Council for Services and Supports to Children and Transition Age Youth (SIAC) and Regional Interagency Councils (RIACs). This led us to incorporate Peer Support Specialists in our whole-person health staffing models.

Building pathways to communication is more than setting up a series of meetings. Success is enhanced by working with stakeholders to create processes and develop technology that streamlines access to information and promotes faster, more agile decision-making. We need to continuously challenge our entire organization to think about ways we can remove barriers, reduce complexity, and gain faster access to more accurate information. Our focus needs to remain on the Member and how we can best coordinate and support timely access to screenings, assessments, services, and supports. ***Our Georgia affiliate reinforces the lesson through co-location, which allows for access to timely information for this population is critically important, and we need to streamline processes wherever we can.***

For example, our Georgia affiliate collaborated with the state agency to create an E-form to provide early notification of a new Member coming into care. The E-form allows their Care Coordination teams to begin coordinating services for a child entering out of home placement, including state-mandated assessments, in close to real-time, without losing valuable time waiting for updated Medicaid enrollment information.

Experience has taught us the best way to serve our Members, support Providers, and collaborate with stakeholders is to listen first, gain knowledge and understanding, brainstorm solutions, collaboratively define strategies, and then take action.

Anthem's Commitment to the Commonwealth

Anthem is committed to our longstanding partnership with the Commonwealth of Kentucky and the Kentucky Medicaid Program. We have been serving people in the Commonwealth of Kentucky for 81 years and it is our desire to continue to have the privilege to improve health outcomes, access to care, and the Medicaid experience. We are proud of our impactful and important work and excited about building new relationships and developing solutions for the evolving needs of our Members in Medicaid. Part of the Anthem mantra is to "***Do well by doing good***" — we still have so much good to do.

Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

B.2. Corporate Information

B.2.a. Disclosures

Provide required 42 CFR 455.100-107 disclosures:

i. (1) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.

(2) Date of birth and Social Security Number (in the case of an individual).

(3) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.

ii. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

iii. The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.

iv. The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).

In the following sections, we provide information on the required 42 CFR 455.100-107 disclosures for Anthem Kentucky Managed Care Plan, Inc.

i. Individual or Corporation with Ownership or Control Interest

i. (1) The name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity, fiscal agent, or managed care entity. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address.

(2) Date of birth and Social Security Number (in the case of an individual).

(3) Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) or in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest.

Pursuant to 42 CFR 455.104 (b)(1), we provide the following ownership information for Anthem Kentucky Managed Care Plan, Inc. Table B.2.a-1 provides addresses and ownership details for individuals or corporations with ownership or control interest in Anthem Kentucky Managed Care Plan, Inc.

Anthem Kentucky Managed Care Plan, Inc. is a wholly owned subsidiary of ATH Holding Company, LLC. ATH Holding Company, LLC is a wholly owned subsidiary of Anthem, Inc. Therefore, Anthem, Inc. is a 100% indirect owner and the ultimate parent company of Anthem Kentucky Managed Care Plan, Inc.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Table B.2.a-1. Individuals or Corporations with Ownership or Control Interest in Anthem Kentucky Managed Care Plan, Inc.

Entity or Individual Name (Officers and Directors)	Address	Tax ID	Ownership Percentage
Anthem Kentucky Managed Care Plan, Inc.	13550 Triton Park Boulevard, Louisville, KY 40223	47-0992859	N/A
Leon D Lamoreaux, Director and President	13550 Triton Park Boulevard, Louisville, KY 40223	N/A*	N/A
Peter Lee Thurman, M.D. Director	13550 Triton Park Boulevard, Louisville, KY 40223	N/A*	N/A
Lawrence Harris Ford, Vice President	13550 Triton Park Boulevard, Louisville, KY 40223	N/A*	N/A
Kristen Louise Metzger, Director and Chairperson	220 Virginia Avenue, Indianapolis, IN 46204	N/A*	N/A
Ronald William Penczek, Director	220 Virginia Avenue, Indianapolis, IN 46204	N/A*	N/A
Jack Louis Young, Director and Assistant Secretary	4425 Corporation Lane, Virginia Beach, VA 23462	N/A*	N/A
Kathleen Susan Kiefer, Secretary	220 Virginia Avenue, Indianapolis, IN 46204	N/A*	N/A
Vincent Edward Scher, Treasurer	220 Virginia Avenue, Indianapolis, IN 46204	N/A*	N/A
Eric Kenneth Noble, Assistant Treasurer	220 Virginia Avenue, Indianapolis, IN 46204	N/A*	N/A
ATH Holding Company, LLC	220 Virginia Avenue, Indianapolis, IN 46204	11-3713086	100% direct
Anthem, Inc.	**Primary:** 220 Virginia Avenue Indianapolis, IN 46204 Additional locations: Anthem, Inc. and its subsidiaries have 81 offices where they serve Medicaid Members. See Table B.2.a.2 below.	35-2145715	100% indirect
BlackRock, Inc.	**Primary:** 40 East 52nd Street, New York, New York 10022 **Additional locations:** BlackRock has 70 offices in 30 countries. U.S. locations are in: Newport Beach, CA; Palo Alto, CA; San Francisco, CA; Santa Monica, CA; Denver, CO; Greenwich, CT; Boca Raton, FL; Miami, FL; Ponte Vedra Beach, FL; Atlanta, GA; Chicago, IL; Boston, MA; Bloomfield Hills, MI; Princeton, NJ; New York, NY; Charlotte, NC; Philadelphia, PA; Pittsburgh, PA; Dallas, TX; Houston, TX; Seattle, WA Non-US locations can be found at: https://www.blackrock.com/corporate/about-us/contacts-locations	32-0174431	8.97% indirect (8.97% direct of Anthem, Inc.)
The Vanguard Group, Inc.	**Primary:** P.O. Box 2600, Valley Forge, Pennsylvania 19482	23-1945930	7.78% indirect (7.78% direct of Anthem, Inc.)

Entity or Individual Name (Officers and Directors)	Address	Tax ID	Ownership Percentage
	Additional locations: The Vanguard Group, Inc. has four locations in the United States and 14 international offices in 11 countries. U.S. locations are in: Scottsdale, AZ; Washington, D.C.; Charlotte, NC; and Valley Forge, PA		

** For officers and directors of Anthem Kentucky Managed Care Plan, Inc., date of birth and social security information is not provided above to protect the individual's privacy. Please see the Proprietary Data submission, Attachment B.2.a-1a: Individual Personnel Data for Anthem Kentucky Managed Care Plan, Inc.'s Officers and Directors for full details.*

Shares of Anthem, Inc.'s common stock are publicly traded on the New York Stock Exchange under the symbol ANTM. As such, Anthem, Inc. common stock may be acquired in the ordinary course of business through open market purchases. Per Securities and Exchange Commission (SEC) filings, as of September 30, 2019, Anthem, Inc. is aware of BlackRock, Inc. and The Vanguard Group, Inc., noted in Table B.2.a.1, that own beneficially 5% or more of the outstanding shares of Anthem Inc.'s common stock and, therefore, indirectly beneficially own shares of Anthem Kentucky Managed Care Plan, Inc. It should be noted that beneficial ownership is determined in accordance with the SEC's rules and regulations.

Anthem, Inc. has many wholly-owned subsidiaries across the nation that provide services exclusively to Medicaid members. Table B.2.a-2 provides business addresses, in other states as applicable where subsidiaries serve Medicaid members.

Table B.2.a-2 Business Addresses of Anthem Affiliates Serving Medicaid Members

Address	City	State	Zip
650 S Shackleford Road, Suite 440	Little Rock	AR	72211
5250 North Palm Avenue, Suite 421	Fresno	CA	93704
425 East Colorado Street, Suite 600	Glendale	CA	91205
406 East Colorado Street	Glendale	CA	91205
2000 Corporate Center Drive, Building 7	Newbury Park	CA	91320
2868 Prospect Park Drive, Suite 100	Rancho Cordova	CA	95670
11030 White Rock Road	Rancho Cordova	CA	95670
9655 Granite Ridge Drive, Suite 600	San Diego	CA	92123
120 South Via Merida	Thousand Oaks	CA	91362
4553 La Tienda Drive	Thousand Oaks	CA	91362
3330 West Mineral King	Visalia	CA	93292
21555 Oxnard Street	Woodland Hills	CA	91367
7150 Campus Drive	Colorado Springs	CO	80920
700 Broadway	Denver	CO	80273
1125 17th Street, Suite 1000	Denver	CO	80202
108 Leigus Road	Wallingford	CT	06492
609 H Street, NE, Suite 200	Washington	DC	20002
2290 Lucien Way	Maitland	FL	32751

Address	City	State	Zip
9250 West Flagler Street, Suite 600	Miami	FL	33174
1000 South Pine Island, Suite 900	Plantation	FL	33324
4200 West Cypress Street, Suite 900	Tampa	FL	33607
4170 Ashford Dunwoody Road, Suite 100	Atlanta	GA	30319
3350 Peachtree Road	Atlanta	GA	30326
621 Northwest Frontage Road, Suite 310	Augusta	GA	30907
6087 Technology Parkway	Midland	GA	31820
8001 Chatham Center Drive	Savannah	GA	31405
4800 Westown Parkway	West Des Moines	IA	50266
7509 Eagle Crest Boulevard	Evansville	IN	47715
220 Virginia Avenue	Indianapolis	IN	46204
13550 Triton Park Boulevard	Louisville	KY	40223
10000 Perkins Rowe, Suite 510	Baton Rouge	LA	70810
3850 North Causeway Boulevard, Suite 600	Metairie	LA	70002
7550 Teague Road, Suite 500	Hanover	MD	21076
3000 Ames Crossing Road, Suite 100	Eagan	MN	55121
800 Market Street, 27th Floor	St. Louis	MO	63101
10040 Regency Circle, Suite 100	Omaha	NE	68114
4000 Centre Green Way, Suite 350	Cary	NC	27513
11000 Weston Parkway, Suite 200	Cary	NC	27513
14120 Ballantyne Corporate Place, Suite 225	Charlotte	NC	28277
101 Wood Avenue South, Suite 800	Iselin	NJ	08830
9133 West Russell Road	Las Vegas	NV	89148
11 Corporate Woods Boulevard	Albany	NY	12211
32-31 Steinway	Astoria	NY	11103
2411 Grand Concourse	Bronx	NY	10468
968 Southern Boulevard	Bronx	NY	10459
241 37th Street, 4th Floor	Brooklyn	NY	11232
2875 West 8th Street	Brooklyn	NY	11224
364 Knickerbocker Avenue	Brooklyn	NY	11237
471 5th Avenue	Brooklyn	NY	11215
815 59th Street	Brooklyn	NY	11220
2009 Church Avenue	Brooklyn	NY	11226
257 West Genesee Street, 6th Floor	Buffalo	NY	14202
3913 104th Street	Corona	NY	11368
13656 39th Avenue	Flushing	NY	11354
91 North Franklin Street	Hempstead	NY	11550

Address	City	State	Zip
95-40 Roosevelt Avenue	Jackson Heights	NY	11372
9 Pine Street (aka 14 Wall Street), 14th Floor	New York	NY	10005
221 Sherman Avenue	New York	NY	10034
139 Centre Street	New York	NY	10013
153-17 Jamaica Avenue	Queens	NY	11432
11603 Liberty Avenue	South Richmond Hill	NY	11419
32 Richmond Terrace	Staten Island	NY	10301
37 Thurber Boulevard, Suite 108	Smithfield	RI	02917
4101 Percival Road	Columbia	SC	29229
7130 Goodlett Farms Parkway	Cordova	TN	38016
9041 Executive Park Drive, OFC 18, Suite 250	Knoxville	TN	37923
22 Century Boulevard, Suite 220	Nashville	TN	37214
823 Congress Avenue, Suite 400	Austin	TX	78701
7430 Remcon Circle, Building C, Suite 120	El Paso	TX	79912
2505 North Highway 360, Suite 300	Grand Prairie	TX	75050
3800 Buffalo Speedway, Suite 400	Houston	TX	77098
5959 Corporate Drive, Suite 3500	Houston	TX	77036
3223 South Loop 289, Suite 110	Lubbock	TX	79423
12500 San Pedro, Suite 400	San Antonio	TX	78216
5800 Northampton Boulevard	Norfolk	VA	23502
10701 Parkridge Boulevard, Suite 100	Reston	VA	20191
2015 Staples Mill Road	Richmond	VA	23230
1300 Amerigroup Way	Virginia Beach	VA	23464
1330 Amerigroup Way	Virginia Beach	VA	23464
4425 Corporation Lane	Virginia Beach	VA	23462
4433 Corporation Lane	Virginia Beach	VA	23462
705 5th Avenue South, Suite 300	Seattle	WA	98104
216 Pinnacle Way, Suite 260	Eau Claire	WI	54701
N17 W24222 Riverwood Drive	Waukesha	WI	53188
200 Association Drive, Suite 200	Charleston	WV	25311

ii. Individual or Corporation with Ownership or Control Interest Relationships

ii. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity (or fiscal agent or managed care entity) is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity (or fiscal agent or managed care entity) has a 5 percent or more interest is related to another person with ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling.

ATH Holding Company, LLC is a wholly owned subsidiary of Anthem, Inc.

iii. Ownership of Control Interest of Other Disclosing Entity

iii. The name of any other disclosing entity (or fiscal agent or managed care entity) in which an owner of the disclosing entity (or fiscal agent or managed care entity) has an ownership or control interest.

Anthem Kentucky Managed Care Plan, Inc. is a wholly owned subsidiary of our ultimate Parent Company, Anthem, Inc.

Anthem, Inc. has ownership or control interest in the following subsidiaries and their affiliates:

American Imaging Management, Inc.

America's 1st Choice of South Carolina, Inc.

America's Health Management Services, Inc.

AMERIGROUP Community Care of New Mexico, Inc.

AMERIGROUP Corporation

Amerigroup Delaware, Inc.

Amerigroup District of Columbia, Inc.

Amerigroup Health Plan of Louisiana, Inc.

Amerigroup Insurance Company

Amerigroup Iowa, Inc.

Amerigroup IPA of New York, LLC

Amerigroup Kansas, Inc.

AMERIGROUP Maryland, Inc.

Amerigroup Mississippi, Inc.

AMERIGROUP New Jersey, Inc.

AMERIGROUP Ohio, Inc.

Amerigroup Oklahoma Inc.

Amerigroup Partnership Plan, LLC

Amerigroup Pennsylvania, Inc.

AMERIGROUP Tennessee, Inc.

AMERIGROUP Texas, Inc.

AMERIGROUP Washington, Inc.

AMGP Georgia Managed Care Company, Inc.

AMH Health Plans of Maine, Inc.

AMH Health, LLC

Angel Care Health Networks, LLC

Anthem Blue Cross Life and Health Insurance Company

Anthem Financial, Inc.

Anthem Health Plans of Kentucky, Inc.

Anthem Health Plans of Maine, Inc.

Anthem Health Plans of New Hampshire, Inc.

Anthem Health Plans of Virginia, Inc.

Anthem Health Plans, Inc.

Anthem Holding Corp.

Anthem Innovation Israel, Ltd.

Anthem Insurance Companies, Inc.

Anthem Kentucky Managed Care Plan, Inc.

Anthem Life & Disability Insurance Company

Anthem Life Insurance Company

Anthem Partnership Holding Company, LLC

Anthem Services Company, LLC

Anthem Southeast, Inc.

Anthem UM Services, Inc.

Anthem Workers' Compensation, LLC

APC PASSE, LLC

Applied Pathways LLC

Arcus Enterprises, Inc.

Aspire Health, Inc.

Associated Group, Inc.

ATH Holding Company, LLC

Availity, L.L.C.

BCS Financial Corporation

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Blue Cross Blue Shield of Wisconsin

Blue Cross of California

Blue Cross of California Partnership Plan, Inc.

CareMarket, Inc.

CareMore Health Plan

CareMore Health Plan of Arizona, Inc.

CareMore Health Plan of Nevada

CareMore Health Plan of Texas, Inc.

CareMore Health System

CareMore, LLC

CCHA, LLC

Cerulean Companies, Inc.

Claim Management Services, Inc.

Community Care Health Plan of Louisiana, Inc.

Community Care Health Plan of Nevada, Inc.

Community Insurance Company

Compcare Health Services Insurance Corporation

Crossroads Acquisition Corp.

DBG Holdings, Inc.

DeCare Analytics, LLC

DeCare Dental Health International, LLC

DeCare Dental Insurance Ireland, Ltd.

DeCare Dental Networks, LLC

DeCare Dental, LLC

DeCare Operations Ireland, Limited

Delivery Network, LLC

Designated Agent Company, Inc.

EasyScripts Cutler Bay, LLC

EasyScripts Hialeah, LLC

EasyScripts Westchester, LLC

EasyScripts, LLC

EHC Benefits Agency, Inc.

Empire HealthChoice Assurance, Inc.

Empire HealthChoice HMO, Inc.

Federal Government Solutions, LLC

Freedom Health, Inc.

GeriNet Physician Services, Inc.

Global TPA, LLC

Golden West Health Plan, Inc.

Greater Georgia Life Insurance Company

GRID Dental Corporation
Health Core, Inc.
Health Management Corporation
Health Ventures Partner, L.L.C.
HealthKeepers, Inc.
HealthLink HMO, Inc.
HealthLink Insurance Company
HealthLink, Inc.
HealthPlus HP, LLC
HealthSun Health Plans, Inc.
HealthSun Holdings, LLC
HealthSun Management, LLC
HealthSun Physicians Network I, LLC
HealthSun Physicians Network, LLC
Healthy Alliance Life Insurance Company
HEP AP Holdings, Inc.
Highland Acquisition Holdings, LLC
Highland Holdco, Inc.
Highland Intermediate Holdings, LLC
Highland Investor Holdings, LLC
Highway to Health, Inc.
HMO Colorado, Inc.
HMO Missouri, Inc.
Imaging Management Holdings, LLC
IngenioRx, Inc.
Legato Health Technologies LLP
Legato Health Technologies Philippines, Inc.
Legato Holdings I, Inc.
Legato Holdings II, LLC
Linkwell Health, Inc.
Living Complete Technologies, Inc.
Matthew Thornton Health Plan, Inc.
MCS Holdings, Inc.
Memphis Supportive Care Partnership, LLC
Meridian Resource Company, LLC
Missouri Care, Incorporated
Momentum Health Partners, LLC
Nash Holding Company, LLC
National Account Service Company, LLC
National Government Services, Inc.
National Telehealth Network, LLC
New England Research Institutes, Inc.
NGS Federal, LLC
Optimum Healthcare, Inc.
Park Square Holdings, Inc.
Park Square I, Inc.
Park Square II, Inc.
Pasteur Medical Bird Road, LLC
Pasteur Medical Center, LLC
Pasteur Medical Cutler Bay, LLC
Pasteur Medical Group, LLC
Pasteur Medical Hialeah Gardens, LLC
Pasteur Medical Holdings, LLC
Pasteur Medical Kendall, LLC
Pasteur Medical Management, LLC
Pasteur Medical Miami Gardens, LLC
Pasteur Medical North Miami Beach, LLC
Pasteur Medical Partners, LLC
Physicians Immediate Care LLC
Preferred Diagnostic Imaging, LLC
PriMed Management Consulting Services, Inc.
Resolution Health, Inc.

RightCHOICE Managed Care, Inc.

Rocky Mountain Hospital and Medical Service, Inc.

SellCore, Inc.

Simply Healthcare Plans, Inc.

Pursuant Health, Inc.

Southeast Services, Inc.

State Sponsored Services, Inc.

The Anthem Companies of California, Inc.

The Anthem Companies, Inc.

TrustSolutions, LLC

UNICARE Health Plan of West Virginia, Inc.

UNICARE Illinois Services, Inc.

UniCare Life & Health Insurance Company

UNICARE National Services, Inc.

UniCare Specialty Services, Inc.

Valus, Inc.

WellCare of Nebraska, Inc.

Wellmax Health Medical Centers, LLC

Wellmax Health Physicians Network, LLC

WellPoint Acquisition, LLC

WellPoint California Services, Inc.

WellPoint Dental Services, Inc.

WellPoint Health Solutions, Inc.

WellPoint Holding Corp.

WellPoint Information Technology Services, Inc.

WellPoint Insurance Services, Inc.

WellPoint Military Care Corporation

Wisconsin Collaborative Insurance Company

WPMI, LLC

Additionally, two institutional investors, BlackRock, Inc. and The Vanguard Group, Inc., own shares in Anthem, Inc. Each has filed a Form 13F and/or Schedule 13G with the SEC to identify its holdings as an institutional investment manager and noted that the share purchases were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities. Therefore, as independent institutional investment managers with no direct relationship to our company and the fact that they have acquired Anthem, Inc. shares for investment purposes, we do not know and are unable to discover whether they own interest in any other disclosing entities, fiscal agents, or managed care entities.

iv. Managing Employee Information

iv. The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity (or fiscal agent or managed care entity).

The managing employee of Anthem Kentucky Managed Care Plan, Inc. is our CEO.

Leon D Lamoreaux
Business address: 13550 Triton Park Boulevard, Louisville, KY 40223
Date of Birth: *
Social Security Number: *

** Date of birth and social security information is not provided to protect the individual's privacy. Please see the Proprietary Data submission for full details.*

Disclosures Pursuant to 42 CFR §455.105-455-107

As part of the amended RFP released on January 27, 2020, RFP page 30, Section 60.7.B.2.a was expanded to request that respondents "provide required 42 CFR 455.100-107 disclosures:". We provide these disclosures in the following sections.

Pursuant to 42 CFR §455.105(b)(1), Anthem includes Subcontractor disclosure of ownership documents for those subcontractors "with whom the provider has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request." Since the information contained therein is proprietary data as outlined in RFP Section 40.29, Anthem includes those applicable subcontractor disclosure of ownership forms in our Proprietary Information Submission as Attachment B.2.a-1b: Subcontractor Disclosure of Ownership Forms.

Pursuant to 42 CFR §455.105(b)(2), Anthem provides significant business transactions, as defined in 42 CFR §455.101 as those business transactions that during any one fiscal year exceed the lesser of $25,000 and 5% of a provider's total operating expenses. Since the information contained therein is proprietary data as outlined in RFP Section 40.29, Anthem includes this information in our Proprietary Information Submission as Attachment B.2.a-1c: Significant Business Transactions.

Pursuant to 42 CFR §455.106, Anthem has no persons with ownership or control interest in or are managing employees of Anthem Kentucky Managed Care Plan, Inc. that have been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the title XX services program since the inception of those programs.

Pursuant to 42 CFR §455.107, Amerigroup Kentucky Managed Care Plan, Inc. is already enrolled as a Medicaid provider with a provider ID# of 7100250900. Furthermore, we understand and will comply with the updated requirements under 42 CFR §455.107 when revalidating our enrollment.

B.2.b. Form of Business

b. Indicate the Vendor's form of business (e.g., corporation, nonprofit corporation, partnership, etc.) and provide the following information:

i. Names and contact information for all officers, directors, and partners.

ii. Relationship to parent, affiliated and/or related business entities and copies of management agreements with parent organizations.

iii. Provide copies of the Vendor's articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more.

iv. Provide the Vendor's Uniform Certificate of Authority or application for the Uniform Certificate of Authority, as well as copies of reports filed with the Kentucky Department of Insurance during the prior twelve (12) months, if applicable.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) is a Kentucky corporation.

i. Names and Contact Information for Officers, Directors, and Partners

i. Names and contact information for all officers, directors, and partners.

We provide contact information for Anthem's officers in Table B.2.b-1 and directors in Table B.2.b-2. Anthem does not have any partners.

Table B.2.b-1. Name, Title, and Contact Information for Anthem Officers

Name	Title	Contact Information	
		Business Address	Telephone and Email
Kristen Louise Metzger	Chairperson	220 Virginia Avenue Indianapolis, IN 46204	800-331-1476 Kristen.Metzger@anthem.com
Leon D Lamoreaux	President	13550 Triton Park Boulevard Louisville, KY 40223	800-331-1476 Leon.Lamoreaux@anthem.com
Lawrence Harris Ford	Vice President	13550 Triton Park Boulevard, Louisville, KY 40223	800-331-1476 Lawrence.Ford@anthem.com
Kathleen Susan Kiefer	Secretary	220 Virginia Avenue Indianapolis, IN 46204	800-331-1476 Kathy.Kiefer@anthem.com
Vincent Edward Scher	Treasurer	220 Virginia Avenue Indianapolis, IN 46204	800-331-1476 Vince.Scher@anthem.com
Jack Louis Young	Assistant Secretary	4425 Corporation Lane Virginia Beach, VA 23462	800-331-1476 Jack.Young@anthem.com
Eric Kenneth Noble	Assistant Treasurer	220 Virginia Avenue Indianapolis, IN 46204	800-331-1476 Rick.Noble@anthem.com

Table B.2.b-2. Name, Title, and Contact Information for Anthem Directors

Name	Title	Contact Information	
		Business Address	Telephone and Email
Leon D Lamoreaux	Director	13550 Triton Park Boulevard Louisville, KY 40223	800-331-1476 Leon.Lamoreaux@anthem.com
Kristen Louise Metzger	Director	220 Virginia Avenue Indianapolis, IN 46204	800-331-1476 Kristen.Metzger@anthem.com
Ronald William Penczek	Director	220 Virginia Avenue Indianapolis, IN 46204	800-331-1476 Ronald.Penczek@anthem.com
Peter Lee Thurman, M.D.	Director	13550 Triton Park Boulevard, Louisville, KY 40223	800-331-1476 Peter.Thurman@anthem.com
Jack Louis Young	Director	4425 Corporation Lane Virginia Beach, VA 23462	800-331-1476 Jack.Young@anthem.com

ii. Relationship to Parent and Copies of Management Agreement

ii. Relationship to parent, affiliated and/or related business entities and copies of management agreements with parent organizations.

Anthem Kentucky Managed Care Plan, Inc. was incorporated in Kentucky in 2014 and is a wholly owned subsidiary of ATH Holding Company, LLC (ATH). ATH is a wholly owned subsidiary of Anthem, Inc., our ultimate Parent Company.

Anthem Health Plans of Kentucky, Inc. is a local affiliate of Anthem, Inc. and also a wholly owned subsidiary of ATH, licensed as a Kentucky health maintenance organization and operating in the Commonwealth for more than 81 years.

Table B.2.b-3 provides a list of our affiliates that operate under Medicaid contracts similar to this one.

Table B.2.b-3. List of Affiliates Serving Under Similar Medicaid Contracts

Entity Name	State
Amerigroup District of Columbia, Inc.	District of Columbia
Amerigroup Insurance Company	Texas
Amerigroup Iowa, Inc.	Iowa
AMERIGROUP Maryland, Inc.	Maryland
AMERIGROUP New Jersey, Inc.	New Jersey
Amerigroup Partnership Plan, LLC*	Minnesota, New York, North Carolina**, South Carolina, New York, Texas
AMERIGROUP Tennessee, Inc.	Tennessee
AMERIGROUP Texas, Inc.	Texas
AMERIGROUP Washington, Inc.	Washington
AMGP Georgia Managed Care Company, Inc.	Georgia
Anthem Insurance Companies, Inc.	Indiana
APC PASSE, LLC	Arkansas
Blue Cross of California d/b/a Anthem Blue Cross	California
Blue Cross of California Partnership Plan, Inc.	California
CCHA, LLC	Colorado
Community Care Health Plan of Louisiana, Inc. d/b/a Healthy Blue	Louisiana
Community Care Health Plan of Nevada, Inc. d/b/a Anthem Blue Cross Blue Shield HealthCare Solutions	Nevada
Compcare Health Services Insurance Corporation d/b/a Anthem Blue Cross Blue Shield	Wisconsin
HealthKeepers, Inc.	Virginia
HealthPlus HP, LLC d/b/a Empire Blue Cross Blue Shield	New York
Missouri Care, Incorporated	Missouri
Simply Healthcare Plans, Inc.	Florida
UniCare Health Plan of West Virginia, Inc.	West Virginia
WellCare of Nebraska, Inc.	Nebraska

** Our affiliate provides administrative and support services to MCOs administering Medicaid programs in these states.*
*** Contract awarded and operations set to begin in 2020, pending budget approval.*

As a wholly owned subsidiary of Anthem, Inc., Anthem Kentucky Managed Care Plan, Inc. is party to Anthem, Inc.'s Master Administrative Services Agreement (MASA). We include the MASA in Attachment B.2.b-1: Management Agreement.

iii. Articles of Incorporation and Bylaws

iii. Provide copies of the Vendor's articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more.

We provide Anthem's articles of incorporation and bylaws in Attachment B.2.b-2: Articles of Incorporation and Bylaws. This attachment includes:

- Attachment B.2.b-2a: Articles of Incorporation
- Attachment B.2.b-2b: Bylaws

Anthem Kentucky Managed Care Plan, Inc. is a wholly owned subsidiary of our ultimate Parent Company, Anthem, Inc. Shares of Anthem, Inc.'s common stock are publicly traded on the New York Stock Exchange under the symbol ANTM. As such, Anthem, Inc. common stock may be acquired in the ordinary course of business through open market purchases. Based upon the most recent SEC filings, Anthem, Inc. is aware of two legal entities listed in Table B.2.b-4, that own beneficially 5% or more of the outstanding shares of Anthem Inc.'s common stock, and therefore indirectly own beneficially 5% or more of Anthem Kentucky Managed Care Plan, Inc. It should be noted that beneficial ownership is determined in accordance with the SEC's rules and regulations.

Table B.2.b-4. Legal Entities with an Ownership Interest of 5% or More (per End of Q3 2019 Reporting)

Name	Shares	Percent of Ownership
BlackRock, Inc.	22,787,990	8.97%
The Vanguard Group, Inc.	19,709,778	7.78%

Anthem does not have any partnership agreements or similar business entity documents with these institutional investor entities.

iv. Uniform Certificate of Authority and Copies of Reports Filed

iv. Provide the Vendor's Uniform Certificate of Authority or application for the Uniform Certificate of Authority, as well as copies of reports filed with the Kentucky Department of Insurance during the prior twelve (12) months, if applicable.

Anthem provides our Certificate of Authority, dated July 21, 2014, in Attachment B.2.b-3: Certificate of Authority.

Anthem currently files all required reports with the Kentucky Department of Insurance. We provide copies of reports filed during the past 12 months in Attachment B.2.b-4: Reports Filed with the Kentucky Department of Insurance. Reports include:

- NAIC Financial Statements
  - Attachment B.2.b-4a: NAIC Quarterly Financial Statement, Q3 2019
  - Attachment B.2.b-4b: NAIC Quarterly Financial Statement, Q2 2019
  - Attachment B.2.b-4c: NAIC Quarterly Financial Statement, Q1 2018
  - Attachment B.2.b-4d: NAIC Annual Financial Statement, 2018
- Internal Control/Audit
  - Attachment B.2.b-4e: Internal Control Letter
  - Attachment B.2.b-4f: Audit Report
- Prompt Payment Reports (quarterly) for the 2018 (Q3 and Q4) and 2019 (Q1 and Q2) reporting periods:
  - Attachment B.2.b-4g: Prompt Payment, 0219
  - Attachment B.2.b-4h: Prompt Payment, 0119
  - Attachment B.2.b-4i: Prompt Payment, 0418
  - Attachment B.2.b-4j: Prompt Payment, 0318

B.2.c. Demonstration of Financial Viability

b. Demonstrate financial viability for the Vendor and each Subcontractor, as evidenced by sustained bottom line profitability and no current areas of significant financial risk for the past three (3) calendar years or the Vendor or Subcontractor's fiscal years. For the Vendor and each Subcontractor, provide copies of financial statements from the most recently completed and audited year.

Anthem has demonstrated strong financial performance during the term of our DMS contract with operating margins that met or exceeded the targets set by the Commonwealth's actuary in the Premium Rates. This financial performance demonstrates our continuous efforts to monitor and tightly manage our Member benefit expense and operate the business in accordance with our contract and DMS expectations.

Subsequent to our initial capital contribution during incorporation of Anthem Kentucky Managed Care Plan, Inc. in 2014, we have funded increases in capital requirements through income from operations and we anticipate funding any future capital requirements during the term of the new Contract through income from operations. Anthem has maintained capital levels exceeding the required levels set by the Kentucky Department of Insurance (DOI) throughout the term of our contract with DMS.

As of December 31, 2018, our statutory net worth and risk-based capital (RBC) ratio of 619.4% was more than three times the required level set by the DOI. We have not yet filed our December 31, 2019 statutory financial statements with the DOI; however, we expect that our RBC ratio will remain significantly higher than the required capital level. This not only demonstrates our strong financial position, but also our commitment to the program as we are maintaining capital in the state that is more than adequate to adapt to the changing needs of the program and our Members.

As shown in our net worth analysis in Table B.2.c-1, Anthem had $111.4 million more than the State's requirement of 200% of ACL at the end of 2018. In other terms, ***Anthem held three times the required capital.*** This clearly demonstrates the strong financial capacity of Anthem to continue to serve Kentucky members as a Medicaid MCO.

Table B.2.c-1. Anthem Continues to Exceed State Statutory Net Worth Requirements

Net Worth Analysis – Measure	Anthem Value	Description
Values as of 12/31/2018		
Total Adjusted Capital – 12/31/2018	$ 164,602,189	per 2018 Annual NAIC filing
ACL RBC	$ 26,574,532	per 2018 Annual NAIC filing
RBC Ratio Against ACL	619.4%	Total Adjusted Capital – 12/31/2018 divided by ACL RBC
200% of ACL (State adopted RBC)	$ 53,149,064	State adopted RBC = 2 times ACL RBC
Excess over 200% of ACL Requirement – $	$ 111,453,125	Total Adjusted Capital minus 200% of ACL

Additionally our ultimate Parent Company, Anthem, Inc., provides Anthem with any necessary financial backing through access to capital markets, and we are able to leverage Anthem, Inc.'s financial strength and resources. In 2018, Anthem, Inc.'s combined authorized control level risk-based capital (ACL RBC) ratio across its insurance and HMO operating subsidiaries was on average approximately 523%, which is 2.6 times the federal and State requirements. As of September 30, 2019, Anthem, Inc. held $3.0 billion in cash and investments.

Audited Financial Statement for Vendor and Subcontractors

We include our last three years of audited financial statements in Attachment B.2.c-1: Vendor Financial Information. We include audited financial statements for our Subcontractors, including Anthem, Inc., in Attachment B.2.c-2: Subcontractor Financial Information. In some instances, Subcontractors are part of larger organizations, private and publicly traded; hence, the financial statements we provide in those instances may be for the Subcontractor's parent company.

B.2.d. Pending or Recent Litigation or Sanctions

d. Provide a statement of whether there is any past (within the last ten (10) years or pending litigation against the Vendor or sanctions, including but not limited to the following:

i. Litigation involving the Vendor's failure to provide timely, adequate, or quality Covered Services. If any litigation listed, include damages sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair your organization's performance in a Kentucky Medicaid Managed Care Contract.

ii. Sanctions for deficiencies in performance of contractual requirements related to an agreement with any federal or state regulatory entity. Include monetary sanctions the Vendor has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement, corrective action, and resolution.

iii. Any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation.

Include information for Parent Company, affiliates, and subsidiaries. The Vendor may exclude workers' compensation cases.

We provide information on pending or recent (within the past 10 years) litigation and sanctions in our response to B.2.d.i and B.2.d.ii. Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

In addition, there is pending or recent litigation against our ultimate Parent Company, Anthem, Inc., and our affiliates and Subcontractors. Our affiliates and Subcontractors have also received sanctions for performance deficiencies in the past ten years.

We provide the requested information on litigation, sanctions, and Securities and Exchange Commission (SEC) filings in the following sections.

In the updated RFP and Q&A document, dated January 27, 2020, the Commonwealth's Response on page 91 expanded the scope of Section 60.7.B.2.d to include Subcontractors, and on page 95, indicated that the 10-year time frame should be measured from the date of bid submission, February 7, 2020. In response, we have added information disclosures for our Subcontractors. Our 10-year disclosure period, however, runs from January 16, 2010 through January 15, 2020.

Our disclosures for litigation and sanctions for performance deficiencies use the date on the actual notice. In order to preserve the integrity of our disclosures, we need to allow time for notices to be received, reviewed, and entered into the national tracking database. Similarly, we need to allow our Subcontractors adequate time to prepare and submit information to Anthem for

inclusion in our disclosure. We are happy to provide additional disclosures to cover the period from January 16, 2020 through February 7, 2020 in late February, if any occur and if requested.

i. Litigation Involving Failure to Provide Timely, Adequate or Quality Covered Services

i. Litigation involving the Vendor's failure to provide timely, adequate, or quality Covered Services. If any litigation listed, include damages sought or awarded or the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include an opinion of counsel as to the degree of risk presented by any pending litigation and whether the pending or recent litigation will impair your organization's performance in a Kentucky Medicaid Managed Care Contract.

Vendor, Parent Company, and Affiliate Litigation

Although not material nor relevant to the services contemplated by the Draft Contract, for transparency, we advise that there has been one employment lawsuit that was filed against Anthem within the past 10 years. That matter was resolved years ago.

Anthem's ultimate Parent Company, Anthem, Inc., together with its affiliates and subsidiaries, is a large entity with many clients, members, products and relationships. With more than 79 million people served by its affiliated companies, including more than 41 million enrolled in its family of health plans, Anthem, Inc. is one of the nation's leading health benefits companies.

As a result, Anthem, Inc. and its subsidiaries are at times subject to litigation, and currently has pending litigation. The amount and nature of such litigation and related issues are commensurate and consistent with a company of Anthem, Inc.'s size and scope. None of the litigation has had a materially adverse impact on Anthem's Kentucky operations or a material impact on Anthem Inc.'s business overall. Anthem, Inc. has contingency plans and insurance coverage for certain expenses and potential liabilities of this nature. We also set appropriate reserves in accordance with applicable accounting rules. Anthem, Inc. discloses matters that may have a materially adverse impact on its business in its filings with the SEC. Please refer to Anthem's response to Subsection (iii) for more information.

Opinion of Counsel on the Degree of Risk Presented by Pending Litigation

It is the opinion of counsel that the degree of risk presented by any pending litigation will not impair Anthem's performance in a Kentucky Managed Care Contract.

Please contact our Senior Vice President and Counsel, Pamela Williams, at 317-488-6295 if you have questions regarding pending or recent litigation.

Subcontractor Litigation

Two of our Subcontractors report litigation involving the failure to provide timely, adequate, or quality Covered Services in the past 10 years.

DentaQuest, LLC

DentaQuest, LLC reports the following litigation they feel may be considered responsive to this section.

United States of America, and the States of Texas, Illinois, Colorado and Tennessee ex. rel. Dr. Sujatha Govindarajan vs. Dental Health Programs, Inc. d/b/a/ Community Dental Care; DentaQuest USA Insurance Company, Inc.; et al. On or about May 2, 2019, DentaQuest USA

Insurance Company, Inc. ("DentaQuest") learned that the following civil action filed on February 26, 2018 by a private citizen (a former employee) had been unsealed by the court, on April 26, 2019, and that the U.S Department of Justice, and the Attorneys General of the respective states, had declined to participate in the matter on behalf of the United States and those states: *United States of America, and the States of Texas, Illinois, Colorado and Tennessee ex. rel. Dr. Sujatha Govindarajan vs. Dental Health Programs, Inc. d/b/a/ Community Dental Care; DentaQuest USA Insurance Company, Inc.; et al*., No. 318-CV0463-N. On June 10, 2019, the plaintiff filed an Amended Complaint with virtually identical allegations. On July 31, 2019, the plaintiff filed an expanded Second Amended Complaint, seeking over $6 billion in damages. On October 9, 2019, DentaQuest filed a Motion to Dismiss the Second Amended Complaint with prejudice. If any of the Relator's claims survive the Motion to Dismiss, the DentaQuest Defendants will vigorously defend against those claims. It is counsel's opinion that this case does not impose a degree of risk which would impair, or affect in any way, DentaQuest's performance related to the Kentucky Medicaid Managed Care Contract. Damages awarded to Plaintiffs, if any, would be partly covered by DentaQuest's insurance.

Louis Robert Fasullo v. DentaQuest. In October of 2018, pro se plaintiff filed, but did not properly serve, a "discovery complaint" against "Dentaquest," without specifying any particular entity, seeking information concerning dental visits between 2011 and 2016. DentaQuest provided the requested discovery and on April 1, 2019, the matter was dismissed without prejudice. On May 3, 2019, the pro se plaintiff filed a First Amended Complaint against DentaQuest, LLC, the immediate parent company of the Vendor, containing allegations of deceptive trade practices and negligence per se, among others. On May 31, 2019, DentaQuest filed a Motion to Dismiss, which was granted by the Court, with prejudice, on July 22, 2019. Plantiff's deadline to appeal expired on August 30, 2019. Plaintiff had made a demand for $ 1 million in damages.

Socha v. DentaQuest, LLC. In 2015, Plaintiff, Alicja Socha, filed a suit seeking an administrative review of DentaQuest's decision regarding the cost of her partial dentures. The court dismissed the action in its entirety, with prejudice, on July 14, 2015.

OptumInsight, Inc.

OptumInsight, Inc. reports litigation, as listed in Table B.2.d-1.

B.2.d-1. OptumInsight, Inc. Litigation Disclosure

Date Filed	State	Formal Matter Name/Caption
5/4/15	TX	Proserve Practice Management, Ltd v. OptumInsight, Inc.
5/13/15	TX	Idera, Inc. v. UnitedHealth Group, Inc., Wellmed Medical Management, Inc.; Wellmed Networks, Inc.; and OptumInsight, Inc.
7/12/16	MO	LYNX AMERICA, LLC v. OPTUMINSIGHT, INC., & OPTUM360 SERVICES INC.

ii. Sanctions for Deficiencies in Performance of Contractual Requirements

ii. Sanctions for deficiencies in performance of contractual requirements related to an agreement with any federal or state regulatory entity. Include monetary sanctions the Vendor has incurred pursuant to contract enforcement from any state, federal, or private entity, including the date, amount of sanction, and a brief description of such enforcement, corrective action, and resolution.

In Attachment B.2.d-1: Sanctions for Deficiencies in Performance, we provide a list of sanctions for deficiencies in performance for Anthem and our affiliates and Subcontractors related to agreements with a federal or state regulatory entity. In our disclosure, we list deficiency notices, monetary sanctions, and requests for corrective action plans (CAPs) during the past 10 years, January 16, 2010 through January 15, 2020.

Anthem is dedicated, and singularly focused, on serving Medicaid Members in Kentucky. We provide information for our affiliates, operating multiple lines of business, and our Subcontractors in separate Attachments. For ease of review, we segment information by:

- Anthem, provided in Attachment B.2.d-1a: Anthem Deficiencies
- Affiliates operating Medicaid programs, provided in Attachment B.2.d-1b: Medicaid Affiliate Deficiencies
- Affiliates operating Medicare programs, provided in Attachment B.2.d-1c: Medicare Affiliate Deficiencies
- Affiliates operating commercial programs, provided in Attachment B.2.d-1d: Commercial Affiliate Deficiencies
- New (effective January 23, 2020) Anthem, Inc. managed care plans operating Medicaid programs in Missouri and Nebraska, provided in Attachment B.2.d-1e: New Medicaid Affiliate Deficiencies
- Subcontractors, provided in Attachment B.2.d-1f: Subcontractor Deficiencies

Participation in health care programs funded through taxpayer dollars inherently brings with it a high level of scrutiny, accountability, and oversight for performance. As such, and as part of the ordinary course of business, Anthem and our affiliates operating Medicaid managed care contracts in other markets have received deficiency notices, monetary sanctions, and requests for corrective action related to the numerous requirements of any public program contract.

Anthem is committed to compliance with our Contract and State and federal guidelines and transparency with DMS. We will continue to educate employees, Subcontractors, and Providers; develop and update policies and procedures; implement monitoring and audit mechanisms; and enforce strict guidelines to comply with Kentucky Medicaid and Kentucky SKY Contract requirements.

Anthem has operated as a contracted DMS MCO since 2014. We have worked to be a strong, collaborative, and transparent partner in administering the Kentucky Medicaid program, with a record of success in providing excellent care to Kentuckians, creating savings for taxpayers, and developing innovative approaches to better serve Anthem Members.

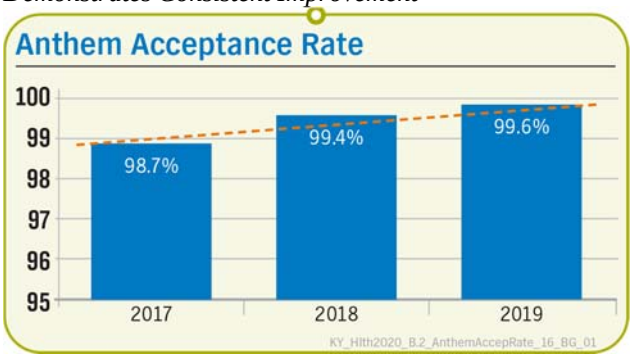
Encounter Submission Optimization

In June 2018, our Kentucky encounter processing system went live on a new encounter platform to optimize the operational tools used by the Encounter Management team. This project resulted

in data quality enhancements (upstream implementation and Governance Forums), operational efficiencies (increased accuracy and increased batching speed), reporting performance tools (predictive analytics reporting, control reporting, data mining, self-service tools), and dedicated resource management (State-specific process improvement, and increased encounters remediation staff). The objective was to drive increased accuracy, completeness, and timeliness of our encounter data submissions to DMS. This effort included analyzing the entire end-to-end encounters process, modifying the staffing model (including new leadership), remediating inaccuracies, and implementing extensive monitoring, including an internal Financial Completeness Report, to the existing encounters control reporting.

During this transition, we shared these new processes and tools and our progress with DMS through regular updates and in-person meetings. Beginning in 2017 and continuing through mid-2018, we provided DMS quarterly updates that outlined our progress against our encounters optimization plan and had many in-person and telephonic meetings. We are committed to maintaining this level of transparency with DMS around our operations under the new Contract.

Figure B.2.d-1. Anthem Encounter Acceptance Rate Demonstrates Consistent Improvement



New systems and processes have led to sustained success. Figure B.2.d-1 shows the steady increase in our overall encounter acceptance rate over the past three years — rising from 98.7% in 2017 to 99.6% in 2019.

In addition to steps taken thus far for encounters submissions and accuracy, we have also enhanced our operational oversight. We have established an Operational Excellence Model, led by our Chief Operating Officer, Nicole Basham, that leverages the best and brightest members of our operational staff with the latest process design and technology innovations. The model dedicates a team of operational experts with industry and local knowledge to accomplish operational accuracy, optimal implementations, and rapid resolution of identified risks.

We are committed to not only consistently demonstrating the high level of performance that DMS expects from Anthem, but also to continuously exceeding DMS's expectations. We recognize that outside of caring for our Members and supporting our Providers, stable system operations are at the core of our business.

iii. SEC Filings Discussing Litigation

iii. Any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. Include information for Parent Company, affiliates, and subsidiaries. (The Vendor may exclude workers' compensation cases.)

Anthem is not a public company and, therefore, not subject to SEC filing requirements.

We do include SEC filings discussing any pending or recent litigation for our ultimate Parent Company, Anthem, Inc., and its subsidiaries (our affiliates). Anthem, Inc. is a publicly traded corporation on the New York Stock Exchange, and its symbol is ANTM. We provide excerpts from Anthem, Inc.'s last 10 years of 10-K SEC filings (2009 through 2018) and the three 10-Q

filings for 2019 that discuss pending or recent litigation in Attachment B.2.d-2: SEC Filings – Litigation Discussion. Please note that our 2019 10-K filing will not be available until approximately February 25, 2020. We will be happy to forward the entire 10-K filing or just the Litigation Discussion to DMS upon request.

Additionally, five of our Subcontractors are public companies, or owned by public companies, and subject to SEC filing requirements. For these companies, we provide excerpts that discuss pending or recent litigation from the last 10 years of SEC filings, or all that are available for companies that have been public less than 10 years. We provide information in Attachment B.2.d-3: Subcontractor SEC Filings for the following companies:

- Change Healthcare Resources, LLC
- Corvel Health
- Health Management Systems, Inc.
- Iron Mountain Incorporated
- OptumInsight, Inc.

Two of our Subcontractors, Aspire Health, Inc. and IngenioRx, Inc., are wholly owned subsidiaries of Anthem, Inc. and included under Anthem, Inc.'s SEC filings.

B.2.e. PHI Breaches

e. or the Vendor, Parent Company, subsidiaries and all Subcontractors list and describe any Protected Health Information (PHI) breaches (within the past five years) that have occurred and the response. Do not include items excluded per 45 CFR 164.402.

Anthem is committed to protecting Member privacy and safeguarding Protected Health Information (PHI), and we, along with our Subcontractors, take this responsibility very seriously. ***Anthem has had no breaches occur since beginning operations in 2014.***

In the updated RFP and Q&A document, dated January 27, 2020, the Commonwealth's Response on page 91 clarified that section 60.7 B.2.e applies to the Vendor only. However, in the interest of full transparency, we are providing information on PHI breaches for our ultimate Parent Company, Anthem, Inc., in Attachment B.2.e-1: PHI Breaches. We have information on PHI Breaches for our Subcontractors, and can provide it to DMS upon request.

In our disclosure, we list the cyber-attack against Anthem, Inc. that occurred in early 2015. Because of the high-profile nature of this incident, we provide more information below about the incident, the immediate response, and the safeguards that are in place today to protect the data of the Members and Providers that we, and our affiliates, serve.

We follow the cyber-attack discussion with additional information about the methods we employ to protect information privacy and security in compliance with federal laws and the Draft Contract.

Anthem, Inc. Cyber Attack in January 2015

On January 29, 2015, Anthem, Inc. discovered that cyber criminals executed a sophisticated attack to gain unauthorized access to Anthem, Inc.'s network, and infiltrated an internally hosted enterprise data warehouse that contained information about plan members and other individuals. The cyber criminals were able to obtain personal information for about 78.8 million individuals, data such as names, birthdates, member identification or social security numbers, street addresses, email addresses, and employment information.

The attack was perpetrated by a highly sophisticated Advanced Persistent Threat (APT). It appears that the APT attacker, through a spearphishing email campaign, was able to infect a workstation with malware and pivot to other machines and gain remote access to the environment. The cyber criminal was able to escalate privileges and use malware to compromise elevated credentials. The unauthorized queries to access personal information were crafted to evade detection. The compromised data warehouse does not face the Internet and can be accessed only by authorized personnel using their unique user identification and account credentials. The unauthorized query results were compressed, encrypted, then exported to a server outside the Anthem, Inc. environment.

Immediate Response

Anthem, Inc. contacted the Federal Bureau of Investigation (FBI), the National Cyber-Forensics & Training Alliance (NCFTA), and the HITRUST C3 (Health Information Trust Alliance Cyber Threat Intelligence and Incident Coordination Center) immediately to best protect individuals and other valued health care partners.

Anthem, Inc.'s response to this incident included a number of steps designed to deliver information and mitigate the impact:

- Launching a website, www.AnthemFacts.com, on February 4, 2015, to deliver up-to-date information
- Creating a dedicated hotline number for anyone with questions
- Offering two years of identity theft repair and credit monitoring services
- Sending mailings to impacted persons beginning on February 9, 2015

Safeguards to Protect Data

Along with Anthem, Inc., we are committed to continuing to do everything in our power to make our systems more secure.

Since the criminal cyber-attack, Anthem, Inc.'s Technology Services team has continued to adapt and evolve our information security policies and procedures to keep pace with the changing risks associated with malicious attacks and create an industry-leading cybersecurity program. A few key features of our cybersecurity program include:

- The Detection Analysis and Response Team
- A Cyber Security Operations Center (C-SOC)
- A Cyber Security Testing Center
- In-house Digital Forensics Operation

Cyber threat intelligence feeds from a variety of subscription services, including HITRUST C3 (which incorporates information from the FBI, Department of Homeland Security, Health and Human Services, and other federal sources), support C-SOC capabilities.

To protect confidentiality, integrity, and availability of data, our Technology Services department employs a defense-in-depth security strategy that incorporates administrative, technical, and physical controls at the facility, network, operating system, application, and data store levels. Information security standards applied by this group are consistent with industry best practices, standard frameworks, and HIPAA requirements.

- **Network Security.** We manage and monitor network security using technologies and systems that provide 24/7/365 real-time security event monitoring and reporting. A Vulnerability Management Program identifies vulnerabilities, reports them for remediation, and tracks

remediation efforts. An independent third party performs an annual external penetration test. We successfully completed our most recent test on May 17, 2019.

- **Security and Event Logging.** Security and system event logging occurs on applications and databases, and includes things like successful and failed logins. C-SOC analyzes logs to help detect potential intrusion events and address unusual or suspicious activity.
- **System Access.** We set our system, application, and file access control permissions to a default that blocks access for unauthorized users. All application owners — the workforce members who are responsible for the primary business function served by the system — must validate effectiveness of application/data security controls at least semi-annually or in accordance with Information Security guidelines. Third-party service providers with whom we share data must acknowledge our information security requirements, and we maintain signed agreements that govern the use of data as required by law. We deactivate user accounts immediately upon termination of employment. Quarterly, we re-certify all local and domain administrator access.
- **Authentication.** We require the use of a unique user identifier and password (complex and changed at regular intervals) to access workstations or systems. Remote system access requires two-factor authentication that validates the identity of the individual using "something they know" (user identifier and password) with "something they have" (such as key card or token). Access to privileged administrator accounts requires a complex, multi-factor authentication, and includes a unique limited-duration password that expires after 10 hours.
- **Role-based Security.** Role-based security limits update capabilities and access to application functionality. Users with inquiry-only privileges are unable to modify or update information. These different security functions enable us to provide users with multiple levels of privileges.
- **Facility Access.** We control facility access with proximity-based electronic security badges. Employees and visitors need approval for unsupervised access, and after-hours access requires coded security badges. We limit data center access to designated employees. All servers and data storage devices are in secure areas accessible only with additional electronic lock/PIN access.

Our Management Information System (MIS) has maintained Common Security Framework (CSF) Certification by the Health Information Trust Alliance (HITRUST) since 2016. The CSF is an overarching security framework that incorporates and leverages the existing security requirements placed upon health care organizations, including those from federal (such as HIPAA and HITECH), state, third party (such as Control Objectives for Information and Related Technology [COBIT]), and other government agencies such as CMS.

An independent third-party services firm (certified to perform HITRUST assessments) assessed our MIS and its ability to meet 314 unique Baseline Security Control Statements across 19 domains, including network protection, password management, and data protection and privacy. A score of 3+ or better (on a 1- to 5+ scale) is required and our MIS scored 5- to 5+ on all 19 domains.

Methods to Protect Information Privacy and Security

We built our reputation on the highest standards for protecting information and systems that store and process Provider and Enrollee (Member) data, and we require our Subcontractors to uphold this same high standard.

Each of our Subcontractors is a covered entity under HIPAA and subject to its requirements to protect the privacy and security of health information. In addition, our Subcontractors must sign our business associate agreement, which includes provisions related to how they use and secure our Members' PHI.

Our comprehensive Workforce Information Security Policy (WISP) includes industry appropriate safeguards and controls to protect data. The WISP applies to all permanent and temporary employees, as well as all contractors, consultants, and vendors (collectively referred to as staff) who have access to company systems, applications, and assets.

All staff are required to take initial training on the policy upon hire and annually thereafter. We disseminate updates and amendments to the policy resulting from changes in State or federal policy or as requested throughout the life of the contract during regularly scheduled staff meetings or as an email alert.

To uphold the integrity of PHI, we:

- Collect sensitive information only where necessary and as required to meet an operational need.
- Mandate that all employees and contractors authorized to access PHI only use the data for the intended purposes for which it was collected or stored.
- Train our call center employees to verify the identity of all callers prior to disclosing any information by using a combination of two data elements (date of birth and social security number, for example). (This applies to Members and authorized representatives. Call logs record all caller activity and are a permanent part of Member records.)
- Require that all requests (verbal or written) for PHI indicate the intended use and can only be used for legitimate purposes.
- Conduct electronic communication and transfer of sensitive information securely.
- Safeguard sensitive information at all times and in all formats and media, both at rest and in transit.
- Require frequent audits and security scans of all work areas to confirm PHI safeguards.
- Prevent the storage of sensitive information on local hard drives or portable storage devices (CDs, external hard drives, thumb drives) unless approved by the Information Security Officer or designee.
- Ban the use of PHI in testing, training, presentation reports, or marketing materials, unless that data is de-identified by removing, masking, or transforming key data elements that could be used to reconstruct a record.
- Limit the availability of remote access and require all remote users to access through the virtual private network (VPN).
- Minimize the printing of materials containing PHI.
- Use appropriately secure mailing materials for all paper media containing PHI.
- Comply with Payment Card Industry standards and regulations. (We prohibit recording of credit card numbers in any system without written consent of the Information Security Officer or designee.)

Our staff is trained to immediately report any identified potential unauthorized breach, theft, or release of Commonwealth data containing Identity Information to the Information Security Officer, who conducts a review of the situation and takes appropriate notification actions

pursuant to HIPAA Rules. Any employee or contractor who breaches the confidentiality of PHI may be subject to disciplinary action, up to termination and legal prosecution.

B.2.f. Accreditation Status Adjustments, Suspensions, or Revocations

f. Has the Vendor ever had its accreditation status (e.g., National Committee on Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), or Accreditation Association for Ambulatory Health Care (AAAHC)) in any state for any product line adjusted down, suspended, or revoked (within the past five years)? If so, identify the state and product line and provide an explanation. Include information for the Vendor's Parent Company and subsidiaries.

At Anthem, quality is foundational to everything we do, and ***achieving a distinction in quality is a strategic emphasis of our Chief Executive Officer***, Leon Lamoreaux. In the past year, we have moved from an NCQA Accredited Plan to an NCQA Commendable Accreditation status with a rating of 3.5 stars, tied for 1st amongst Kentucky Medicaid MCOs.

We continue to build on our accomplishments to provide a better health care experience for the Members we serve. Our commitment to quality is demonstrated by our continued accreditation achievements. ***Neither Anthem nor our Medicaid affiliate health plans have ever experienced a suspension, denial, or revocation of accreditation.***

Anthem Leads the Way for Accreditations

- NCQA accredited for Kentucky Medicaid since April 2017
- Only health plan in Kentucky awarded the Multicultural Health Care Distinction from NCQA
- Our national organization is one of the first to commit to seeking NCQA's new Population Health Program accreditation

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Anthem has been continuously accredited by NCQA since April 2017, and in 2019, we earned a Commendable Accreditation status with NCQA. ***We have never had our accreditation status adjusted down.***

Our ultimate Parent Company, Anthem, Inc., holds NCQA Disease Management accreditation (patient and practitioner) ***and has maintained this since the original accreditation***. They have also achieved full accreditation as a Managed Behavioral Health Organization (MBHO).

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

Anthem Commitment to NCQA Accreditation

Our NCQA Health Plan Accreditation is scheduled for renewal in April 2020. We will continue to work diligently to sustain NCQA accreditation as part of our commitment to adhering to industry best practices so that our Anthem Members receive the highest quality services. Further, we will continue to collect, evaluate, and manage NCQA's rigorous health plan standards and use HEDIS® and other data measures to track and improve our performance.

In March 2017, we earned Multicultural Health Care Distinction from NCQA, confirming Anthem's commitment to meeting the cultural and linguistic needs and preferences of our Members in Medicaid. ***We are proud to be the first — and only — health plan in Kentucky to be awarded the Multicultural Health Care Distinction from NCQA.***

We are committed to tailoring our health care programs to address the diverse needs of Members across Kentucky, addressing unique population, cultural, or other areas of diversity. Multicultural Health Care Distinction recognizes our efforts to improve Culturally and Linguistically Appropriate Services (CLAS), and reflects that we meet or exceed standards in CLAS, including collecting race/ethnicity and language data, providing language assistance, being culturally responsive, upholding CLAS quality improvement guidelines, and reducing health care disparities. In addition to Anthem, 17 of our affiliates have achieved Multicultural Health Care Distinction from NCQA.

Anthem's continued accreditation with NCQA underscores our ongoing commitment to quality and achieving the best outcomes for Kentucky Members. We constantly pursue solutions, innovations, and capabilities that maximize our performance and outcomes, and that support DMS' goals.

NCQA Disease Management Accreditation

Our Disease Management (DM) programs are designed in accordance with NCQA standards, highlighted by our Parent Company, Anthem, Inc.'s, NCQA DM Accreditations for asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease (COPD), depression, diabetes, HIV/AIDS, schizophrenia, and child and adolescent depression. NCQA DM Accreditation is an indication that a program is dedicated to giving Members and Providers the support, education, and other help necessary to facilitate good outcomes and care. In addition:

- The standards are set high to encourage continuous enhancements of quality or services.
- The standards are intended to help achieve the highest level of performance while increasing adherence to care guidelines.
- NCQA's DM Accreditation programs are designed to help evaluate and improve Member care and service.

NCQA is incorporating DM into its new population health management approach that supports the overall movement of the delivery system to holistic, fully integrated care, and will be phasing out the DM accreditation. Moving forward, we will transition our NCQA DM accreditation to NCQA's newly designed Population Health Program (PHP), which will continue our focus on the "whole person." This includes a more comprehensive, holistic, dedicated approach to promoting, connecting, and integrating Members with community resources and demonstrating active referrals and follow-up.

Anthem, Inc. is one of the first in the nation committed to seeking NCQA PHP accreditation and, as such, will be one of the first to go through the review process. While working closely with NCQA through the PHP process, our organization will provide them with lessons learned to improve the process for other health plans.

B.2.g. Medicaid Managed Care Contracts in the Past 10 Years

Provide a listing of Medicaid managed care contracts held in the past ten (10) years for which the Vendor, Vendor's Parent Company, and subsidiaries has:

i. Voluntarily terminated all or part of the contract under which it provided health care services as the licensed entity.

ii. Had such a contract partially or fully terminated before the contract end date (with or without cause).

iii. Had a contract not renewed.

iv. Withdrawn from a contracted service are.

v. Had a reduction of enrollment levels imposed?

In the following sections, we provide information for Anthem and its' ultimate parent company, Anthem, Inc. regarding Medicaid managed care contracts held in the past 10 years, 2010 through 2019. Together,

Anthem and Anthem, Inc. have never had all or part of a Medicaid managed care contract partially or fully terminated. We remain committed to a partnership with DMS in serving Medicaid Members throughout the Commonwealth of Kentucky.

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

i. Voluntary Termination of All or Part of the Contract

i. Voluntarily terminated all or part of the contract under which it provided health care services as the licensed entity.

Neither Anthem nor Anthem, Inc. have voluntarily terminated all or part of a contract to provide health care services as the licensed entity in the past 10 years.

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

ii. Contract Partially or Fully Terminated Before Contract End Date

ii. Had such a contract partially or fully terminated before the contract end date (with or without cause).

Anthem and Anthem, Inc. have not had a contract partially or fully terminated before the contract end date, with or without cause, in the past 10 years.

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

iii. Contract Not Renewed

iii. Had a contract not renewed.

Anthem and Anthem, Inc. have not had a contract not renewed in the past 10 years.

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

iv. Withdrawal From a Contracted Service Area

iv. Withdrawn from a contracted service area.

Anthem and Anthem, Inc. have not withdrawn from a contracted service area in the past 10 years.

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

v. Reduction of Enrollment Level Imposed

v. Had a reduction of enrollment levels imposed?

Anthem and Anthem, Inc. have not had a reduction of enrollment levels imposed and has not requested a reduction of enrollment in the past 10 years.

Anthem does not directly or indirectly own any entities and therefore has nothing to report for subsidiaries.

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Anthem Medicaid

B.2. Corporate Information Required Attachments

Committed to the Future of Kentucky Medicaid

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Anthem Medicaid

Attachment B.2.a-1. Subcontractor Disclosure of Ownership

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

Attachment B.2.a-1.Disclosure of Ownership Forms and Significant Business Transactions

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.a-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

Attachment B.2.b-1. Management Agreement

Attachment B.2.b-1. Management Agreement

Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

Attachment B.2.b-1. Management Agreement

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.b-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

Attachment B.2.b-2. Articles of Incorporation and Bylaws

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

Attachment B.2.b-2. Articles of Incorporation and Bylaws

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.b-2 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.2.b-2 includes the following:

- Attachment B.2.b-2a. Articles of Incorporation
- Attachment B.2.b-2b. Bylaws

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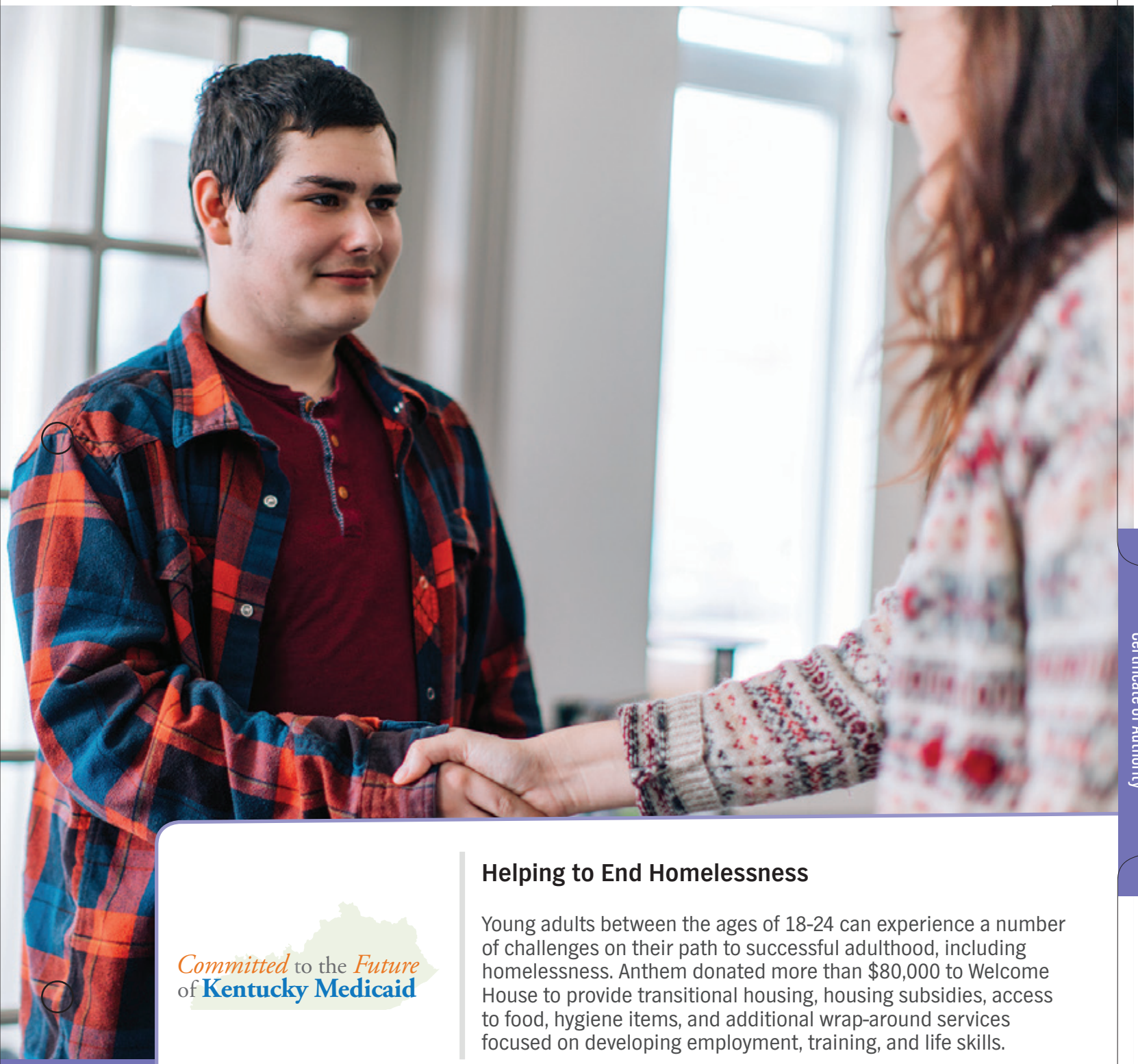
Anthem Medicaid

Attachment B.2.b-3. Certificate of Authority



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

Attachment B.2.b-3. Certificate of Authority

Attachment B.2.b-3.
Certificate of Authority

Attachment B.2.b-3. Certificate of Authority

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.b-3 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

Attachment B.2.b-4. Reports Filed with Kentucky Department of Insurance

Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

Attachment B.2.b-4. Reports Filed with Kentucky Department of Insurance

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.b-4 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.2.b-4 includes the following:

- Attachment B.2.b-4a. NAIC Quarterly Financial Statement, Q3 2019
- Attachment B.2.b-4b. NAIC Quarterly Financial Statement, Q2 2019
- Attachment B.2.b-4c. NAIC Quarterly Financial Statement, Q1 2019
- Attachment B.2.b-4d. NAIC Annual Financial Statement, 2018
- Attachment B.2.b-4e. Internal Control Letter
- Attachment B.2.b-4f. Audit Report
- Attachment B.2.b-4g. Prompt Payment, 0219
- Attachment B.2.b-4h. Prompt Payment, 0119
- Attachment B.2.b-4i. Prompt Payment, 0418
- Attachment B.2.b-4j. Prompt Payment, 0318

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Anthem Medicaid

Attachment B.2.c-1. Vendor Financial Information

Attachment B.2.c-1. Vendor Financial Information

Committed to the *Future* of **Kentucky Medicaid**

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

Attachment B.2.c-1. Vendor Financial Information

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.c-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

Attachment B.2.c-2. Subcontractor Financial Information

Attachment B.2.c-2.
Subcontractor Financial Information

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

Attachment B.2.c-2.
Subcontractor Financial Information

Attachment B.2.c-2. Subcontractor Financial Information

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.c-2 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.2.c-2 includes the following:

- Anthem, Inc.
- Alliant ASO
- Aspire Health, Inc. (Wholly Owned Anthem, Inc. Subsidiary)
- Availity, LLC
- BHM Healthcare Solutions, Inc.
- CQ Fluency, Inc.
- Cenveo Worldwide Limited
- Change Healthcare Resources, LLC
- Clarity Software Solutions, Inc.
- Conduent, Inc.
- Corvel Health
- Cotiviti, Inc.
- Council for Affordable Quality Healthcare, Inc.
- CulturaLink, LLC
- CyraCom International, Inc.
- DentaQuest, LLC
- The Dieringer Research Group, Inc.
- Eliza Corporation (Wholly Owned Subsidiary of Health Management Systems)
- Episource, LLC
- ConsumerInfo.com, Inc. (Held by Experian Holdings Inc.)
- EyeQuest (DentaQuest, LLC)
- CrowdCircle, Inc. d/b/a HealthCrowd
- Health Management Systems, Inc. (HMS)
- InComm Healthcare & Affinity
- IngenioRx, Inc. (Wholly Owned Anthem, Inc. Subsidiary)
- Iron Mountain Incorporated
- Language Line Services, Inc.
- MCMC, LLC
- OptumInsight, Inc.
- Smart Data Solutions
- Sutherland Healthcare Solutions, Inc.
- WebMD Health Services Group, Inc.
- Welltok, Inc.

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Anthem Medicaid

Attachment B.2.d-1: Sanctions for Deficiencies in Performance

Committed to the *Future* of **Kentucky Medicaid**

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

Attachment B.2.d-1 Sanctions for Deficiencies in Performance

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.d-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.2.d-1 includes the following:

- Attachment B.2.d-1a. Anthem Deficiencies
- Attachment B.2.d-1b. Medicaid Affiliate Deficiencies
- Attachment B.2.d-1c. Medicare Affiliate Deficiencies
- Attachment B.2.d-1d. Commercial Affiliate Deficiencies
- Attachment B.2.d-1e. New Medicaid Affiliate Deficiencies
- Attachment B.2.d-1f. Subcontractor Deficiencies

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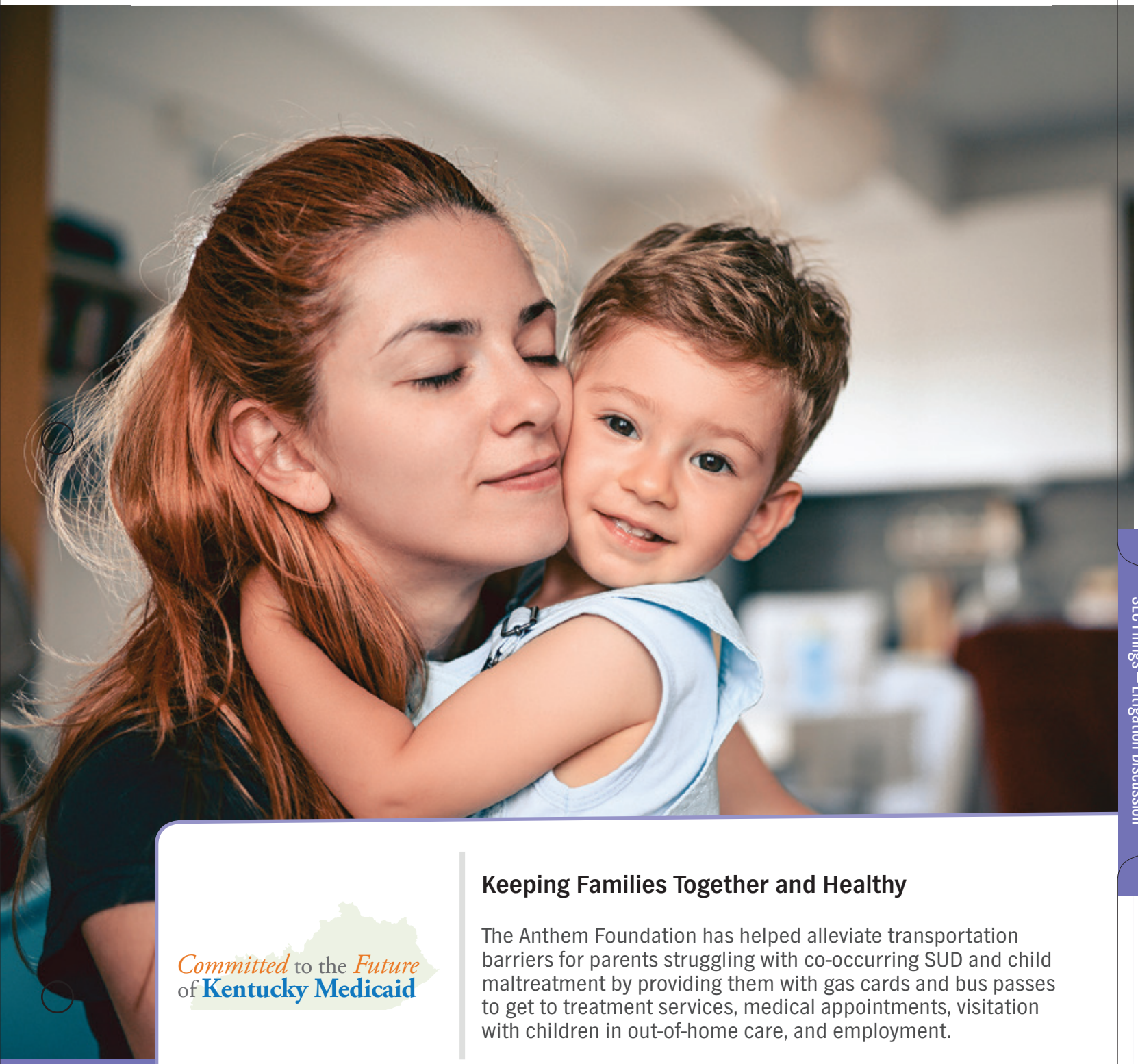
Anthem Medicaid

Attachment B.2.d-2. Anthem, Inc. SEC Filings – Litigation Discussion



Committed to the *Future* of **Kentucky Medicaid**

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

Attachment B.2.d-2. Anthem, Inc. SEC Filings – Litigation Discussion

Attachment B.2.d-2. Anthem, Inc. SEC Filings — Litigation Discussion

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.d-2 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.2.d-2 includes the following:

- Attachment B.2.d-2a. 2019 Q3 10-Q Litigation Discussion
- Attachment B.2.d-2b. 2019 Q2 10-Q Litigation Discussion
- Attachment B.2.d-2c. 2019 Q1 10-Q Litigation Discussion
- Attachment B.2.d-2d. 2018 10-K Litigation Discussion
- Attachment B.2.d-2e. 2017 10-K Litigation Discussion
- Attachment B.2.d-2f. 2016 10-K Litigation Discussion
- Attachment B.2.d-2g. 2015 10-K Litigation Discussion
- Attachment B.2.d-2h. 2014 10-K Litigation Discussion
- Attachment B.2.d-2i. 2013 10-K Litigation Discussion
- Attachment B.2.d-2j. 2012 10-K Litigation Discussion
- Attachment B.2.d-2k. 2011 10-K Litigation Discussion
- Attachment B.2.d-2l. 2010 10-K Litigation Discussion
- Attachment B.2.d-2m. 2009 10-K Litigation Discussion

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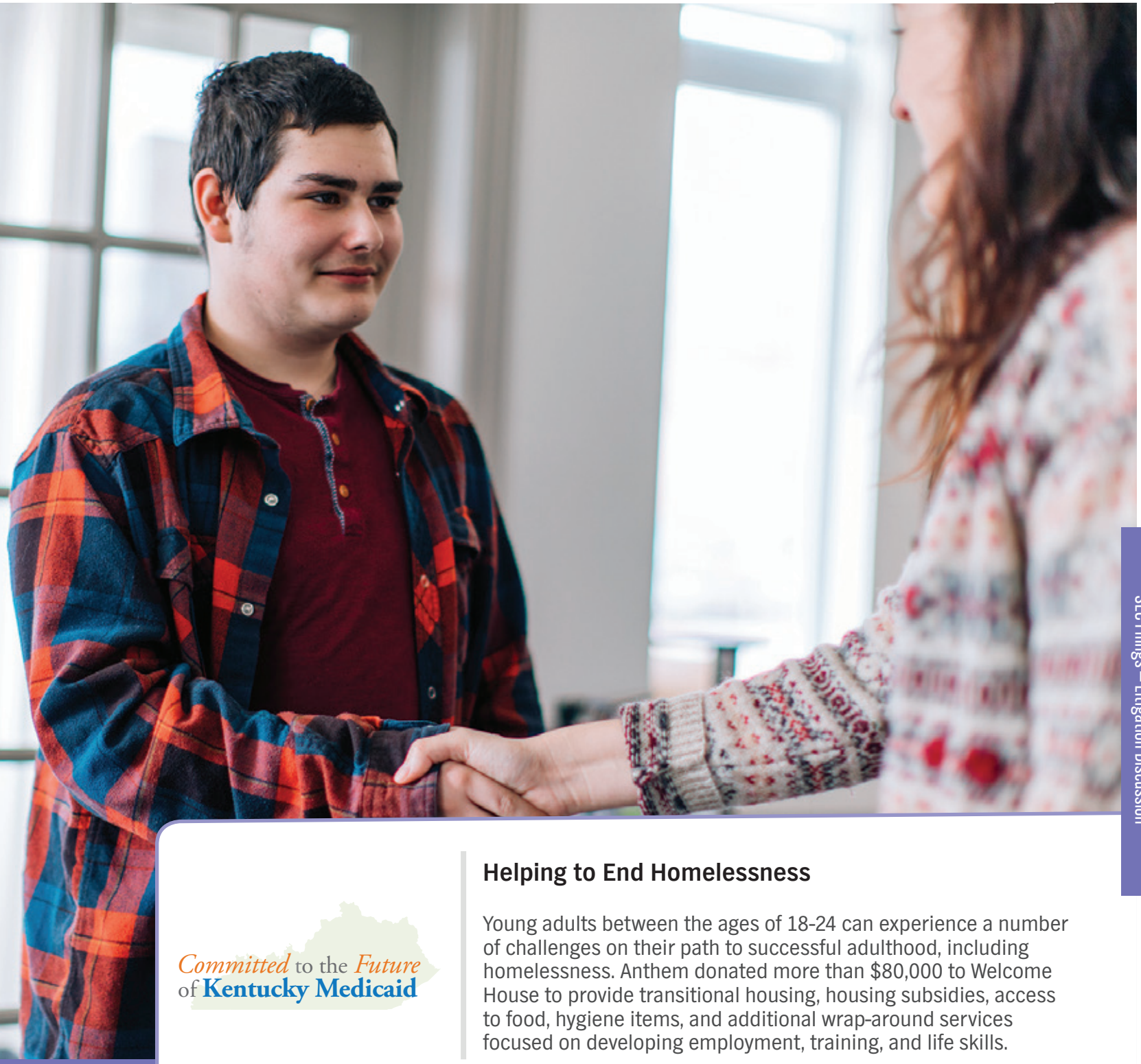
Anthem Medicaid

Attachment B.2.d-3. Subcontractor SEC Filings – Litigation Discussion



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

Attachment B.2.d-3. Subcontractor
SEC Filings – Litigation Discussion

Attachment B.2.d-3. Subcontractor SEC Filings — Litigation Discussion

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.d-3 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.2.d-3 includes the following:

- Attachment B.2.d-3a. Change Healthcare Resources SEC Filings
- Attachment B.2.d-3b. Corvel Health SEC Filings
- Attachment B.2.d-3c. Health Management Systems SEC Filings
- Attachment B.2.d-3d. Iron Mountain Incorporated SEC Filings
- Attachment B.2.d-3e. OptumInsight SEC Filings

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Anthem Medicaid

Attachment B.2.e-1. PHI Breaches

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

Attachment B.2.e-1. PHI Breaches

PHI Breaches for Anthem, Inc.

Incident Month/ Year	Type of Breach	Number of Individuals Affected	Description/Safeguards Prior to Breach	Actions Taken in Response to Breach
4/2019	Hacking/IT Incident	185	A person impersonating an employee of a provider called the Web Support Help Desk. The impersonator was able to provide enough information about the log-on credentials of the employee to gain access to the provider portal.	Implemented new technical safeguards; Revised policies and procedures Trained or retrained workforce members.
1/2019	Hacking/IT Incident	54,528	Unauthorized persons gained access to a vendor's email accounts. The incident was caused by a phishing attack on the vendor's systems.	Changed password/strengthened password requirements; Implemented new technical safeguards; Provided business associate with additional training on HIPAA requirements; Provided individuals with free credit monitoring; Revised policies and procedures; Took steps to mitigate harm.
12/2018	Unauthorized Access/Disclosure	1	Correspondence was sent to wrong recipient.	Sanctioned workforce members involved (including termination); Trained or retrained workforce members; Took steps to mitigate harm.
11/2018	Unauthorized Access/Disclosure	1	Vendor employee entered the wrong address when updating a member's address in the system, resulting in correspondence being sent to a provider's address.	Sanctioned workforce members involved (including termination); Trained or retrained workforce members; Took steps to mitigate harm.
10/2018	Hacking/IT Incident	43	Business associate's vendor had an employee whose credentials were compromised exposing our member's data.	Implemented new technical safeguards; Took steps to mitigate harm; Trained or retrained workforce members; Other - The employee's password was immediately changed. The vendor hired a third party forensic firm to complete an independent and comprehensive investigation that confirmed no other compromise of their system, and identified additional safeguard to be implemented to further limit the access to patient information. Vendor employees were retrained on information security.
10/2018	Unauthorized Access/Disclosure	315	Vendor issue that impacted a page break formatting issue with Pharmacy Prior Authorization letters caused PHI disclosures.	Sanctioned workforce members involved (including termination); Trained or retrained workforce members; Took Steps to Mitigate harm.
9/2018	Unauthorized Access/Disclosure	1	Vendor made a system coding change that impacted our membership files.	Implemented new technical safeguards; Took steps to mitigate harm.
8/2018	Unauthorized Access/Disclosure	1	System error caused one member to view another member's information on web portal.	Took steps to mitigate harm; Revised policies and procedures; Implemented new technical safeguards.

Incident Month/ Year	Type of Breach	Number of Individuals Affected	Description/Safeguards Prior to Breach	Actions Taken in Response to Breach
8/2018	Unauthorized Access/Disclosure	1	Business associate generated an authorization using the wrong address. This caused a member's information to be disclosed to the wrong recipient.	Corrected data in system and retrained employee.
7/2018	Unauthorized Access/Disclosure	1	Employee mistakenly sent an email to a member instead of an internal employee.	Sanctioned workforce members involved (including termination); Trained or retrained workforce members; Took steps to mitigate harm.
7/2018	Unauthorized Access/Disclosure	1	Employee sent correspondence to a member that included another member's PHI.	Sanctioned workforce members (including termination); Trained or retrained workforce members; Took steps to mitigate harm.
6/2018	Hacking/IT Incident	462	External broker's email account was compromised by an unauthorized individual.	Implemented new technical safeguards; Trained or retrained workforce members; Took steps to mitigate harm.
6/2018	Unauthorized Access/Disclosure	2	Wrong provider address was given to vendor to send letters resulting in letters being sent to the wrong address.	Took steps to mitigate harm.
2/2018	Unauthorized Access/Disclosure	1	Information was viewable by another member when logging into the online web portal	Online account disabled, Revised Internal Procedure/Policy.
10/2017	Unauthorized Access/Disclosure	11	Employee made an error that resulted in correspondence being sent to the wrong recipient.	Revised policies and procedures; Sanctioned workforce members involved (including termination); Trained or retrained workforce members.
9/2017	Unauthorized Access/Disclosure	3	Business associate addressed letters including information that should not have appeared on the envelopes and mailed them out.	Provided individuals with free credit monitoring, Revised policies and procedures, Sanctioned workforce members involved (including termination), Trained or retrained workforce members Under the Freedom of Information Act and HHS regulations.
8/2017	Unauthorized Access/Disclosure	171	Business associate posted applicant information to an unsecured server.	Provided business associate with additional training on HIPAA requirements; Revised policies and procedures.
7/2017	Unauthorized Access/Disclosure	18,500	Business associate reported that an employee was likely involved in identity theft related activities. Upon investigating, the business associate learned the employee emailed a file with information about members to their personal email address on July 8, 2016.	Created a new/updated Security Rule Risk Management Plan; Implemented new technical safeguards; Performed a new/updated Security Rule Risk Analysis; Provided business associate with additional training on HIPAA requirements; Provided individuals with free credit monitoring; Sanctioned workforce members involved (including termination); Took steps to mitigate harm.
7/2017	Unauthorized Access/Disclosure	1	Business associate's employee made an error that resulted in correspondence being sent to the wrong recipient.	Sanctioned workforce members involved (including termination); Took steps to mitigate harm.

Incident Month/ Year	Type of Breach	Number of Individuals Affected	Description/Safeguards Prior to Breach	Actions Taken in Response to Breach
7/2017	Unauthorized Access/Disclosure	1	Business associate experienced a system error that resulted in information being seen by the wrong recipient.	Revised policies and procedures; Took steps to mitigate harm.
6/2017	Unauthorized Access/Disclosure	131	A business associate's employee verified address information incorrectly which caused correspondence to be sent to the incorrect recipient.	Provided individuals with free credit monitoring; Revised policies and procedures.
9/2016	Unauthorized Access/Disclosure	3,525	Learned on September 1, 2016 that an individual in the sales department emailed company information to his personal email address between February and September of this year. His actions violated policies on the accessing and handling of protected health information and personally identifiable information. The information emailed included certain elements of personal information, including names, dates of birth, addresses, health plan, information and, in some cases, Medicare ID numbers.	Provided individuals with free credit monitoring; Revised business associate contracts; Revised policies and procedures; Sanctioned workforce members involved (including termination); Took steps to mitigate harm; Trained or retained workforce members; Directed the individual to securely destroy the information that was not properly in his possession and took steps to confirm the destruction.
12/2015	Unauthorized Access/Disclosure	499	Business associate sent correspondence to the wrong recipients.	Took steps to mitigate harm; trained or retrained workforce members.
11/2015	Unauthorized Access/Disclosure	1	Our employee set up a case for mental health in the system under the wrong member. This led to information being disclosed to the wrong recipient.	Corrected data in system. Associate sanctioned and retrained.
4/2015	Unauthorized Access/Disclosure	1	Our employee attached the wrong document to an email, which included PHI that was not intended for the recipient.	Revised policies and procedures; Sanctioned workforce members involved (including termination).
3/2015	Unauthorized Access/Disclosure	268	Due to a system error, subrogation questionnaires were sent to old addresses instead of the current subscriber address, causing correspondence to be sent to the wrong recipient.	Steps were taken to mitigate harm including notifying impacted members and putting in place a system fix which solved the issue.

Incident Month/ Year	Type of Breach	Number of Individuals Affected	Description/Safeguards Prior to Breach	Actions Taken in Response to Breach
1/2015	Hacking/IT Incident	78,800,000	January 2015, Anthem, Inc. discovered that cyber attackers executed a sophisticated attack to gain unauthorized access to Anthem, Inc.'s IT system and obtained personal information relating to consumers who were or are currently covered by Anthem, Inc. or other independent Blue Cross and Blue Shield plans that work with Anthem, Inc. These cyber attackers gained unauthorized access to Anthem, Inc.'s IT system and obtained personal information from individuals such as their names, birthdays, member identification (ID) and/or Social Security numbers, street addresses, email addresses and employment information.	Created a new/updated Security Rule Risk Management Plan; Implemented new technical safeguards; Performed a new/updated Security Rule Risk Analysis; Provided business associate with additional training on HIPAA requirements; Provided individuals with free credit monitoring; Sanctioned workforce members involved (including termination); Took steps to mitigate harm; Changed password/strengthened password requirements; Implemented new technical safeguards; Provided individuals with free credit monitoring; Took steps to mitigate harm; Trained or retrained workforce members.

Anthem Medicaid

3. Staffing

Committed to the Future of Kentucky Medicaid

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

B.3. Staffing

B.3.a. Anthem Kentucky's Comprehensive Staffing Approach

a. Describe the Vendor's proposed approach to staffing this Contract, including the following information at a minimum

i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky's Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).

ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.

iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.

iv. A listing of Key Personnel identified in Section 9.2 of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Vendor, including:

a. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.

b. Whether each Key Personnel position will be filled by a Vendor's employee or a Subcontractor.

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.

vi. Overview of the Vendor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas.

vii. Overview of Vendor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

viii. Retention approach for key personnel.

Anthem's Staffing Philosophy for Kentucky Medicaid

At Anthem Kentucky Managed Care Plan (Anthem, Inc.), ***we put people first***. We are dedicated to Kentucky's Medicaid program and the Members we serve. ***Our experienced, locally based leadership team and staff are at the heart of our organizational and operational structure. We developed this structure to fulfill the program requirements and obligations of Kentucky's Medicaid program, embracing our belief that health care is best delivered locally in the communities where we live and work.***

Our staffing plan for the Kentucky Medicaid program blends our strong local team across the Commonwealth with the administrative proficiency of national back-office functions. At the same time, we also recognize that the intricacy of health care delivery, particularly for Enrollees with complex medical or social needs, and those at risk for health disparities, requires continuous improvement and innovation. At the core of our organizational structure and staffing strategy is

our person-centered care model that aligns with the Commonwealth's goals for reducing the burden of substance use disorder, improving health outcomes for chronic diseases and priority health conditions, increasing utilization of preventive services, improving access to high-quality care, enhancing collaboration with Providers, and ultimately building and maintaining a strong partnership between DMS, other Managed Care Organizations (MCOs), community organizations, Providers, and the Members we serve.

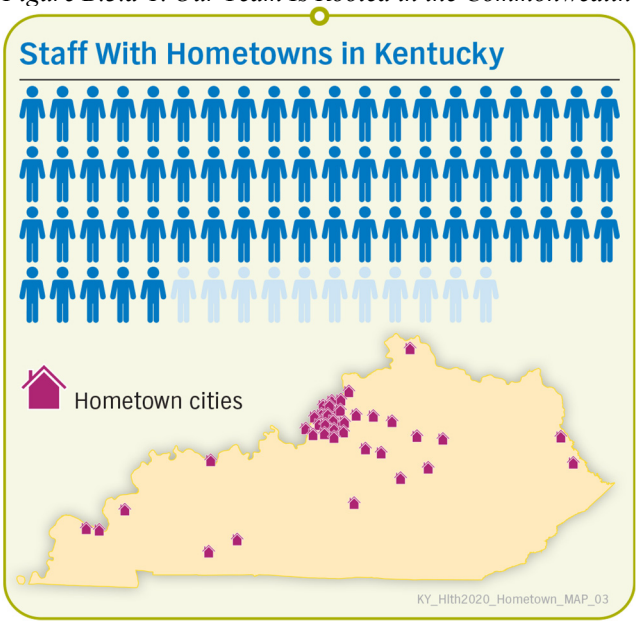
With these goals in mind, our organizational model reflects not only our past and present experience supporting Kentucky, it also looks towards the future, with improvements that promote innovations to meet DMS' programmatic goals, address the changing Medicaid landscape and further strengthening our community ties. Our staffing model consists of more than 360 positions that are fully dedicated to serving Kentucky Medicaid.

This organizational structure exemplifies our dedication to making meaningful local connections — in every county, every region, to every Enrollee (Member). Our team members work across Kentucky, building relationships and developing solutions for the evolving needs of our Members to improve health outcomes, access to care, and the Medicaid experience. We are proud to continue our impactful and important work to serve the people of Kentucky through an approach that puts them at the forefront of everything we do.

A Kentucky Health Plan Operated by Kentuckians

Anthem's Key Personnel serving Kentucky bring more than 200 years of combined relevant experience, including 80 years in managed care experience and more than 60 years of Kentucky managed care experience. Our leadership team, under Plan President and CEO Leon Lamoreaux, possess decades of experience in their respective fields and in managed care. Mr. Lamoreaux guides our Kentucky operations serving more than 132,000 Members and is the driving force behind the strategic direction, administration, and coordination of all aspects of our services. He will continue in this role, with authority over all aspects of our day-to-day operations and Contract administration, to make sure that Members in Kentucky Medicaid continue to receive the highest quality of services. In keeping with our philosophy, our Medicaid Leadership team and ***all*** key staff are located within Kentucky, and are dedicated to this Contract. In addition, ***95% of Member-, Provider-, community-, and DMS-facing, positions are also local and dedicated to Medicaid, to maintain the high level of support and outreach our stakeholders deserve***.

Figure B.3.a-1. Our Team Is Rooted in the Commonwealth



We have more than 360 Kentucky Medicaid dedicated FTEs; 168 of those employees work across the Commonwealth. Not only do our employees work in Kentucky, most grew up in Kentucky, as illustrated in ***Figure B.3.a-1***. They represent nearly every corner of the Commonwealth and bring their unique perspectives, experience, and knowledge to our programs and initiatives.

Our Organizational structure and its proposed enhancements and improvements are designed to support all aspects of this Contract. We provide detailed descriptions below to demonstrate how our model supports the Kentucky Medicaid program's unique goals, whole-person integrated care, population health, and overall improvements in health outcomes. We are enthusiastic about our 2020 projects that speak to our commitment to progress and growth.

i. Organizational Structure

i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky's Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).

Health care delivery requires continuous innovation, creativity, and a willingness to listen to all stakeholders across the delivery system to ensure that the experiences of those individuals using the system are reflected in the organizational structure design. Strong MCO partners must be ready to change course and adapt to the evolving needs of the Kentucky Medicaid program as it continues its mission to transform health and health care in Kentucky. Overcoming the challenges that our Members and Providers face requires a comprehensive set of local, on-the-ground solutions to reduce the burden of things like chronic conditions, substance use disorder, and health equity gaps, while at the same time increasing access and utilization of services and programs that will improve the overall health of Kentucky for long term improved health outcomes.

Over the last year, Anthem has reviewed our current organizational structure, specifically with the feedback from each of our stakeholders in mind, and as a result, we have identified a number of opportunities to deploy new, innovative programs and resources so that collectively, we can work together to transform health care delivery in Kentucky. Being so embedded within the Commonwealth means our staff are out in the communities daily interacting with community organizations that support the Medicaid population through community events, one-on-one interactions, forums, and workgroups, for example. ***Within the past year, our Community Outreach Representatives have hosted or attended more than 2,100 community meetings and events across Kentucky.*** By listening first and fostering trusted relationships, our staff bring back input, ideas, and opportunities for improvement that we leverage in tandem with advanced data and analytics to define problems and drive the development of innovative solutions.

First, We Listen

We are proud to present an overview of our overall organizational structure, as well as detailed descriptions of the innovative staffing solutions we have developed to meet the programmatic goals of Kentucky's Medicaid program, considering the needs of our Enrollees and stakeholders throughout.

An Organizational Structure that Fosters Innovative Solutions to Address Program Goals and Support All Stakeholders

Our locally based employees are at the foundation of our approach for our Kentucky Medicaid managed care operations. These employees oversee and manage each of the functional areas outlined under the proposed Contract. ***Under the direction of our President and CEO, Leon Lamoreaux***, our Kentucky-based leadership team is accountable for, and has ultimate authority over every aspect of our operations.

Operations

Chief Operating Officer Nicole Basham, is based in our Kentucky office, and is fully dedicated to managing day-to-day operations across Anthem's departments to make sure that we continue to meet DMS' requirements and drive the best possible performance and support for Members, Providers, and the State. She stays in daily contact and works closely with our CEO, Mr. Lamoreaux, and creates operations strategies, programs and policies to maintain our reputation as a trusted partner in the Commonwealth. Ms. Basham manages our Operational Excellence Team (described later) and maintains local oversight for our operational support services team to provide the most effective solutions to the Kentucky Medicaid program, overseeing and managing all major data transactions, such as claims payment, processing of enrollment and encounter files, and assuring accurate and timely data exchange with the Commonwealth. Our Ultimate Parent Company, Anthem, Inc. provides us with specialized, centrally delivered services that complement our extensive local resources. These national supports that Anthem, Inc. provides for our operational areas include claims processing, enrollment processing, encounter data management, and information technology. These functions are overseen by and fully accountable to our local Kentucky leadership team, and work in concert with Ms. Basham to assure high-quality, coordinated processes that support Provider satisfaction and encourage better health outcomes for each Member.

Finance

Our locally-based (Interim) Chief Financial Officer, Jess Hall, manages the budgeting, forecasting, and financial analysis functions of Anthem. He develops analytical tools, models, and reports; monitors monthly claims production and service utilization, and administers a risk management program. In addition, Mr. Hall identifies and drives opportunities for savings with health plan leadership and monitors the assumptions and issues in the rate methodology. Accounting, data analytics, and actuarial functions are backed by Anthem, Inc.'s national support services, with local oversight and management from Mr. Hall to assure Contract compliance.

Compliance and Payment Integrity

Our Kentucky-based Chief Compliance Officer, Brittany Boelscher, leads the efforts in promoting, implementing, and overseeing our Compliance Program to assure ongoing compliance with State, federal, and contractual requirements. Ms. Boelscher works in concert with our Payment Integrity teams dedicated to assuring ethics and compliance in our operations; preventing, detecting, and investigating fraud, waste, and abuse; and communicating regularly with DMS and other government officials. Ms. Boelscher coordinates reporting to the Commonwealth and reviews the timeliness, accuracy, and completeness of reports and data submissions to the Commonwealth. The Compliance Officer, in close coordination with other key staff, makes sure all of Anthem's functions comply with the terms of the Contract.

Whole-Person Care Management and Population Health

Clinical Leadership

Peter Thurman, MD, our locally based Medical Director, directs Anthem's overarching clinical activities and medical management programs and oversees Anthem's clinical leadership team. Dr. Thurman oversees the development of Anthem's clinical practice guidelines, reviews any potential quality of care problems and oversees Anthem's clinical management program and programs that address special needs populations. Engaging with our Provider Network, Dr. Thurman is Anthem's medical professional interface with Anthem's health care Providers, consulting, as needed on policy clarification and service authorization requests. Dr. Thurman is supported by our Associate Medical Director, Pradeep Patel, MD, and Behavioral Health Medical Director, Kaletia Wiley, MD.

Population Health Management

Vicki Meska, our Director of Population Health Management, oversees and manages Anthem's comprehensive Population Health Management strategy and program. Fully dedicated to our Kentucky Medicaid program, and based in our Louisville office, Ms. Meska directs our strategy, oversight, and compliance across all local care management components, including integrated pilots and collaborative initiatives to deliver population-based Care Coordination. Overseeing a team of dedicated, on-the-ground resources, including field-based case managers, Ms. Meska directs Anthem's activities to improve the overall health and well-being of our Members and the communities we serve.

Pharmacy

Our locally-based, fully dedicated Pharmacy Director, Andrew Rudd, PharmD, is a Kentucky-licensed pharmacist. Mr. Rudd oversees the management and delivery of all pharmacy benefits for Anthem's Members in Medicaid, and is responsible for the performance of our in-house Pharmacy Benefit Manager (PBM), IngenioRx. Mr. Rudd collaborates across Anthem's clinical and care management departments as part of our integrated care team designed to address our Member's whole-person health care needs, including management of prescription medications.

Dental

Kwane Watson, DMD is our locally-based, dedicated Dental Director. Working in collaboration across Anthem's clinical and care management departments, Dr. Watson is responsible for managing the service delivery and integration of our Members' dental benefits through our dental Vendor, DentaQuest. As a practicing dentist for over 20 years, Dr. Watson manages and oversees Anthem's oral health strategy to assure the delivery of comprehensive, whole-person health.

Behavioral Health

As part of Anthem's Population Health Program, ***David Crowley, LPCC, is our locally-based, fully dedicated Behavioral Health Director***. Mr. Crowley oversees Anthem's Behavioral Health focused clinical solutions and care management team, and is responsible for the management of our Emergency and Behavioral Health Crisis Hotline. Additionally, Mr. Crowley is the primary liaison with Kentucky's Behavioral Health community resources, including Community Mental Health Centers (CMHCs).

Enrollee Services and Call Center Functions

Under the leadership of our Kentucky-based COO, Nicole Basham, ***Amee Wildey, our Enrollee Services Manager***, is responsible for the management and performance of our Kentucky-based Member and Provider call center, our Member Services Concierge Team, and our Nurse Helpline solution. Ms. Wildey oversees the day-to-day resources, performance, and reporting for the full suite of Anthem's telephonic customer service supports for our Members and Providers.

Provider Services

Jennifer Ecleberry is Anthem's locally-based, fully dedicated Provider Network Director. Ms. Ecleberry oversees the management and maintenance of our comprehensive Provider Networks and relationships in Kentucky and leads our Network development, Provider services, Provider enrollment, and care delivery transformation functions. Her team is accountable for building strong, collaborative relationships with Providers and implementing innovative value-based payment methodologies designed to achieve improved health outcomes.

Quality Improvement

David Burianek is our locally based (Interim) Quality Improvement Director for Anthem's Kentucky Medicaid program. Mr. Burianek is responsible for Anthem's end-to-end Quality Improvement activities including the design and implementation of our Quality Improvement Program, Work Plan, our Complaint, Grievance, and Appeal processes, and EPSDT outreach and coordination. Mr. Burianek also leads our Patient Centered Care Consultant team, dedicated to collaborating with our Network Providers to achieve quality goals and improved health outcomes.

Marketing and Outreach

Our locally based, fully dedicated Director of Community Outreach, Amanda Stamper, directs and oversees Anthem's on-the-ground promotion, public relations, and Community Engagement and outreach activities. Ms. Stamper and her team are accountable for compliance with all State and federal marketing and communication guidelines, and they collaborate with our Compliance team review and submit all marketing and engagement materials to DMS for approval. Ms. Stamper also leads our Community Outreach Specialist team, dedicated to developing meaningful relationships with community-based organization that serve the Medicaid population like local faith based organizations, schools, food banks, WIC centers, homeless shelters, FQHC, and other Provider groups.

Staffing Innovations that Reflect the Goals of Kentucky Medicaid

Augmenting our core, local organizational structure for program operations, Anthem has developed a number of innovative staffing solutions specifically to meet the needs and goals of Kentucky's Medicaid program. Using the Kentucky Medicaid Managed Care Strategy for Improving the Quality of Medicaid Managed Care Services[1], as a framework for organizational structure enhancements, we have developed nine (9) local, and uniquely focused "teams" to support Members, Providers, our Community partners, and other stakeholders as we work collaboratively towards transforming health care delivery and outcomes in Kentucky.

[1] Submitted to the Centers for Medicare and Medicaid Services (CMS) in August of 2019

Additionally, recognizing the fundamental need to excel at "the basics," we have added an additional goal of Operational Excellence within our organizational model. A summary of these teams and their respective alignments within this framework is included in Figure B.3.a-2.

Figure B.3.a-2. Anthem's Innovative Staffing Solutions for Kentucky's Medicaid Program

Kentucky Medicaid Proposed Quality Aims

	Behavioral Health & Substance Use Disorder	Chronic Disease Management & Priority Conditions	Wellness & Prevention	Health Transformation & Value-Based Care	Focus on Special Populations	Operational Excellence
Anthem Innovative Staffing Solution						
Patient Centered Care Consultant Team	✔	✔	✔	✔	✔	✔
Community Engagement Navigator Team	✔	✔	✔		✔	
Public Health Consultant Team	✔	✔	✔	✔	✔	
Field Based Case Managers	✔	✔		✔	✔	
Member Concierge Team			✔		✔	✔
Operational Excellence Team				✔		✔
KY-Based Call Center					✔	✔
Care Delivery Transformation Consultant Team	✔	✔	✔	✔	✔	✔
Community Outreach Specialist Team	✔	✔	✔		✔	

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Patient Centered Care Consultant Team

Under the leadership of David Burianek, our (Interim) Quality Improvement Director, our five (5), fully-dedicated field-based Patient Centered Care Consultants (PCCCs) will enhance our existing supports for Providers, focusing on Provider enablement, working with Commonwealth Providers to achieve quality goals by assuring they have the tools, resources, and assistance needed to earn additional incentive payments available through our Provider Incentive program.

The PCCCs engage Providers to reduce administrative burden and promote holistic care and healthy lifestyles through providing tools, resources, and support they need. To encourage adherence to clinical practice guidelines (CPGs), our PCCCs help Providers interpret quality data, educate them on expectations for each CPG, and review medical record requirements to make sure they accurately document evidence of compliance. The support we offer Providers — such as gaps in care listings within the portal, care management supports, and Member engagement outreach — to improve outcomes through CPG compliance drives positive results in health outcomes and HEDIS scores.

Our PCCC support Providers across the continuum of value-based payment activities including:

- Deliver Provider-specific performance analysis of quality metrics, profile reports, and tailored gap in care reports
- Identify opportunities to earn additional incentives, review charts with Provider office staff
- Work collaboratively to facilitate Provider advancement along our Accountable Reimbursement continuum by establishing transformation action plans
- Monitor Provider progress through a Milestones and Indicators of Progress Chart
- Our PCCCs serve as a liaison between Anthem and our Providers, offering field-based support through face-to-face interactions, Quality Management (QM) services such as gaps in care and HEDIS® education, review of charts with office staff, and more. PCCCs meet regularly with practices to assure alignment of priorities and resources.

Innovation at Work

- 335 Quality team member educational field visits and 230 chart review audits between June and December of 2019. These visits supply providers with gap in care data and tools to improve on best practices
- 44.7 percent of our Members are with a Provider who participates in our PQIP or PQIPE APM programs

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Community Engagement Navigator Team

This team of seven (7), fully dedicated of Community Engagement (SDOH) Navigators report into our Director of Population Health Management, Vicki Meska, and will be located strategically to serve all regions throughout the Commonwealth. Our objective is to meet our Members where they are. All our navigators are currently certified Community Health Workers (CHWs) who will engage Members and help them remove barriers to SDOH. In order to continue to build on our momentum and success of these roles, we are adding more navigators across Kentucky to serve our Members in the SDOH space. These talented professionals act as the communication liaison between our Care Management staff and referral sources. This team engages with Members who have experienced substantial barriers (related to SDOH) and helps the Member establish goals and next steps for addressing these barriers, as well as selecting a Provider or programs most appropriate to meet the Member's needs.

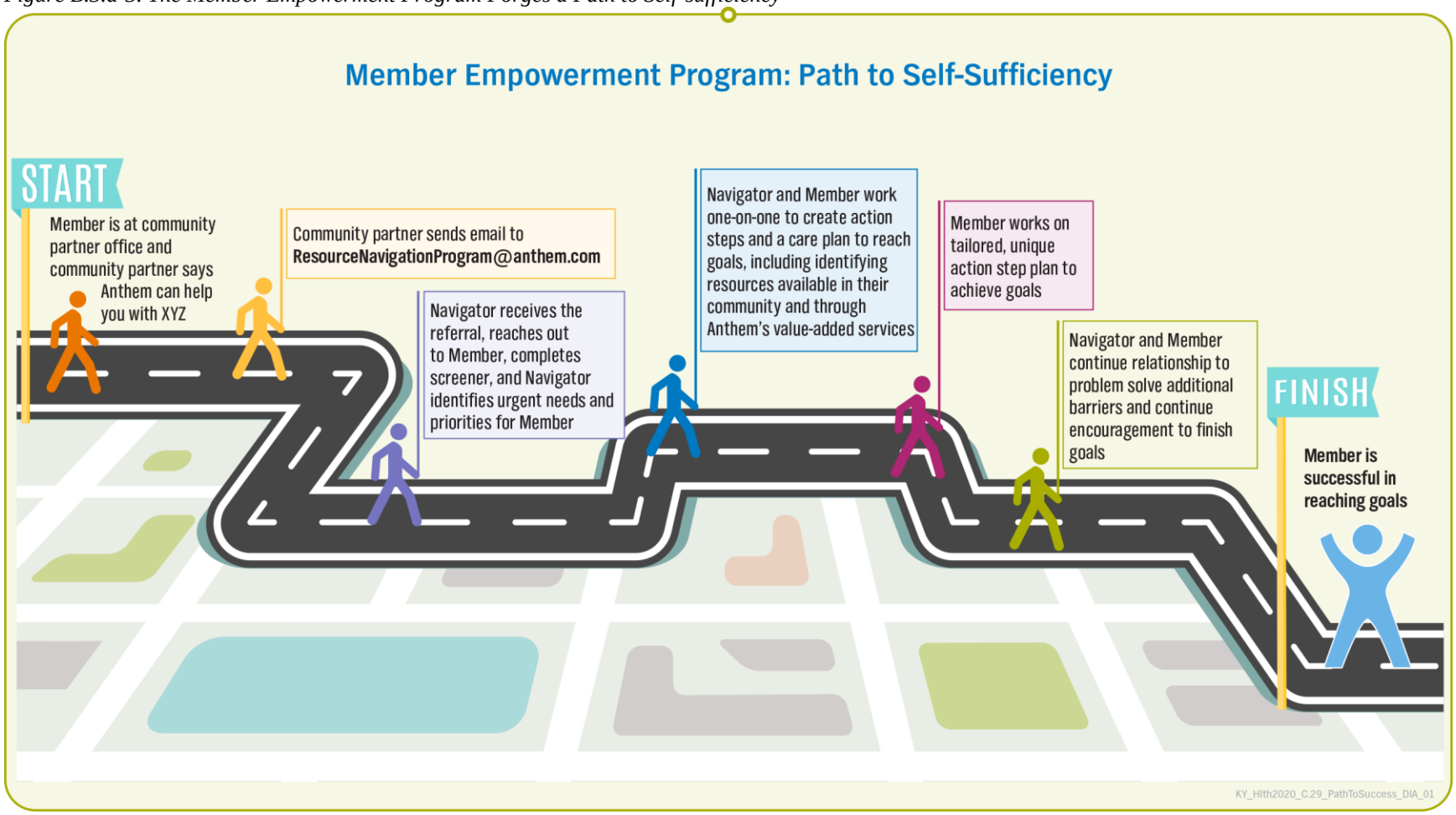
As a growth opportunity and enhancement to our Member's support system, all our navigators will engage in additional training to develop specialized expertise in public housing in the regions they serve, and work in order to partner with local public housing authorities across the Commonwealth. This dynamic team will also have a specialized subject matter expert of ***a Housing Liaison*** to support collaboration between the navigators and the Commonwealth's Housing Authority entities to develop and implement our housing strategy and work with the local housing authorities for improved access. The housing strategy includes implementing and maintaining customized outreach plans for individuals experiencing homelessness and who are victims of domestic violence. This position will help assist Members with securing accessible, affordable housing through federal and local programs.

In addition, another enhancement to our Member support system, all of our navigators will serve in an ***Employment Liaison*** role, with a subject matter expert leading the strategy throughout the Commonwealth. The responsibilities of the role are to assist, coach, and provide information about job entry or new career paths the Member may need to identify. Our navigators will have solid established organizational and employment contacts in their regional communities to assist our Members in finding employment opportunities. They will also provide job skill and social skill preparation, conduct talent assessment tests, and provide advice about the results. Our navigators will support our Members to search for jobs, and help them apply for work and maintain employment. They will also provide guidance and motivation in setting and achieving career develop strategies for the successful reintegration of reentrants out of the judicial system with respect to employment.

Finally, all of our navigators will serve in a ***Transportation Liaison*** role, with a subject matter expert leading the strategy throughout the Commonwealth. Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to healthy communities. Our navigators will assist our Members in finding reliable transportation to community events, job interviews, and other non-medical needs.

Our navigators will engage Members, help them break down barriers, and support them on their path to health and success, as illustrated in ***Figure B.3.a-3***. This program was a creative solution that evolved from our ***First, We Listen*** values. Feedback from Members, Providers, and our leadership indicated the need for a closer connection to Members to guide them past barriers to care. This team is part of our Population Health program and an extension of our care management program. Our navigators act as a liaison between our care management team and referral sources and help Members in selecting a Provider or programs that will most appropriately address their needs. They will enhance access to services and Member engagement by creating links between our care management (CM) programs and services and our Members' care plans. Through this program, Members will also receive an assessment and personalized, actionable goal plans; access to the latest value-added services (VAS), tangible opportunities for economic mobility and improved health, linkage to social supports in the community, and ongoing support to overcome challenges that prevent a Member from attaining self-efficiency.

Figure B.3.a-3. The Member Empowerment Program Forges a Path to Self-sufficiency



Public Health Consultants Team

This team of eight (8), fully dedicated Public Health Consultants will report into our Director of Population Health Management, Vicki Meska, and will be located regionally throughout the Commonwealth. Our Public Health Consultants will be responsible for driving education, participation, and sustained health engagement. They will provide population-based public health programs and services and will work collaboratively with school districts, public health agencies, Providers, and law enforcement to provide specialized support. They will also be responsible for creating informational and culturally competent material to promote health education programs and services and effective health messages to the communities throughout Kentucky. They will cooperate with DMS and our local health department partners to advance public health priorities in collaboration with Providers. They will identify Members who may benefit from public health programs that support local Care Coordination and Member engagement in their health, and connect them with these services, such as home visiting programs.

Innovation at Work

We are partnering with the Louisville Metro Department of Public Health and Wellness (LMPHW), the University of Louisville School of Public Health and Information Sciences, and Norton's hospital system in downtown Louisville to pilot Harm Reduction Provider Education program. This program is focused on providing hospital medical staff with tools to improve their ability to provide care to people who use drugs, navigate the complicated relationships that often develop between medical staff and people who use drugs, and reduce burnout due to compassion fatigue and vicarious trauma. Increasing the efficacy of harm reduction efforts and reducing stigma surrounding SUD are two major goals outlined in LMPHW's Coming Together for Hope, Healing, and Recovery, a report and two-year action plan to address Louisville's substance use problem.

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Field-based Case Managers

Our team of eight (8) fully dedicated, field-based case managers will be embedded in our high volume service locations, such as hospitals and other facilities, to help Members with complex and chronic care needs through transitions of care such as discharges. The team will report into our Director of Population Health Management, Vicki Meska, and will be comprised of four (4) Registered Nurses and four (4) Licensed Clinical Social Workers to ensure we are able to address the full continuum of our Member's physical, behavioral, or substance use disorder needs.

Our field-based case managers will be responsible for performing care management within the scope of licensure for Members with complex and chronic care needs by assessing, developing, implementing, coordinating, monitoring, and evaluating care plans designed to optimize Member health care across the care continuum. Responsibilities of this team include:

- Ensure Member access to services appropriate to their health needs. Conduct assessments to identify individual needs and a specific care management plan to address objectives and goals as identified during assessment.
- Implement care plan by facilitating authorizations/referrals as appropriate within benefits structure or through extra-contractual arrangements.
- Coordinate internal and external resources to meet identified needs. Monitors and evaluates effectiveness of the care management plan and modifies as necessary.

Having skilled and knowledgeable staff co-located in facilities, agency offices, community organizations, and Provider offices helps promote continuity of care, improved coordination and communication, early intervention, and better access for Members. We know early and greater co-location during implementation works well to help build relationships early on, with

adjustments made as the program progresses. We believe a co-location organizational model is an innovative way to best support our partners and stakeholders within the system of care.

Member Concierge Team

Our local team of ten (10) Member Concierge Service Representatives provides a locally based high-touch customer service team that handles our Members' complex or non-routine issue resolutions. Reporting into our Enrollee Services Manager, Amee Wildey, and under the ultimate direction of our Chief Operating Officer, Nicole Basham, Concierge team members are fully versed in and can explain plan benefit design, resolves claim, benefit, and enrollment issues while making a connection during the any Member contact. The team is skilled at increasing Members' engagement into appropriate programs and offerings, and serve as a resource and educator on health care access related inquiries. Members of this team have experience in successful resolution of high level/sensitive customer service issues.

Operational Excellence Team

We have established an Operational Excellence (OpEx) team that leverages the best and brightest members of our operational staff combined with the latest process design and technology innovations. ***Under the leadership of our COO, Nicole Basham, our OpEx team is comprised of seven (7) subject matter experts*** from key functional areas spanning operations including Program Management, Provider Reimbursement, Claims Research and Processing, Trending and Analytics, Provider Configuration, and Reporting. Through this model, their mission is to achieve operational accuracy, optimal implementations, and rapid resolution of identified risks. This is achieved, not through incremental modifications of the status quo, but through constant pursuit of collaborative solutions with our partners, targeted innovations, and capabilities that truly optimize health system performance. Under Ms. Basham's leadership they develop, deliver, and monitor short and long term solutions, continuously seeking to improve our performance. The OpEx team is dedicated to Kentucky Medicaid and located in our Kentucky office.

Innovation at Work

- Superior resolution of Provider concerns through the Model as profiled in the Kentucky Hospital Association (KHA) monthly report card
  - Implementation of the Provider collaborative resolution model, partnering members of the Operational Excellence team with the Provider Solutions team to conduct onsite visits to address outstanding Provider questions and concerns around claims issues. Since adoption in 2018, it has reduced Provider complaints by more than 75%
  - Integration of the Provider Reconciliation Score Card to support the resolution model to quickly and consistently provide feedback to Providers when claims issues arise
- Full implementation of SUD, SB54, HB224 and Urinary Drug Screen requirements
- Optimization of our Encounter Data Submissions including performance improvement to 99.8% accuracy of monthly encounter submissions
- Rapid turnaround of claims to an average of 8.9 days
- Prompt payment of claims within 30 days – 99.73%
- Swift average speed to answer from our Member and Provider Services call centers Members (10 seconds); Providers (11 seconds) against a goal of 30 seconds

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Kentucky-based Call Center

Anthem has established a Kentucky-based call center to manage our Member and Provider Services telephone lines. ***Led by Amee Wildey, our Enrollee Services Manager, and under the ultimately accountability of our locally-based COO, Nicole Basham, this team of 150 call center representatives and Member Concierge Service Representatives, and eight (8) management staff*** make up our local team customer service team responsible for our front line telephonic communications between Anthem and our Members and Providers. To date, 49 of our total 158 employees for this center have been hired and are in place and we continue to recruit and hire for the remaining positions. They are responsible for responding to Member and Provider inquiries, assisting all callers regarding issues and questions related to Anthem's policies, procedures, general operations, benefit coverage, and eligibility. Our call center staff have access to real-time data on Members and Providers, including, but not limited to eligibility status and all service and utilization data. As a team of Kentuckians serving Kentuckians, our call center staff are well positioned to respond to the needs of our Members and Providers.

Care Delivery Transformation Consultant Team

Working in concert with our Patient Center Care Consultant Team, our Care Delivery Transformation Consultant is a dedicated full-time-equivalent (FTE), reporting into our Provider Network Director, Jennifer Ecleberry. Our Care Delivery Transformation (CDT) Consultant collaborates with Providers to develop their capabilities and improve program performance, facilitate Provider progress along the Alternative Payment Model (APM) continuum to help Providers prepare for risk. Through our dedicated Care Delivery Transformation approach, we offer resources, tools, and supports that will ultimately enable Providers to advance along the value-based payment (VBP) continuum as they mature and build the appropriate capabilities.

Our CDTs support our Providers through practice specific cost and quality data and reports for cost of care and quality opportunities, helping practice to target high risk Anthem Members and gaps in care based on reports provided. Additionally, they support practice implementation of Population Health Management, Care Coordination and care management strategies, identify action plans for Providers to implement to improve cost, quality, and the patient experience. CDTs lead the design, development, and implementation of community learning forums that allow practices to learn from one another and national experts, use of the Provider Care Management Solutions (PCMS) tool and other data sources, and provide technical support for the Care Delivery Transformation program within the Enhanced Personal Health Care program (EPHC).

Community Outreach Specialist Team

Under the leadership of locally-based Director of Community Outreach, Amanda Stamper, Anthem will have eight (8) Community Outreach Specialists located strategically throughout the Commonwealth. Each specialist will live in the respective community they serve, assuring they have deep roots to and an abundance of knowledge around the population in their region. These individuals will develop meaningful relationships with community-based organization that serve the Medicaid population like local faith based organizations, schools, food banks, WIC centers, homeless shelters, FQHC, and other Provider groups etc. Additionally, when needed, they serve as a resource to our Care Management team and Public Health Consultants to help

resolve challenges for Members and their families and to provide local, community-based assistance. With their strong knowledge of the community and resources available, they help our Care Management team and Public Health Consultants close gaps in care and provide support in connecting Members to the appropriate services and supports, offering recommendations for modifications to care plans based on the need for additional services.

Innovation at Work

We have a strong partnership with the **Family Resource Youth Service Centers** (FRYSCs) and participate in their family nights, health fairs, and supply drives. In addition to supporting their everyday needs and conferences, we have begun providing no-cost, engaging, educational presentations on a variety of health and wellness topics. These health promotions are aimed at parents or school-aged children and cover important topics like immunizations, good nutrition, and physical activity.

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ii. Supporting Whole-person Integrated Care, Population Health, and Improved Health Outcomes Cost Effectively

ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.

Our Population Health Management (PHM) program is focused on the overall improvement of health outcomes for Kentuckians, while addressing SDOH and leveraging Member data to tailor programs and services to meet the unique needs of each region. Our organizational structure has been designed specifically to ensure the alignment and collaboration of Anthem's resources to achieve the Kentucky Medicaid program goals of improved health and health care delivery across the Commonwealth. Under the leadership of our dedicated Population Health Director, Vicki Meska, we have organized our teams to align with the tenets of Population Health Management, ensuring the necessary integration and collaboration to deliver a whole-person care management and Community Engagement model. Our teams work in unison to address Members' health and social needs and to mitigate any barriers preventing them from achieving their best health. Under the direction of Ms. Meska, our Population Health Management team deploys innovative programs to fundamentally transform models of care that promote Clinical Solutions, Care Management, SDOH, and Health Promotion and Wellness. She is a qualified registered nurse and brings over two decades of population health experience to her role.

Within our Population Health Management team, we have established several specialized functions, specifically focused on meeting the whole-person needs of our Members and engaging the broader community in preventive health and wellness activities. Our Population Health Management team is further supported by resources within the Quality Improvement department, Provider Services department, and our Community Outreach team to extend our reach into the community and collaborate more fully with our Providers. Detailed descriptions of these teams are included in our response to Section 60.7.B.3.a.i.

Supporting Whole-person Integrated Care and Population Health

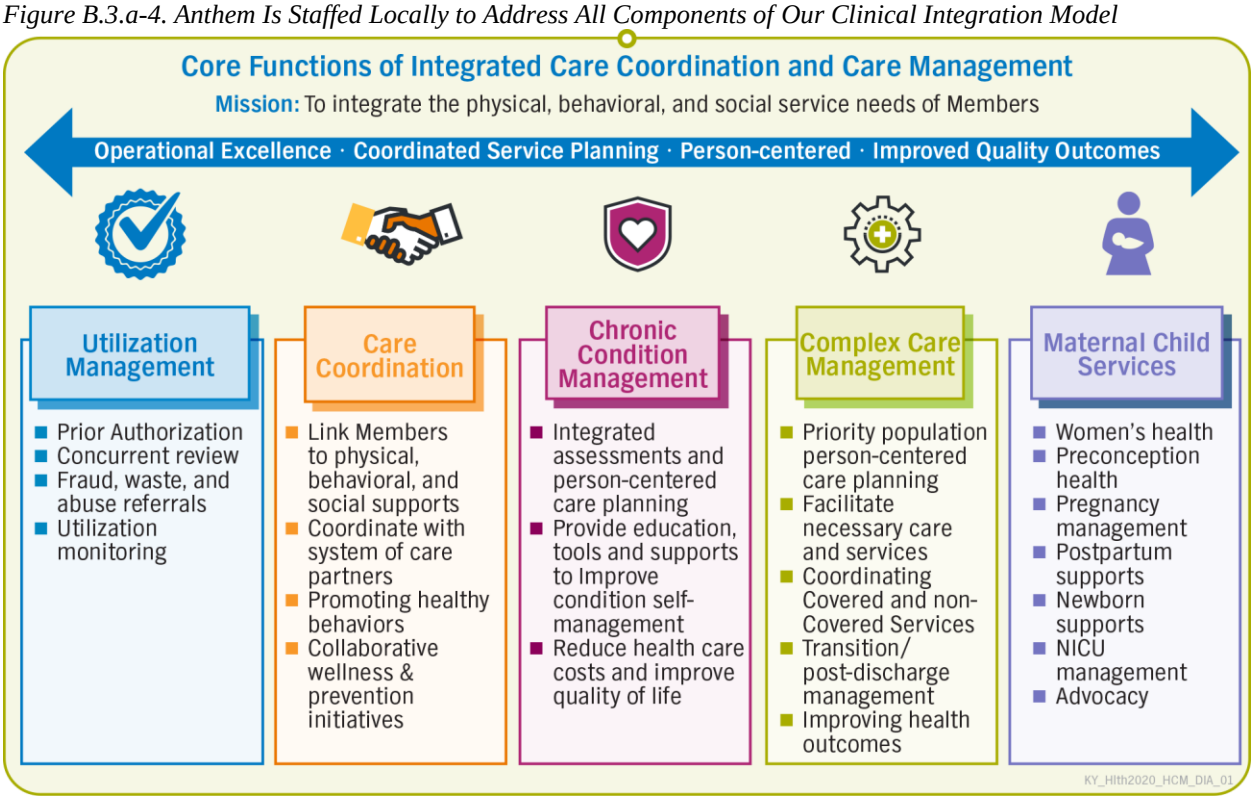
We have one integrated care team covering all Member care needs, supported by Health Intech, a single integrated clinical and care management system delivering aggregate data (historical, current, lab, pharmacy, and more) in a single view. Truly integrated care responds to physical, behavioral, and social needs, so our Care Management team, supported by the Community Engagement, Member Services, and Population Health teams, is trained to identify all needs —

not just physical or behavioral ones. Our clinical and non-clinical operations address medical and non-medical facets of Member need with data-driven, evidence-based practices. We do not outsource the management of Behavioral Health (BH) or pharmacy operations. The result is smooth delivery of coordinated care and services through a unified care plan.

Our organizational structure facilitates localized care management at the site of care, in the home, or in the community, while also equipping our system partners (Providers or community-based organizations) with tools, analytics, and support to address the physical health (PH), BH, and social needs of Members. We provide resources to our Care Management team to make sure our Members are getting the right care — such as home- and community-based services, telehealth, and multidisciplinary care teams — in a culturally appropriate manner.

Our approach to whole-person health echoes the three part continuum of care management: health promotion and wellness, management of chronic conditions, and complex care management, as highlighted in ***Figure B.3.a-4***, and also includes maternal child services and Utilization Management (UM) as additional elements that fully embrace the PH, BH, pharmacy, and SDOH needs of our Members. We assign Members to a BH or medical Care Manager based on their levels of PH and BH complexity and track care and UM activities. At all points in care management, our team collaborates to address Members' health and social needs and identify solutions to the barriers they may face in improving their health and achieving their personal goals. Our staff are supported by the technology and tools that allow us to view and access all Member needs in one location.

Figure B.3.a-4. Anthem Is Staffed Locally to Address All Components of Our Clinical Integration Model



Monitoring, Reporting, and Technology to Support Innovative Solutions

Anthem takes a proactive stance on monitoring. We carefully assess trends in all functional areas, as well as feedback from staff leadership, Members, Providers, Subcontractors, vendors, and DMS to identify where improvements are needed. For example, an uptick in Members with complex needs would trigger an assessment of care management employees to make sure the appropriate employee to Member ratios are maintained.

Through our suite of reporting and analytical tools, we continuously monitor performance to identify adverse trends or metrics that fall below our performance thresholds. When Anthem starts to see any key performance areas trending in the wrong direction, we mobilize additional resources to improve the service levels back to target levels. For example, in 2019, we discovered an uptick in the diagnosis of cancer within our Member population. Our PHM Team quickly reacted and created a Cancer Diagnosis Workgroup, which consisted of our Clinical Solutions team, Kentucky Plan Medical Directors, and Anthem's National Medical Director for National Oncology and Palliative Care Services, to quickly respond to this increase. The data outcomes of this workgroup specifically showed that year-over-year Anthem has had a 14% increase in cancer diagnosis. Based on this data, we have added two case managers to be embedded at the University of Kentucky Markey Cancer Center, and the University of Louisville James Graham Brown Cancer Center.

Health Intech is the system of record for Member Care Coordination and management information. Member utilization data, such as claims history, authorizations, immunization records, lab results, pharmacy data, and care and chronic condition management data are readily available in an organized format, delivering a holistic picture of each individual's service utilization, care plan, and gaps in care to the appropriate people. As part of Anthem's clinical data acquisition work, we are also acquiring data from large electronic health records (EHR) vendors. As of November 2019, KHIE had acquired data on 17,720 Members, with 454,994 total record counts. This data is pulled into our systems and added to our HEDIS data to more accurately reflect outcome performance. We can extrapolate from this information where we need to disperse field teams, where greater outreach is needed, and supplement additional staff to support Members.

These systems provide the tools for Care Coordinators and Providers to identify and manage Members' needs and support the development, management, coordination, and communication of the person-centered care plan. Our platform is built on the principles of PHM and is an end-to-end Care Coordination solution.

Training Supports Integration Across Levels of Our Organization

Our organizational structure includes local and national training teams, supported by our Center for Operational Excellence, so we can incorporate the latest trends and best practices and so our training programs remain relevant and pertinent to Kentucky. Our training platform remains flexible, enabling us to offer training based on best practice and to offer Kentucky-specific, customized trainings through our extensive Anthem Training Academy (Academy). For example, we extensively train employees who have contact with Members to recognize indicators of need and respond accordingly. Employees who answer our Behavioral Health Services Hotline must complete training on recognizing suicide warning signs and reiterating

appropriate actions to take. We developed this training in collaboration with the Zero Suicide Institute and the National Action Alliance on Suicide Prevention to implement a best practice for suicide risk prevention. Based on these trainings, hotline staff are equipped to use Zero Suicide standards to screen and support Members who call the hotline who are at risk for suicidal or homicidal ideation. In addition, we are the only health plan with the certification and program-specific Person Centered Thinking© (PCT) by the Learning Community for Person Centered Practices in place, so our staff can be specifically trained on person-centered principles and practices by our own internal PCT Certified Trainers.

Community-based Relationships Support Integration and Population Health

Anthem has built relationships with educational organizations, community-based organizations, Commonwealth agencies, and others to support local solutions that address health disparities and improve population health outcomes for Members across Kentucky. Our Public Health Consultants partner with the Community Outreach team to identify and develop relationships with community partners who serve our Members, build knowledge of available local programs, and identify opportunities for community outreach programs and services. They establish positive relationships with community-based organizations and other key partners to gain understanding of the cultural and linguistic needs of Members.

An example of community relationships supporting our whole-person approach relates to our criminal record expungement VAS. We recognize a person who needs a second chance does not always get a break when it comes to meeting basic needs, such as housing or employment. The Community Engagement Navigation team has created invaluable relationships with the Legal Aid Society, Re-entry Coalitions, and Goodwill across Kentucky to assist our Members in having their criminal records expunged and legal needs met. The Member begins their journey with the Community Engagement team, identifying the steps they need to take while outlining goals. Secondly, the Member works with Legal Aid Society to begin the expungement process. Goodwill has been instrumental in giving these same individuals a second chance at work by enrolling them into programs we sponsor that afford the Member a work-ready certificate and important life skills. In working with the Re-entry Coalition, this stakeholder relationship allows Anthem to understand first-hand what our Members experience so we can refine and revise our justice-involved processes for a better overall Member experience.

Supporting Overall Improved Outcomes Cost Effectively

There is no more important investment of our time and resources than making sure our Members access and use the services that will make a difference in their quality of life. We focus on improving health care outcomes in a wide variety of ways to support quality and cost-effectiveness. First, our organizational structure and model are built to be flexible, to address Member needs, and to adjust as the system changes and evolves over time. Across all our functional areas, we capture and analyze data through our care and delivery processes, and we leverage this data to create and inform the tools we use daily to manage our operations cost effectively and to identify opportunities for improvement. Through our Medical Advisory, Service Quality, Clinical Services, and Quality and Member Access Committees, we can readily identify specific issues and implement quality initiatives. Moreover, to support improved health and HEDIS outcomes and reduce Emergency Room (ER) visits and hospitalizations, we incentivize Providers to implement clinical guideline-driven care provision and early

identification and interventions that reduce exacerbations of health issues to promote more preventive or ambulatory service delivery. Member-focused incentives will offer self-

Field-based Staff to Support Members' Needs

Community Engagement Navigators	**Community Engagement Navigators** engage with Members in the community to remove social determinants of health (SDOH) barriers. They connect Members with community resources, provide information on our Value Added Services, and act as liaisons to our Care Management staff. They will have specialized expertise in: • Housing to assist Members with securing accessible, affordable housing • Employment to coach Members on employment opportunities and inform them about available jobs or career paths • Transportation to find reliable transportation for Members to attend community events, job interviews, or other nonmedical events
Public Health Promotions and Education Consultant (Public Health Consultants)	**Public Health Consultants** are responsible for providing Members with health care outreach and education throughout the Commonwealth. They provide information on population-based public health programs and services and work collaboratively with school districts, public health agencies, Providers, and law enforcement. They promote health education programs and services, and communicate effective health care messages to local communities.
Community Outreach Specialists	**Community Outreach Specialists** develop meaningful relationships with community-based organization that serve the Medicaid population such as local faith-based organizations, schools, food banks, WIC centers, homeless shelters, and federally qualified health centers. They work alongside our Care Management team and Public Health Consultants to close gaps in care and connect Members to services and supports, including providing referrals to local, Commonwealth, or federally-funded programs.

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management rewards for accessing needed services and achieving goals.

iii. Anthem's Governing Body

iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.

Our governing body is our Board of Directors, supported by elected Officers, and is comprised of a cross-functional group of leaders who represent, first and foremost, the goals and objectives of our Kentucky Medicaid operations.

Anthem's Board of Directors and Officers

Our organization is built on the governance of a strong, mission-oriented Board and elected Officers, consisting of nine talented and experienced Anthem executives who serve as trusted stewards to guide decision-making and fulfill our purpose of providing caring solutions. Our Officers and Directors oversee and assure the adoption and implementation of the written policies that govern our Kentucky Medicaid plan. ***Collectively, these individuals bring more than 200 years of combined leadership and Medicaid experience (Figures B.3.a-5 through B.3.a-13).*** Our individual Officers and Directors exemplify Anthem's vision and mission in their commitment to the service of Members in Medicaid and in their deep ties to their communities. Their combined talents and experience guide Anthem in all we do to assure access to comprehensive, high-quality, comprehensive services that put people on the path to better health.

Selecting our Officers and Directors

Anthem selects our Officers and Directors using a balanced approach of seeking executive leadership representation from those individuals who are locally based in Kentucky, leading our day-to-day business operations in support of the Kentucky Medicaid program as well as subject matter experts from our broader organization primarily focused on technical topics related to corporate governance such as accounting, finance, and legal. As a wholly-owned subsidiary of a publicly traded company, the structure and selection of our governing body is driven by the following factors:

- Direct responsibility for Anthem's Kentucky Medicaid Managed Care program performance
- Accountability and responsibility for Anthem's financial stability
- Work experience and subject matter expertise
- Commitment to regular meeting attendance and participation
- Demonstrated integrity and ethical business practice
- Leadership to voice independent opinions and opposing views

The criteria set forth in our plan charter assures we have a governing body with the experience in Medicaid plan leadership, finance, law, and accounting to safeguard the long term stability and solvency of the plan.

As a wholly-owned subsidiary of Anthem, Inc., Anthem's Board of Directors are elected by sole-shareholder consent. Anthem, Inc.'s shareholder representatives select no less than 3 and no more than 15 members to serve on the Board, based on required organizational roles defined in Anthem's bi-laws. Officers are formally elected by the Board of Directors. Anthem's Officers and Directors are comprised of nine (9) individuals, identified in more detail below.

Anthem maintains written policies detailing the role of the Board, how the Board elects additional members, the length of our Board member terms, how Board member vacancies are filled, and how Members are notified.

Our Governing Body Oversees our Kentucky Medicaid Managed Care Operations

The inclusion of our most senior Kentucky-based leaders including our President and CEO, Leon Lamoreaux, our Medical Director, Peter Thurman, MD and our Government Relations Officer, Lawrence Ford, ensures that our governing body remains focused on Anthem's primary objective to support the Kentucky Medicaid managed care program. Additionally, Kristen Metzger serves as Chairman of the Board, providing over 20 years' experience in Medicaid managed care operations across the country. In their capacity as Officers and Directors, these individuals are able to bring new and emerging program developments, trends, requirements, and legislative considerations within the Kentucky Medicaid program to the attention of the Board for any necessary deliberation or action. Additionally, Anthem's Chief Compliance Officer reports directly to the Board and to the Chief Executive Officer to ensure a direct line of communication between the compliance organization and the Board.

In addition to our Kentucky-based leadership representation, our governing body also includes some of our organization's most experienced leaders in their respective functional areas of finance, accounting, and legal. The inclusion of extensive corporate governance experience among our Officers and Directors ensures the long term stability, compliance, and financial management of Anthem.

At least quarterly, the Board meets to review reports, recommendations, and meet with staff related to Kentucky Medicaid operations. The Board's direct dialogue with staff allows for collaboration on strategies that promote and enhance mission, compliance, growth, and a positive experience.

Figures B.3.a-5–Figure B.3.a-13. Anthem's Officers & Directors Bring Extensive and Diverse Experience

Kristen Metzger

Governing Role: Chairperson/Director

Ms. Metzger currently serves as President, Medicaid Central Region at Anthem, Inc. She has been dedicated to serving Medicaid members at Anthem and its affiliate, Amerigroup, for 20 years.

Ms. Metzger is a graduate of the University of Toledo. As an active member of the community, she serves on the Board of Directors for her local branch of the March of Dimes and the Special Olympics.

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Leon Lamoreaux

Governing Role: President/Director

Mr. Lamoreaux serves as Chief Executive Officer of Anthem Kentucky Medicaid Plan, a role he has held since 2018. He brings over 15 years of Medicaid senior leadership experience and more than 30 years of managed care experience to his role.

Mr. Lamoreaux is a Kentuckian and is actively involved in his community. He proudly serves on the Board of Directors for the YMCA of Greater Louisville, serves as a minister in his local church, and as a strong supporter of youth development programs, volunteers for the Boy Scouts of America as a Scout Master, Scout Committee Chair, and Counsel Chairman for Adult Training.

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Dr. Peter Thurman

Governing Role: Officer

Licensed in Kentucky and board-certified in internal medicine, Dr. Peter Thurman brings more than two decades of direct patient care experience and 10 years overseeing medical operations for Kentucky Members. In his role of Medical Director, Dr. Thurman oversees clinical operations, QM, PHM initiatives, and UM to assure Members receive the most appropriate care and support to best meets their needs. Dr. Thurman earned his medical degree from the University of Louisville and has dedicated his career to serving the people of Kentucky. Prior to joining Anthem, he held Medical Director positions for the largest Federally Qualified Health Center in Louisville and for the Kentucky Primary Care Association, both of which helped build his knowledge of the Kentucky Medicaid system of care. In addition to his medical degree, Dr. Thurman also earned an MBA from Bellarmine University.

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Ronald Penczek

Governing Role: Director

Mr. Penczek joined Anthem, Inc. in 2005 and is currently Staff Vice President, Chief Accounting Officer. He has had prior leadership roles at CNA Insurance Cos. and PricewaterhouseCoopers LLP.

An engaged member of his community, he serves as the Commissioner of the Board of Directors for the Crossroads of America Council of the Boy Scouts of America. Mr. Penczek is also a proud Veteran of the United States Navy.

KY_Hlth2020_BOD-Ronald_60_COB_01

Vince Scher

Governing Role: Treasurer

Mr. Scher serves as Staff Vice President, Investment Programs at Anthem, Inc. Prior to joining Anthem in 2004 he was Vice President of Financial Planning at Conesco. Mr. Scher graduated from Ball State University, Miller College of Business.

KY_Hlth2020_BOD-Vince_60_COB_01

Eric "Rick" Noble

Governing Role: Assistant Treasurer

Mr. Noble is Staff Vice President, Cash Management at Anthem, Inc. He worked for 13 years at First of America Bank in the commercial services area and spent six years managing treasury operations for The Auto Club Group (AAA) before joining Anthem in 2006. Mr. Nobel graduated from Michigan State University and has been a Certified Treasury Professional (CTP) since 1996.

KY_Hlth2020_BOD-Eric_60_COB_02

Kathy Kiefer, JD

Governing Role: Secretary

Ms. Kiefer is Vice President and Corporate Secretary at Anthem, Inc. Prior to joining Anthem in 2006, she worked in private practice, for Ice Miller LLP, and as in-house counsel at Conseco Inc. She graduated from Cornell Law School. Ms. Kiefer was a participant in Anthem's Leadership Excellence Program and was a finalist in "Indy's Best & Brightest" Award in 2005. Ms. Kiefer volunteers at local schools and at her church. She is former PTO President at St. Luke Catholic School.

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Jack Young, JD

Governing Role: Assistant Secretary/Director

Mr. Young is Vice President and Counsel of the Medicaid Legal department at Anthem, Inc. He has been serving Medicaid members at Anthem and its affiliate, Amerigroup, for almost 18 years and is a graduate of the Boston University School of Law. Mr. Young serves on the Board of Directors for the Colorado Community Health Alliance.

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Lawrence Ford

Governing Role: Government Relations Officer

Mr. Ford serves as Government Relations Officer for Anthem. Having just passed his 30th anniversary with Anthem, Mr. Ford is very involved in developing business strategies that complement health care reform, cost of care, and other initiatives while ensuring the companies remain financially viable and contributors to the Anthem, Inc. organization.

Aside from his role on the Board, Mr. Ford is the past chair of the Kentucky Association of Health Plans. In addition, he is a member of the Greater Louisville Inc. Public Policy Council and the Kentucky Chamber of Commerce's Health Care Task Force.

Mr. Ford worked on Capitol Hill in Washington DC for four years after graduating from Eastern Kentucky University and currently resides in Louisville, Kentucky.

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iv. Anthem's Key Personnel

iv. A listing of Key Personnel identified in Section 9.2 of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Vendor, including:

Anthem has long-standing leadership already in place in Kentucky. Many of our staff have been with us since the very early stages of our Kentucky Medicaid program launch and are keenly aware of the needs, diversity, and issues affecting the communities we serve across the Commonwealth. ***Our Key Personnel are currently in place and managing every aspect of our Kentucky Medicaid program operations today.*** A list of our Key Personnel follows in compliance with Section 9.2 of the Attachment C – Draft Medicaid Managed Care Contract and Appendices.

a. Key Personnel

a. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.

Table B.3.a-1 identifies our Key Personnel for this Contract. To support the expanding and evolving membership, we are also presenting additional "value-add" key staff positions. ***Each of our Key Personnel are fully dedicated to our Kentucky Medicaid operations, locally based in Louisville, and will be available to meet at the DMS-requested location with 24 hours' notice.*** All our Key Personnel are based in our Louisville office (13550 Triton Park Boulevard), with the exception of our Dental Director, whose office is also located in Louisville.

Table B.3.a-1. Our Key Personnel Bring a Wealth of Knowledge and Are Fully Dedicated to Kentucky Medicaid

Name	Title
Leon Lamoreaux, MBA	Chief Executive Officer
Nicole Basham	Chief Operating Officer*
Jess Hall	Chief Financial Officer (Interim)
Brittany Boelscher	Chief Compliance Officer
Peter Thurman, MD	Medical Director
Andrew Rudd, PharmD	Pharmacy Director
Kwane Watson, DMD	Dental Director
David Crowley, LPCC	Behavioral Health Director
Jennifer Ecleberry	Provider Network Director
David Burianek	Quality Improvement Director (Interim)
Vicki Meska	Population Health Management Director
Amanda Stamper	Medicaid Plan Director of Community Outreach*
Pradip Patel, MD	Associate Medical Director*
Lawrence Ford	Government Relations Officer*
Shaun Collins	Planning and Performance Director*

*Designates additional "value-add" Key Personnel

Biographical summaries underscoring our Key Personnel's qualifications along with brief job descriptions follow.

Leon Lamoreaux, Chief Executive Officer

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Chief Executive Officer is the full-time administrator for Anthem's Kentucky Medicaid managed care program and has full and final responsibility for plan management and compliance with all provisions of the Contract. As part of the role, we entrust our Chief Executive Officer to represent Anthem in all matters pertaining to Contract requirements, and to serve as the primary liaison to DMS, fostering a strong, collaborative relationship and addressing all inquiries, requests, and issues presented by DMS to Anthem.

In addition, the Chief Executive Officer develops our Anthem Kentucky Medicaid business plans as well as periodic reviews and course corrections, when needed. The position is responsible for securing and coordinating the top-level talent and resources necessary to meet all Contract requirements, as well as building strategic partnerships with community organizations, State Agencies, Providers, and all stakeholders in the Kentucky system of care.

Background and Qualifications: A 30-year health care industry veteran, Leon Lamoreaux brings a wealth of senior management and operations experience. As the dedicated Chief Executive Officer of Anthem, Leon spearheads all aspects of our operations and serves as the driving force of our health plans' strategic direction, administration, and collaboration. He has built an atmosphere of trust, integrity, and collaboration with our Board of Directors, staff, and stakeholders across the Commonwealth, and continues to lead our organization in providing the

latest innovation and highest quality services. In his role, Leon continues to focus on all facets of operations and works collaboratively with Members, Providers, regulators, and our Commonwealth partners. Leon lives in Oldham County and works in our Louisville location. As the Chief Executive, he has the ultimate authority for all Kentucky Medicaid plan performance.

Leon's background and experience have always been focused on improving the lives of others. Prior to Anthem, he was President and CEO of New West Health Services, a not-for-profit, Provider-sponsored health plan in Montana. Previously, he held leadership roles in Government Programs and Business Development at health care companies, including Geisinger Health Plan, Priority Health, Excellus, Regence, and Intermountain Healthcare.

In 2015, he joined Anthem to serve as Plan President for our affiliate Wisconsin health plan before moving to Kentucky in 2018. While there, he helped expand membership by 29% to become the third largest HMO serving more than 90,000 lives statewide. Leon holds an MBA from Brigham Young University.

Nicole Basham, Chief Operating Officer

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The COO is responsible for the oversight and management of Anthem's administrative and technical operations, ultimately assuring Anthem's compliance with all technical service level standards as defined by the Contract and State and federal rules and regulations. The COO directs and monitors Anthem's ongoing performance in claims processing, encounter data submission and reconciliation, enrollment file processing and reconciliation, and all MMIS functions. Additionally, the COO oversees and monitors the performance of Anthem's telephonic customer service functions for Members and Providers. The COO is accountable for Anthem's comprehensive Subcontractor Oversight program, collaborating with other members of Anthem's executive leadership team to assure Anthem's Subcontractors perform their delegated responsibilities in accordance with all State, federal, and Contract requirements. The COO is an active collaborator with DMS and other MCOs on any technical workgroups or process improvement initiatives.

Background and Qualifications: A native Kentuckian, Nicole Basham joined Anthem in 2007 following a 17-year tenure with Louisville-based Trover Solutions. She brings over 25-years of extensive health operations experience to her role. Nicole holds a Bachelor's of Science in Management from Indiana Wesleyan University.

In her role as Chief Operating Officer at Anthem, Nicole has increased encounters acceptance and completeness of claim submissions to more than 99%, reduced claims processing impact of less than 9 days from receipt to processing, and implemented a VIP Provider experience based on a partnership between the Operations and Provider Relations departments to enhance Provider satisfaction. Under her leadership, Anthem continues to have the lowest (and often no) reported issues on the monthly Kentucky Hospital Association log for 2019.

Jess Hall, (Interim) Chief Financial Officer

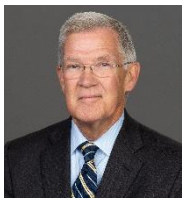
Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Chief Financial Officer (CFO) oversees the budget and accounting systems of Anthem for the Kentucky Medicaid program. The CFO is responsible for making sure Anthem meets the Commonwealth's requirements for financial performance and reporting. This position develops financial contracts, interfaces, and processes to assure fiscal integrity, and oversees the measurement and benchmarking of financial trends. As part of this role, the CFO works in collaboration with health plan leaders across all areas to make sure the organization stays focused on current results versus budget, current financial performance trends, and the identification and implementation of strategies to manage revenue, medical, gross margin, and selling, general and administrative (SG&A). In addition, this role directly interfaces with regulatory and audit personnel and technical consulting to assure fiscal accountability.

Background and Qualifications: Jess Hall is an Operational Finance Leader with 14 years of experience in finance and accounting and more than 6 years of experience in health care specializing in Medicaid Managed Care Organizations. Outside of his duties as Interim CFO, Jess oversees P&L for Central Region Medicaid with approximately 2 million Members and $10.5 billion in annual premiums. Jess has extensive experience with strategic planning, managed care operations, health care risk contracting, financial planning and analysis, and financial controls and compliance.
Jess is a Kentucky resident who joined Anthem in 2018 following 5 years of leadership experience at Humana. He has previously held roles at PricewaterhouseCoopers and BDO USA. Jess holds a Master's of Accounting from University of Northern Iowa.

Brittany Boelscher, Chief Compliance Officer

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Chief Compliance Officer (CCO) is accountable to Anthem's Board of Directors and executive leadership and is dedicated full-time to the Kentucky Medicaid program. The Compliance Officer is the primary liaison with the Commonwealth (or its designees) to facilitate communications between DMS, the State's contractors, and Anthem's executive leadership and staff related to Contract compliance issues. The Chief Compliance Officer maintains a current knowledge of federal and State legislation, legislative initiatives, and regulations that may impact the Kentucky Medicaid program and oversees Anthem's compliance with the laws and requirements of the program, including the development and implementation of any corrective actions. The Chief Compliance Officer coordinates reporting to the Commonwealth and reviews the timeliness, accuracy, and completeness of reports and data submissions to the Commonwealth.
Background and Qualifications: Brittany Boelscher has experience in policy and program development, regulatory compliance, quality control, and internal audits. In her role as CCO, she keeps up-to-date with key legislation and regulations to assure continued compliance with laws, regulations, and Contract requirements. Prior to her current position, she worked in Regulatory Compliance, Medicaid State Operations, and Process Improvement, picking up the valuable skills she brings to her role as CCO.

A Louisville resident, Ms. Boelscher is active in her community, volunteering her time for St. Jude's Children's Hospital charity runs and is a former board member of the Louisville Chorus. She is also a proud alumna of the University of Louisville and the University of Cincinnati.



Peter Thurman, MD, Medical Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Medical Director is a Kentucky Provider and is dedicated full-time to the Kentucky Medicaid program. Anthem's Medical Director oversees all clinical functions and is actively engaged in a leadership role for all of Anthem's health related programs including Care Coordination and care management, Population Health Management, and Utilization Management. The Medical Director oversees the development of Anthem's clinical practice guidelines; reviews any potential quality of care problems; oversees Anthem's clinical management program and programs that address special needs populations; oversees health screenings and assessments; serves as Anthem's medical professional interface with Anthem's health care Providers; and directs the Quality Management and UM programs, including, but not limited to: monitoring, corrective actions, and other QM, UM, or payment integrity activities. The Medical Director, in close coordination with other key staff, makes sure the medical management and quality management components of Anthem's operations comply with the terms of the Contract.

Background and Qualifications: Licensed in Kentucky and board-certified in internal medicine, Dr. Peter Thurman brings more than two decades of direct patient care experience and 10 years overseeing medical operations for Kentucky Members. In his role of Medical Director, Dr. Thurman oversees clinical operations, QM, PHM initiatives, and UM to assure Members receive the most appropriate care and support to best meets their needs. Dr. Thurman earned his medical degree from the University of Louisville and has dedicated his career to serving the people of Kentucky. Prior to joining Anthem, he held Medical Director positions for the largest Federally Qualified Health Center in Louisville and for the Kentucky Primary Care Association, both of which helped build his knowledge of the Kentucky Medicaid system of care. In addition to his medical degree, Dr. Thurman also earned an MBA from Bellarmine University.

Pradip Patel, MD, Associate Medical Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0, but would be adjusted if awarded SKY Contract
Job Description: The Associate Medical Director is responsible for providing day-to-day guidance, support, and leadership for the clinical and quality activities and for supporting the Medical Director in assuring the clinical integrity of broad and significant clinical programs. The Associate Medical Director develops opportunities for innovation to increase effectiveness and quality; provides support to clinicians in daily tasks, assuring timely and consistent responses to Members and Providers; conducts peer-to-peer clinical reviews with attending physicians or other ordering Providers to discuss review determinations; and conducts office visits with Providers and external physicians, as necessary. The Associate Medical Director may participate in a physician on-call rotation for a 24/7 precertification unit as well as assist in the practitioner Appeal reviews, appropriateness criteria reviews, medical policy, and technology assessments; and set and implement Quality

Improvement (QI) initiatives, and practitioner and Provider credentialing. The Associate Medical Director serves as a resource and consultant to other areas of the company and may be required to represent the company to external entities and serve on external committees, as well as conduct peer clinical reviews, Appeal case reviews, and peer-to-peer clinical reviews with attending physicians or other ordering Providers to discuss review determinations.

Background and Qualifications: Dr. Patel is a Professor of Pediatrics at the University of Louisville School of Medicine. He graduated from the Southern Illinois University School of Medicine in 1993 and completed his residency at the University of Louisville School of Medicine. He is certified by the American Board of Pediatrics and is a member of the Council on Medical Student Education in Pediatrics; American Academy of Pediatrics; and the Southern Group on Educational Affairs. In addition to treating patients at the University of Louisville, Dr. Patel has served as a Pediatrician at the Home of the Innocent's Open Arms Children's Health clinic since 2013.

Andrew Rudd, PharmD, Pharmacy Director (IngenioRx)

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Pharmacy Director is a Kentucky-licensed pharmacist dedicated full-time to Anthem's Kentucky Medicaid plan. The Pharmacy Director oversees all pharmacy benefits under the Contract. This individual represents Anthem at meetings of the State's Pharmacy &Therapeutics (P&T) Committee, when applicable, and is a member of Anthem's P&T committee. The Pharmacy Director is responsible for oversight and Contract compliance of our in-house Pharmacy Benefit Manager.

Background and Qualifications: A registered Kentucky pharmacist, Andrew Rudd has extensive experience overseeing pharmacy services. As Anthem transitions to support from IngenioRx, our in-house PBM, we will continue to have the support of Andrew, who has been supporting our Medicaid program. With more than a decade of experience developing pharmacy-related initiatives to help improve the administration and delivery of pharmacy benefits, Dr. Rudd plays an instrumental role in directing our pharmacy operations as he oversees collaboration between Anthem and IngenioRx. Prior to joining IngenioRx, he served as Clinical Advisor for Humana's Pharmacy Solutions team, and worked as a local neighborhood pharmacist for several years. He earned his pharmacy doctorate from the University of Kentucky.

Kwane Watson, DMD, Dental Director (DentaQuest)

Office Location: 2500 W. Broadway, Ste 100, Louisville, KY
FTE: 1.0
Job Description: The Dental Director is a Kentucky dentist dedicated to Anthem's oral health program. This individual, in coordination with the Medical Director, makes sure the dental benefit operated by Anthem is compliant with standards of dental care and consistent with the Contract. The Dental Director establishes and coordinates the implementation of Anthem's oral health strategy to assure comprehensive, whole-person health. The Dental Director is also responsible for making timely oral health decisions and must be available for after-hours consultation as needed.

Background and Qualifications: Kwane Watson has been a practicing dentist since 1999 and is licensed in the Commonwealth of Kentucky. Over his 20-year tenure, Dr. Watson has worked to make dental services accessible to all individuals in Kentucky communities, including the underserved. He pioneered a mobile app (Kare Mobile) that connects patients with dentists based on their needs and location. He has served as the Dental Director for DentaQuest's Community Dental, a non-profit dedicated to making sure all Kentucky families have access to quality oral health care.

David Crowley, LPCC, Behavioral Health Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Behavioral Health Director is a Kentucky-licensed Behavioral Health practitioner dedicated full-time to the Kentucky Medicaid program. The Behavioral Health Director makes sure Anthem's BH operations comply with the terms of the Contract. The Behavioral Health Director is responsible for the development and management of Anthem's programs and initiatives related to Behavioral Health, including Behavioral Health case management, the oversight of Anthem's BH Services Hotline, and Behavioral Health Provider collaboration. The Behavioral Health Director works closely with Anthem's Network Development and Provider Relations staff to develop and maintain the BH Network and make sure there is communication, collaboration, and coordination with the PH Provider Network. The Behavioral Health Manager works closely with the UM staff to monitor BH utilization, especially to identify and address potential BH under- or over-utilization. The Behavioral Health Manager, or their designee, is the primary liaison with BH community resources, including Community Mental Health Centers, and is responsible for all reporting related to Anthem's provision of BH Services.

Background and Qualifications: David Crowley's 10 years of experience will be a valuable asset to his role as Behavioral Health Director. He is a Licensed Professional Clinical Counselor who worked as a clinician serving children in Foster Care for many years in Indiana before moving to Kentucky to help oversee our current care management team that conducts clinical reviews for children in Foster Care. In his role overseeing all BH functions, he brings specialized knowledge and experience from his previous roles as Foster Care Liaison, Case Manager, and BH Manager. Prior to his tenure with Anthem, David was Chief Operating Officer at Family Ark (a non-profit dedicated to strengthening families for children and youth in Foster Care); and Program Manager and Therapist at Maryhurst, Inc. serving children and adolescents. David also holds certification as a Juvenile Sexual Offender Certified Counselor. He holds a Master of Education in Counseling and Human Development.

Jennifer Ecleberry, Provider Network Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Provider Network Director is responsible for Network development, Provider services, and Provider enrollment and support for the Kentucky Medicaid plan. The Provider Network Director oversees contracting and maintenance of all facilities including hospitals, surgery centers, and more; oversees the development, maintenance, and reconciliation of physician risk contracts and capitated

arrangement. The Director attracts, develops, and manages key contracting and servicing staff. The Provider Network Director develops innovative ways to maintain a cost effective Network with adequate access and positive working relationships with Providers. The Provider Network Director is responsible for the Provider Services call center performance, Provider recruitment, contracting and credentialing, facilitating the Provider claims dispute process, developing and distributing the Provider Manual and education materials, and developing outreach programs. The Network Director oversees the process of providing information to the State fiscal agent regarding Anthem's Provider Network, and actively collaborates with DMS and other contracted MCOs. Additionally, the Provider Network Director will provide oversight of Anthem's coordination with any Credentialing Verification Organization, as required by DMS. The Provider Network Director, in close coordination with other key staff, is responsible for assuring all of Anthem's Provider Services operations comply with the terms of the Contract.

Background and Qualifications: For more than a decade, Jennifer Ecleberry has overseen the development of comprehensive Provider Networks and relationships in Kentucky and now spearheads our Provider Solutions team. Prior to joining Anthem in 2014, she held director-level positions in Provider Services at AmeriHealth Caritas, Passport Health Plan, and Humana. Jennifer knows how to build strong, collaborative relationships with Providers and has been instrumental in building best-in-class Provider solutions and implementing value-based payment methodologies. Her role as Provider Network Director includes overseeing all aspects of our Provider Solutions team, which will include coordinating with DMS' contracted Credentialing Verification Organization once selected. Jennifer holds a Bachelor of Science in Health Administration from the University of Kentucky.

David Burianek, (Interim) Quality Improvement Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Quality Improvement Director directs the activities of Anthem's QM staff, in monitoring and auditing Anthem's health care delivery system, including, but not limited to, internal processes and procedures, Provider Network(s), service quality, and clinical quality. The Quality Improvement Director is responsible for the development, maintenance, and implementation of Anthem's Quality Improvement Program, including, but not limited to performance improvement projects, Quality Improvement policies and procedures, and annual evaluation of the Program. The Quality Improvement Director assists Anthem's Compliance Officer in overseeing the activities of Anthem's operations to meet the Commonwealth's goal of providing health care services that improve the health status and health outcomes of Members in Kentucky Medicaid.

Background & Qualifications: With nearly two decades in health care, with responsibility for quality, operations, and technology, David Burianek brings a wealth of specialized skills to his role as our interim Quality Improvement Director. David oversees all aspects of our QI program, including the development of Performance Improvement Projects and clinical Quality Improvement projects to help drive improved Member outcomes. He is also knowledgeable in VBP, accreditations, and compliance. Prior to his tenure at Anthem, he held senior Quality roles at Humana. David holds a Master Black Belt – Six Sigma Quality certification, and an MBA from Bellarmine University. He is active in his community, having held board memberships at

Norton Kosair Children's Hospital and St. Agnes School, as well as volunteering his time with Catholic Charities of Louisville and Kentucky Refugee Ministries.

Vicki Meska, Population Health Management Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Population Health Management Director provides oversight and leadership for the Anthem PHM program. The Director is responsible for executing on the strategy, oversight, and compliance across all local care management components, including integrated pilots and collaborative initiatives to deliver population-based Care Coordination. The Population Health Management Director works with other Key Personnel to develop partnerships, collaborations, and referral arrangements for the provision of PHM programs and services. These efforts may include, but are not limited to: churches and ministries, community-based organizations, hospitals, schools, health plans, and Providers.

Background and Qualifications: Vicki is a Kentucky Registered Nurse who has over 20-years of experience providing care along the population health continuum. Vicki joined Anthem in 2015 and is responsible for the performance of over 52 direct and indirect reports, including three managers. She has previously held leadership positions at Coventry Cares of Kentucky/ Aetna and SHPS as well as clinical positions at Norton Suburban Hospital's Coronary Care Unit and Visiting Nurses Association of Louisville. Vicki obtained her Masters of Nursing, Administration from Bellarmine University. She is currently certified in Gerontological Nursing and Case Management-CCM.

Amanda Stamper, Director of Community Outreach

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Director of Community Outreach develops and leads marketing, public relations, and Community Engagement activities. The Director makes sure marketing policies and procedures adhere to State and federal guidelines. The Medicaid Plan Director of Community Engagement develops and submits all marketing and engagement materials to DMS for approval. The Director engages with the community through education and outreach events, in accordance with Contract requirements and marketing guidelines.

Background and Qualifications: Amanda Stamper is a life-long Kentuckian with more than 15 years of experience working in marketing and public relations. Prior to joining, Anthem she served as the Director of Communications and Press Secretary for the Office of the Governor. Amanda has also served in leadership roles for the American Advertising Federation Lexington, Lexmark International Inc., Deco Art, and Asbury Theological Seminary. Amanda has been awarded the Golden ADDY and is a two-time recipient of the Project Management Award by the American Graphic Design Awards. Amanda received her Bachelor of Arts in Integrated Strategic Communications from the University of Kentucky. A strong advocate for public school education, Amanda served for two years as President of the PTO at Stonewall Elementary.

Lawrence Ford, Government Relations Officer

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Government Relations Officer interfaces with DMS leadership to coordinate and confer with the Commonwealth on matters related to Anthem's participation in the Kentucky Medicaid program.

Background and Qualifications: Lawrence Ford is responsible for developing, coordinating, and implementing regulatory and legislative activities for all lines of business for Anthem Blue Cross and Blue Shield in Kentucky, which include Commercial, Medicaid, Medicare, and Specialty. Having just passed his 30th anniversary with Anthem, Lawrence is very involved in developing business strategies that compliment health care reform, cost of care, and other initiatives while ensuring the companies remain financially viable and contributors to the Anthem, Inc. organization. Lawrence serves on the Board of Directors for the Kentucky Life and Health Insurance Guaranty Association and is the past chair of the Kentucky Association of Health Plans. In addition, he is a member of the Greater Louisville Inc., Public Policy Council and the Kentucky Chamber of Commerce's Health Care Task Force. Lawrence worked on Capitol Hill in Washington DC for four years after graduating from Eastern Kentucky University and currently resides in Louisville, Kentucky.

Shaun Collins, Planning and Performance Director

Office Location: 13550 Triton Park Boulevard, Louisville, KY
FTE: 1.0
Job Description: The Planning and Performance Director serves as the Chief of Staff for the Kentucky Medicaid Plan and is accountable for shaping short-term goals and long-term strategy, business planning, evaluating, and recommending business partnerships, leading innovation efforts, improving the Member experience for over 132,000 Members, and helping to uphold the company's mission to be the most innovative, valuable, and inclusive partner. His program responsibilities include executive reporting, project communications, management of issues logs and change requests, facilitating project meetings, managing deliverables, and assuring resolution of escalated issues. In the role, he develops and coordinates presentations and materials for executive management meetings, internal and external speaking engagements, and other meetings. He is also responsible for the implementation and execution of strategy that includes change management, sponsorship and buy-in, and advocacy efforts to get business results. Mr. Collins systematically provides process, project, and change management methodology coaching and consulting, as well as support for special initiatives to assure all regulatory and legislative bill contractual changes are implemented into plan operations effectively. He leads, identifies, tracks, and reports on areas for increased efficiency for the Kentucky Medicaid plan as well as develops, monitors, and tracks plan operational metrics to assure strategic goals, plan performance, efficiency, and accountability to all DMS partners. Mr. Collins manages budget, spend, and variance process, staffing plans, and suggested plan adds to staff in accordance with the rhythm of the Medicaid growth trajectory, as needed.

Background and Qualifications: Shaun Collins has more than 25 years of experience that includes strategic human resources, organizational development, operations, and hospital staff

nursing. Shaun joined Anthem in 2014, serving as a Human Resources leader prior to advancing to Planning and Performance Director. In addition to his role at Anthem, Shaun has been an Adjunct Faculty at Indiana Wesleyan University for 22 years where he teaches courses in Human Resources, Communications, and Business. Prior to joining Anthem, Shaun was a Critical Care Registered Nurse for Jewish Hospital & St. Mary's Health Care and UofL Hospital. He also held leadership positions in Human Resources for organizations including Churchill Downs, Inc. and American Commercial Barge Lines. Shaun holds a Masters of Arts in Human Resources from Webster University, Bachelor of Science in Nursing from Spalding University, and Bachelor of Science in Advertising from Murray State University. He is a Kentucky Registered Nurse and a Society for Human Resources Professionals Senior Certified Professional.

b. Key Personnel Filled by a Subcontractor

b. Whether each Key Personnel position will be filled by a Vendor's employee or a Subcontractor.

All our Key Personnel listed are employees of Anthem with the exception of our Dental Director, Kwane Watson, and our Pharmacy Director, Andrew Rudd. Dr. Watson is employed by our Subcontractor, DentaQuest, which administers our dental benefits for Members in Kentucky Medicaid. Dr. Rudd is employed by our affiliate and Subcontractor, IngenioRx, which will administer our pharmacy benefits for Members in Kentucky Medicaid.

c. Key Personnel Resumes

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

Resumes for all Key Personnel positions are included as ***Attachment B.3.a-1***.

v. Key Personnel Recruiting and Contingency Plans

v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.

Key Personnel Recruitment Timeline and Activities

As an experienced and trusted partner in Kentucky Medicaid program, Anthem has an established infrastructure in place. We maintain dedicated and experienced staff, including all dedicated Key Personnel positions and Executive leadership, Care Management staff, Member and Provider support, and administrative and operational support. ***Our Key Personnel are currently in place and managing every aspect of our Kentucky Medicaid program operations today.***

The only Key Personnel positions for which we are in active recruitment, are our Chief Financial Officer position and our Quality Improvement Director position. Both positions are currently being filled on an interim basis by Kentucky-based, highly qualified individuals. These individuals are committed to remaining in these Key Personnel positions until a permanent employee is hired, ensuring that Anthem's Key Personnel positions are full staffed at all times with Kentucky-based, qualified executives.

- Our Chief Financial Officer position is currently being filled on an interim basis by Jess Hall, a Kentucky-based financial executive with significant experience and expertise to successfully perform the CFO duties.
- Our Quality Improvement Director position is currently being filled on an interim basis by David Burianek, a Kentucky-based quality executive with significant experience and expertise in all aspects of Medicaid managed care Quality Improvement activities to successfully perform the QI Director duties.

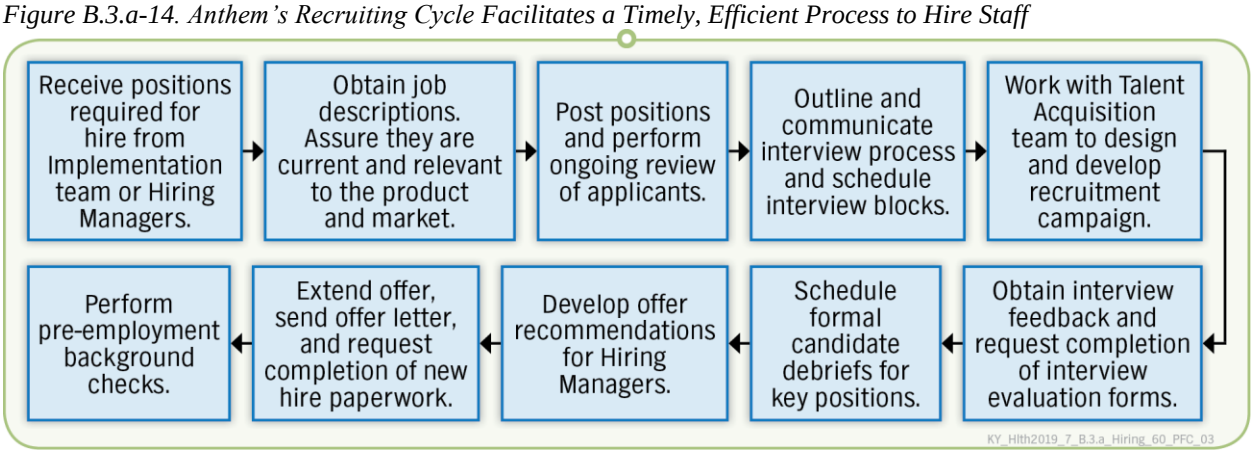
These positions are a high priority for our recruiting team, and are being actively sourced using dedicated Talent Acquisition staff. These positions are posted both internally on Anthem's employee intranet site and externally on recruiting and social media sites such as LinkedIn. Additionally, recruitment efforts for our Key Personnel include career fairs (both virtual and in-person), social media blitzes, and potentially multi-media ads such as radio. Anthem is actively recruiting for these key positions, including interviewing select candidates. We anticipate filling these positions with their permanent staff within the next 60-90 days. ***However, the individuals who have been named to these roles on an interim basis are committed to these positions until such time as a permanent employee is hired, ensuring that Anthem's Key Personnel positions are fully staffed.***

As a fully staffed executive team, Anthem does not anticipate that any Key Personnel positions will remain open after Contract Award. However, as any organization may experience employee turnover throughout the normal course of business, we have included a description of our recruitment cycle and activities that will be used to fill Key Personnel and other staff vacancies throughout the life of our Contract.

Anthem's Recruitment Cycle

Our recruitment cycle begins with determining the skills and qualifications a Key Personnel position requires. We use our centralized recruiting system to post job openings internally and externally. We draw from a variety of recruitment sources and activities to attract qualified candidates with the requisite skills needed, including referrals, posting on job search networks, social media campaigns, and partnerships with diversity organizations, among other sourcing. ***Figure B.3.a-14*** illustrates our recruiting activities.

Figure B.3.a-14. Anthem's Recruiting Cycle Facilitates a Timely, Efficient Process to Hire Staff

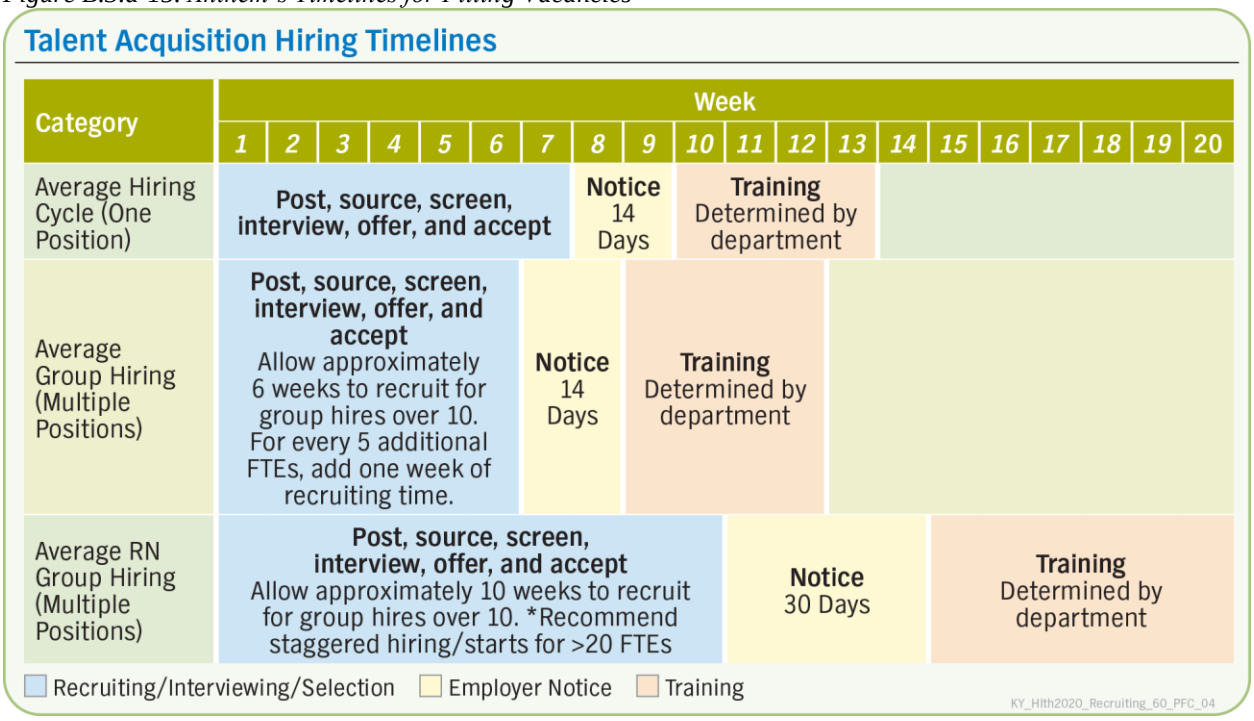


Since submitting our staffing plan prior to the launch of Kentucky Medicaid, Anthem continues to implement the plan to support operations and align resources as programmatic needs are

identified. We have expanded our initial staffing plan and currently offer a staffing structure designed to improve population health and further the goals of the Commonwealth to enhance local care management in the community, improve Member access to services, and improve health outcomes.

For currently open positions activities are already underway to source and hire prior to the Readiness Review. ***Figure B.3.a-15*** is a summary of our recruitment timelines for vacancies with key milestones:

Figure B.3.a-15. Anthem's Timelines for Filling Vacancies



Contingency Plans

As noted previously, Anthem does not anticipate that any Key Personnel positions will remain open after Contract Award. For the two Key Personnel positions that have an "interim" incumbent, these individuals are committed to continuing to fill these roles until such time as a permanent employee is hired, ensuring that Anthem's Key Personnel positions are fully staffed. We have consistently recruited and retained adequate numbers of well- trained employees to meet our Contract obligations. Neither Anthem nor our affiliates have ever had an implementation delay as a result of inability to recruit staff.

However, in order to stay proactive in the face of expected or unanticipated staffing changes, we take steps, including:

- Identifying at least one backup for every key position and for those with direct Member contact. As an established and trusted partner to DMS, our employees know Kentucky, and we understand the labor market here. While we work to acquire additional permanent, qualified staff, we will deploy additional resources quickly.
- Re-allocating work assignments and mobilizing backups quickly to provide needed services.

- Identifying employees through our affiliates and national staff across the nation who are able to provide backup and can temporarily fill vacant positions with employees from our affiliate plans (in nearby states and administering similar programs).
- Working with contract agencies who can quickly augment staff, and our parent company, who has a large-scale temporary services organization available to fill short-term needs.

As soon as any key employee submits a resignation, we mobilize and begin sourcing a qualified replacement. We also maintain a strong succession planning program, grooming employees through mentorship and training to assume vacated roles either temporarily or permanently. For example, when we needed to fill the role of BH Director, we appointed David Crowley, LPCC to the position on an interim basis. Given Mr. Crowley's qualifications, he was able to capably take on this role in an urgent situation and was recently promoted to the role permanently. Having Key Personnel who are cross-functionally adept and have the flexibility to support their colleagues, whether short-term or long term, speaks to our ability to prepare for the unexpected, develop intelligent succession planning, and avoid costly delays due to staffing gaps.

vi. Anthem's Comprehensive Training Program

vi. Overview of the Vendor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas.

From their first day and throughout their tenure with us, we support our staff, making sure they have the resources, tools, training, and assistance they need to fulfill their roles and the functions of the Contract successfully across all operational areas. Our Academy acts as a vehicle to facilitate a robust, consistent, compliant, and comprehensive approach to training. It streamlines the development, delivery, and reporting of training into one easy-to-use, scalable system; and it incorporates multi-modal training and mechanisms for tracking, monitoring, and alerting, as well as reporting compliance and training completion.

With our comprehensive training approach, we make sure all our staff are well-prepared and trained to fulfill all requirements and responsibilities of the Contract. Through the Academy's comprehensive features, Anthem's training will include required, regionally-identified, population-specific, and cultural competency training, and will be updated regularly to remain relevant and topical.

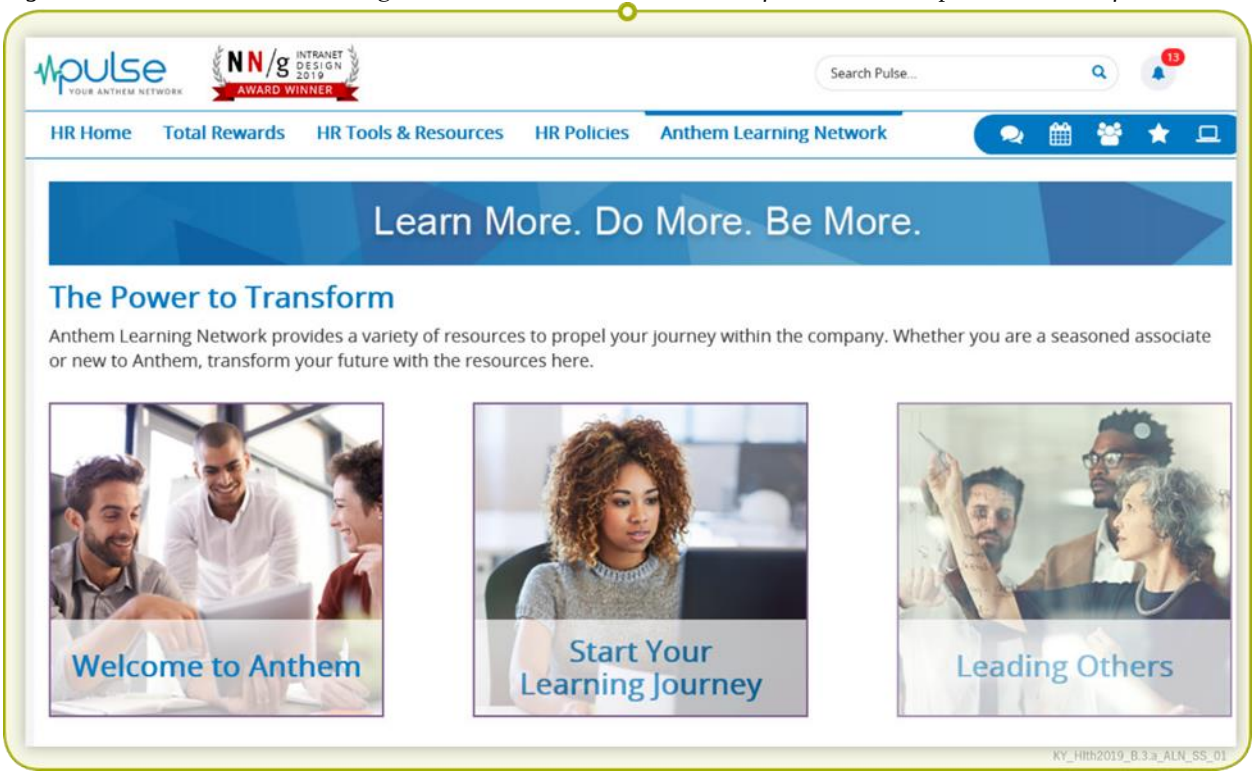
We first train every employee on our organizational culture, mission, and vision, and then their specific job role and responsibilities. During initial orientation, we will incorporate the specific requirements of the Contract to assure employees fully understand and are able to meet Member needs effectively. Ongoing training and education represents an integral part of our company culture. This is especially important for the experienced employees who make up our clinical teams, assuring we continue to meet all program requirements.

- **Annual Training and Refresher Courses.** Annual required training includes cultural competency; compliance; ethics; fraud, waste, and abuse; and HIPAA training. Employees who work directly with Members, Providers, and clinical staff receive Kentucky Medicaid program updates and review of policies, procedures, and workflows.
- **Continuing Training.** Our management team works with each employee to identify, plan, and meet their training needs. We strongly support educational opportunities outside our

organization, and offer tuition reimbursement and paid time off to attend trainings and continuing education courses for licensed employees. All employees have access to an online catalog of resources on the company intranet to further hone hard skills, soft skills, and professional development in a wide variety of knowledge areas. In addition, Anthem, Inc.'s College for America Program, in partnership with Southern New Hampshire University, allows employees to work toward earning an accredited college degree online — at no cost — and often much faster than through traditional higher education options.

From the moment our employees join Anthem, they have access to resources to support their professional development. The Anthem Learning Network (ALN) offers employees access to more than 10,000 development resources to support their career aspirations (***Figure B.3.a-16***), and includes the courses required to prepare for over 100 certifications, as well as courses that qualify for continuing education credits to support various licenses — all free of charge.

Figure B.3.a-16. Anthem's Learning Network Promotes Continued Professional Development and Certifications



Multi-modal Training Delivery to Accommodate Learners of All Types

Recognizing individuals learn in different ways at varying paces, we customize training and our materials to reflect the various cultural competence levels, educational levels, and backgrounds of staff being trained. We deliver our new hire and existing employee training programs using a range of different delivery methods and formats, including:

- **1:1 Focused Training.** This approach works well when we pair a manager or one of our more senior employees in a mentor relationship with either a new hire or an employee ready for career advancement. It is also a valuable tool for employees who need intensive, short-term support. Our formats also include one-on-one training via preceptor for Care Managers as well as job shadowing as an integral part of our operational training curriculum. Our Care

Managers review cases with our Medical Director, Behavioral Health Director, Pharmacy Director, and others through an integrated rounds format.

- **Instructor-led Training.** This is the method we use for most of our clinical team training, such as for Care Coordination and care management training.
- **Self-directed or Web-based Training.** We require all new employees to complete and pass our online Compliance Training program within their first 30 days of employment.

We incorporate the latest trends and best practices so our training programs remain relevant and pertinent to Kentucky. In addition, we continue to update our curriculum as informed by our employees' interactions with Members, Providers, and stakeholders and the feedback we receive from them. Our training platform remains flexible, enabling us to offer training based on best practice, and Kentucky-specific, customized trainings through our extensive Academy library.

E-learning — Managing Effective Change Through Training

Our Academy approach streamlines developing, delivering, and reporting on training into one easy-to-use and easily scalable system, which makes it easy for employees to complete required training and to receive the latest in evidence-based best practices. The Academy offers both standard and custom library solutions with continuing education credits. Specialty libraries include BH; SUD; child, youth, and family; intellectual and developmental disabilities (I/DD); caregiver trainings; medically frail and senior care (skilled nursing, home health, hospice, and palliative care); community health; veterans; public safety (corrections, community, re-entry adult and juvenile); assessment and PH therapies; dietician and diabetes education; and many others. Additionally, our employees have access to trainers who are certified in specific professional development courses requiring trainer certification, such as Meyers-Briggs, Unconscious Bias, and Discovery Insights. A Learning Management System (LMS) hosts our course offerings and delivers a robust selection of specific features required to successfully enroll, track, manage, and report on training.

Staff Training Curriculum

We make sure our employees are equipped with the information they need to be successful. Even for our most experienced new employees, our training will include the modules listed in ***Table B.3.a-2***. In addition, we offer customized training according to role, such as for employees who may be the first point of contact for individuals, Customer Care Representatives, or our Care Management staff.

Table B.3.a-2. New Hire Training Topics and Objectives Start Employees on the Right Foot

Training	Training Objective	Delivery Method
Introduction to Anthem	Acquaints employees with our philosophy, company history, core values, and structure; and managed care concepts	Online
Kentucky Medicaid	Overview of agency structure and functions	In-Person
The Kentucky Medicaid Program, Policies, Processes, Workflows	Provides employees with background information on the Kentucky Medicaid program and our care model; reviews covered populations, general Contract provisions, Covered Services and benefits, and roles and responsibilities of system stakeholders; and teaches employees when, where, and how to access the information in real-time to help Members or their authorized representatives navigate their benefits	Online

Training	Training Objective	Delivery Method
Geography of Kentucky	Provides Kentucky-specific training on geography and regional nuances, including access to services, health disparities, and local resources	In-Person
Cultural Sensitivity and Diversity	Provides employees an overview of cultural competency, including defining "culture," differentiating between cultures, impact of culture on health outcomes, recognizing common beliefs, recognizing cultural differences, using diverse nomenclature, and applying cultural competence; includes overview of Culturally and Linguistically Appropriate Services (CLAS) standards	Online
"I Am Anthem" – Compliance Orientation, Customer Service Skills, Quality of Care Modules	Teaches employees about federal and State requirements, as well as company policies and procedures on the following: compliance; business ethics; records and information security; ethics; privacy and HIPAA; fraud, waste, and abuse; and emergency response procedures. Separate modules address communications skills and how to identify quality of care issues	Online
Department-specific Training	Orients employees to their departmental procedures, policies, and organizational structure	In-Person
Job-specific Functions	Orients employees to their specific functions and duties, including Management Information System (MIS) components, security, and use	In-Person

Quality Training

Training on our QM approach across all domains is a critical component of our new hire training program. We embrace quality as a workplace culture, not as a separate function within the health plan. We embed a culture of quality across every aspect of our organization. ***Every employee is a quality advocate, and quality is the number one priority in every functional area of the organization.*** We incorporate a computer-based Quality 101 training model for all employees, and offer additional quality training modules that cover total quality management.

Cultural Competency Curriculum

We train all health plan employees at all levels and across all disciplines to address and respect Member cultural and linguistic differences, as well as unconscious bias. We train all employees in CLAS delivery at initial hire and at least annually thereafter.

Anthem has demonstrated a firm commitment to cultural competency and health equity through the pursuit and receipt of the ***NCQA Multicultural Health Care Distinction***. As of December 2019, our Kentucky health plan along with fifteen of our affiliate health plans have earned this recognition, including: California, Florida, Georgia, Maryland, Indiana, Iowa, Louisiana, Nevada, New Jersey, Tennessee, Texas, Virginia, Washington, West Virginia, and Wisconsin.

Specialized Clinical Team Training

For new or existing employees who join our Clinical team, we provide a variety of intensive training opportunities. All clinical employees undergo a 90-day orientation and training period during which they learn the basic functions of their job and the policies and procedures that govern our Kentucky Medicaid program operations. We make sure all Clinical team staff are well versed in Contract requirements and fully understand their roles and responsibilities. We hire locally, and we leverage local resources to train clinical staff — so staff are fully prepared to provide the best support and resources to Members. ***Employees will receive both classroom training as well as job shadowing and mentorship to foster opportunities for discussion and questions.*** Our initial training for new employees who will join our care management team follows the extensive new hire orientation and will cover:

Our Model is Guided by Person-Centered Principles

Our integrated model is founded on person-centered principles and practices to make sure health and support services are tailored to the individual preferences, strengths, and needs of all Members. We believe Person-Centered Thinking (PCT) skill development is the key to improving Member experience, fostering positive health and social outcomes, and facilitating self-direction and self-management. **We are the only health plan with the certification and program-specific PCT in place.** Our staff will be specifically trained on this by our own internal PCT-certified trainers.

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- Communication methods and tools
- Person Centered Thinking© by the Learning Community for Person Centered Practices (training by internal certified trainers) to support better understanding of Member needs and supporting their goals with respect and empathy
- Use of our Health Intech clinical and care management information system to support job responsibilities, including search, add/update, and read-only system access
- UM principles, processes, and tools
- Care Coordination and care management theory and practice (including predictive modeling tools for case stratification)
- Care Coordination and care management processes and tools (including core processing systems and mobile technology to support field work, case documentation, and information sharing)
- BH topics, including co-occurring disorders
- Pharmacy benefit and medication management
- Trauma-informed Care
- Principles of recovery and resiliency
- Transition of care processes as Members move throughout the continuum of care
- QM program
- Payment Integrity and fraud, waste, and abuse
- Legal and ethical issues in Care Coordination and care management
- Incident and reporting of adverse incidences and Member Grievances

This initial training includes skills practice sessions throughout to reinforce the information taught. Following classroom instruction and skills practice, trainees receive continual on-the-job training for at least the remainder of the 90-day training period from our Clinical Leadership team. Specific trainings and topics will be selected and assigned based on the clinical staff's role within the organization. Following orientation, each Care Manager will receive monthly quality assurance audits and feedback on their performance and program compliance.

Medical Management Staff Training

Our UM Clinicians complete a three-week classroom curriculum and two-week preceptor training program. We train and mentor new hires on the mission of service and helping our Members with compassion and care, addressing technical knowledge, procedural requirements, quality assessments, and continuous improvement. We also conduct audits of phone calls and review completed cases for approval or physician denial of services. We continue this monitoring until the trainer, employee, or manager are comfortable with the new employee's level of competency and confidence. We are not training novice employees — we recruit and hire clinical staff who are already experienced and who have already worked with many of the Providers, Commonwealth agencies, and community organizations with whom we collaborate.

Member-facing Employees

Our Member- and Provider-facing employees have access to our Learning Management System and Integrated Desktop application for real-time access to Kentucky Medicaid program requirements, Covered Services, eligibility, and claims data. Our training for Customer Care Representatives also includes curriculum to help recognize callers who are in Crisis and assess accordingly. Training includes Mental Health First Aid, Zero Suicide Institute, and the National Action Alliance on Suicide Prevention on recognizing suicide warning signs and knowing appropriate actions to take.

We conduct our training in a controlled environment with supervision, coaching, and mentors, followed by an evaluation period. All employees will attend a one-day orientation on the Kentucky Medicaid program model, HIPAA privacy compliance requirements, and our membership base. Customer Care Representatives will then participate in an intensive 18-day training course before they begin answering live calls. The full training will continue for a total of 42 days and will be delivered in segments in which representatives learn certain processes and apply those processes for a short period. They will then return to the classroom and learn additional skills that build on the first segment. We periodically test throughout training to monitor progress, and we do not deploy staff until they complete all portions of our comprehensive training program.

Training Schedules and Completion

All our trainings include timeframes for completion and tests for individual and organizational comprehension. Depending on the particular training and mode of delivery, our monitoring mechanisms to verify completion include completed training schedules from managers and system records of web-based trainings. We also have various methods and tools for monitoring and assessing comprehension after a particular training or course of training. These may include:

- In-process audits during and after training
- Pre- and post-test scores. For example, we use these for some of our web-based compliance and cultural competency trainings
- In-process audits during and after training. For example, we conduct ongoing audits of a newly trained Care Manager to measure the frequency of any given errors made during the opening of a Member's record with the goal of correcting the issue early on
- System edits such as claims and authorizations
- Member and Provider complaints, Appeals, and Grievances
- Member and Provider satisfaction surveys

Preparing our employees for success in the duties they perform is part of what we do every day to make sure each Member receives the right care, in the right place, at the right time.

vii. Monitoring Subcontractors' Recruiting and Training Progress

vii. Overview of Vendor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Anthem retains sole responsibility for fulfilling Kentucky Medicaid Contract requirements. We are fully accountable for our Subcontractors' performance through processes designed, implemented, and continuously refined to monitor, supervise, and enforce Contract compliance.

Our Subcontractor Oversight program enables us to monitor Subcontractor performance continuously in a collaborative manner. Our performance monitoring processes include an annual formal review, frequent meetings, review of performance data, and confirmation that each Subcontractor meets operational, financial, legal, compliance, regulatory, accreditation, licensing and certifications, NCQA, and ethical requirements.

Frequent meetings include monthly and quarterly Subcontractor meetings. Anthem business leads and our Program Manager, Execution and Oversight conduct meetings monthly or quarterly with all Subcontractors. During these meetings, we invite the appropriate health plan lead to participate. Meeting agendas include a staff roster review and training records review to assure Contract requirements are being met. Meeting reports and meeting notes are recorded.

As illustrated in Figure B.3.a.17, our Subcontractor Oversight program uses a multi-layered approach to managing and overseeing our delegated Subcontractors comply with Contract and performance standards, including those outlined in the Draft Contract. Elements of our Subcontractor training and recruitment process include:

- Subcontractor Agreements, and Kentucky-specific addenda that clearly outline our expectations of recruitment and training operations
- Subcontractor training for staff who interact directly with Members
- Subcontracting reporting, including recruitment and training policies and procedures

Monitoring Subcontractor Progress in Recruiting

Our Program Manager, Execution and Oversight and national support services collaborate with our Subcontractors to make sure their recruitment plan and efforts mirror our recruitment procedures, plans, and policies in place for Kentucky Medicaid. We require our Subcontractors to provide staff resource data for review as requested by Anthem or the Commonwealth in monthly and quarterly reviews and our annual formal Subcontractor review. We review Subcontractor staffing models, policies, procedures, and market organizational charts for appropriate staffing levels as required by the Contract. We specifically look at the Subcontractor staffing models when there are identified issues or concerns, and when a metric moves in a negative direction. In these cases, we work closely with our Subcontractors to mitigate staffing gaps and provide direction and oversight to resolve issues before they become problematic.

Monitoring Subcontractor Progress in Training

We oversee and monitor Subcontractor training to make sure staff receive the training they require, and also to make sure our Subcontractors' training materials, resources, and curriculum aligns with

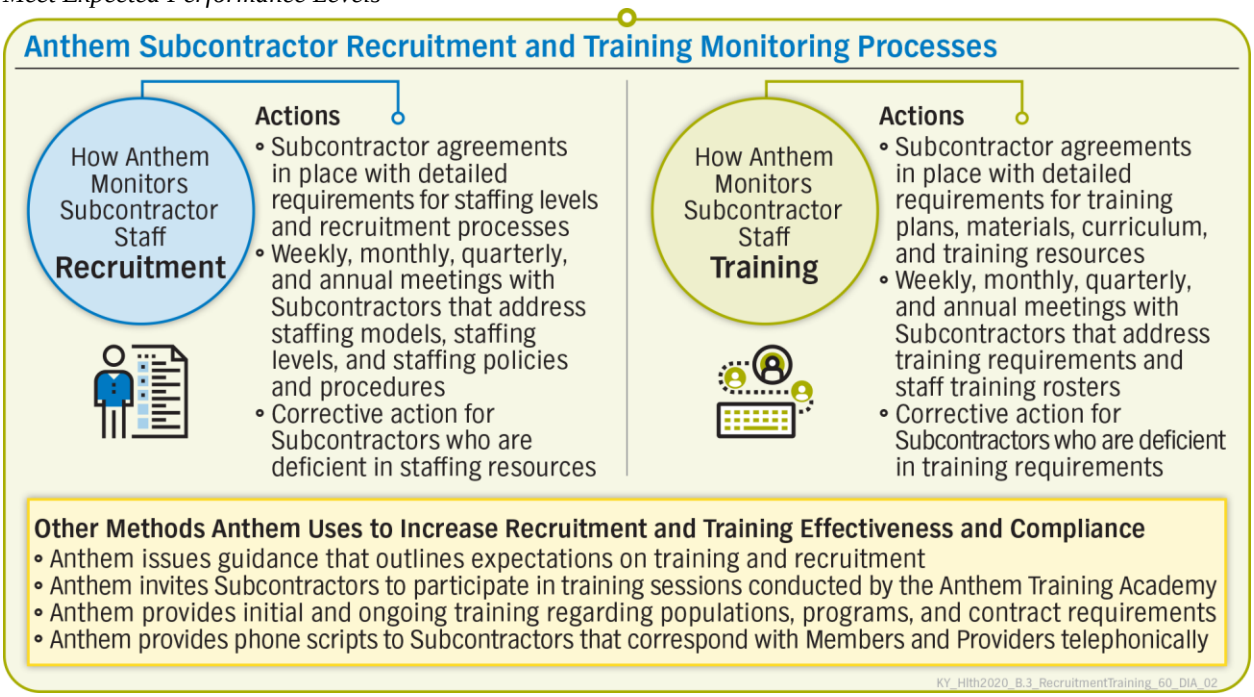
our training requirements, agenda, and curriculum, in compliance with Draft Contract requirements, including Section C.36.1 and Section C.9.2. Training requirements and Subcontractor adherence is reviewed in monthly and quarterly meetings and in our annual formal Subcontractor review.

To complement Subcontractor training efforts, we regularly invite our Subcontractors to participate in our external training sessions, including those provided by our Anthem Training Academy, such as Provider Network training. We collaborate with our Subcontractors to make sure there are no gaps in staff training that impact Kentucky Medicaid services to our Members.

An important component of our training is familiarizing Subcontractor staff with the populations we serve in Kentucky. If working directly with Members, we provide guidance to Subcontractor staff on appropriately corresponding and communicating with Members, such as:

- Providing initial and ongoing training regarding the population, programs, and Contract requirements specific to responsibilities we delegate to the Subcontractor
- Providing phone scripts for Subcontractors who interact with Members and Providers telephonically
- Requesting feedback from Subcontractor staff to improve training materials and topics, in efforts to collaborate with Subcontractors, as seen in Figure B.3.a-17.

Figure B.3.a-17. Anthem's Subcontractor Training and Recruitment Monitoring Process Assures Subcontractors Meet Expected Performance Levels



viii. Retaining Key Personnel

viii. Retention approach for key personnel.

Retention Strategies for Key Personnel

We know our Key Personnel and staff are the heart of what we do for our Members every day in the communities we serve, and our retention approach reflects this belief. Embedded within our culture, is a deep commitment to serving the Medicaid passion. Likewise, our employees bring their own personal reasons and passion for serving the Medicaid population and this commitment assures us they will go above and beyond to serve our Members. ***We invest in our employees because our people are our differentiator.***

Anthem's thoughtful approach to employee retention has been designed with the same type of "whole-person" philosophy that we bring to the Members we serve. First and foremost, we have established a work place culture that enables our employees to be comfortable, welcomed, and engaged in their work environment. Setting employees up for success begins with ensuring they have the resources they need to achieve their professional goals.

Anthem Employee Retention Strategy: Our People are Our Differentiator

Work-Life Balance	• Paid Time Off • Flex-time Opportunities • Paid Parental Leave • Critical Care Leave • Adoption and Surrogacy Assistance Reimbursement • Volunteer Paid Time Off
Financial Compensation	• Competitive Pay • 401(k) Plan • Matching Charitable Donations
Work Place & Culture	• Casual Dress • Employee Recognition Programs • Company Sponsored Volunteer Opportunities • Associate Resource Groups
Health & Wellness	• Competitive Health Benefits • Wellness Initiatives and Programs • Employee Discount Marketplace
Professional Development	• Licensure & Certifications Reimbursement • Education Reimbursement • Online Training Tools and Intranet Resources

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Understanding that our employees also have families, personal goals and aspirations, commitment to health and wellness, and play an active part in their communities, our employee benefits also reflect Anthem's support and appreciation for the individuals who make us who we are. Providing benefits and programs that enable our employees to take time away from their job, spend time caring for a loved one, welcome a new member of their family, or simply enjoy a day volunteering for an organization that is personally important to them is all part of Anthem's comprehensive program of benefits and strategies that help us retain our Key Personnel and all of our staff.

Anthem has a multi-faceted retention strategy comprised of work-life balance offerings, financial compensation, work place and culture initiatives, health and wellness programs, and professional development opportunities. Each of these programs is discussed in more detail below. Our national organization, that provides many of our retention programs, is a recognized leader in staffing and workplace excellence, as highlighted in ***Figure B.3.a-18***.

Competitive Pay

- Competitive pay and quarterly bonus incentives based on individual and departmental performance
- Annual increases based on performance
- Long-term stock incentive program
- Special recognition programs

Work and Life Balance

- Our Paid Time Off program offers team members the flexibility to take time off for vacation, personal or family illness, or other personal or family needs
- **Flex-time Opportunities.** We understand the importance of maintaining a work and life balance, as well as having the flexibility to set individualized schedules for certain roles. Anthem, Inc. was once again ranked a Top 100 Flexible Work company for the 7th year in a row by flexjobs.com.

Figure B.3.a-18. Anthem Is a Recognized Leader in Staffing and Workplace Excellence

Recognition for Staffing and Workplace Excellence

100 Top Companies with Flexible Jobs — FlexJobs, 2014-2020
America's Best Employers — Forbes, 2015-2018
America's Most JUST Companies for 2020 — Forbes and JUST Capital, 2019
Best Employers for Diversity — Forbes, 2018-19
Best Employers for New Graduates — Forbes, 2018
Best Places for Disability Inclusion, Disability Equality Index, (Founding Partner) — Disability: IN™, 2015-2019
Best Places for Women to Work — Forbes, 2019
Best Places to Work for LGBT Equality–Corporate Equality Index — Human Rights Campaign, 2015-2020
Leading Disability Employer — National Organization on Disability, 2017-2018
LGBTQ Business Equality Excellence Award — Business Equality Network, 2017-2019
Military Friendly® Employers — MilitaryFriendly.com, 2010-2020
Top 125 Award — Training Magazine, 2016-2019
Top 50 Companies for Diversity — DiversityInc. Magazine, 2008-18
Top Companies for Executive Women — National Association of Female Executives, 2009-2013, 2017, 2019
World's 10 Best Intranets — Nielsen Norman Group, 2019
World's Most Admired Companies — Fortune Magazine, 2019

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- **Paid Parental Leave.** Anthem is committed to providing a work environment that is supportive of employees' work and life balance. In support of this commitment, Anthem offers eligible employees up to four consecutive weeks of paid leave at 100% to be completed within the first 12 weeks after the birth or adoption of a child.
- **Critical Care Leave.** When a family member experiences a major life event requiring care for a severe illness, condition, or period of disability, Anthem provides employees time off to take care of their loved ones in their time of need. In support of our Employees our Critical Caregiving Leave, Anthem provides up to 6 weeks of leave paid at a wage replacement rate.
- **Casual Dress.** Anthem strives to be a place where employees enjoy their work while creating extraordinary results and delivering superior customer service. We believe that a comfortable workplace is a productive workplace. To support of our goals, we have adopted a business casual dress policy. The objective is for employees to project a professional image and support a collaborative workplace while enjoying more relaxed attire. Anthem makes reasonable accommodations for religious needs and qualified employees with disabilities. This policy is in effect during scheduled work time regardless of the time of year or day of the week and in all locations.

Education and Training

- **Job-related Licensure and Certification Reimbursement.** We appreciate the effort it takes for employees to maintain required licenses. We reimburse eligible employees the cost of fees required for license renewals and certifications. Examples include: Medical Doctor, Registered Nurse, Certified Public Accountant, Pharmacist, Certified Health Worker, etc.
- **Education Reimbursement.** We encourage the pursuit of learning opportunities at accredited institutions and earning credits toward the completion of a degree that will support employees' current or potential roles at Anthem. We reimburse employees for eligible expenses up to $5,000 per calendar year for grade "C" or above (or "pass" for a pass/fail course).
- Anthem also offers courses, videos, and learning assets, available online and onsite to support professional and career development, as well as for issues important to our communities (for example, opioid Crisis and human trafficking).

Health Benefits

- Anthem's medical benefits cover a wide range of medical services, including BH and prescription drug coverage. We have always been committed to helping our employees take good care of their health, so all our plans cover preventive care at 100%. Our plans also cover several services many other medical plans do not, including transgender surgery, bariatric surgery, fertility treatments, Applied Behavioral Analysis therapy for autism, and more. We offer a full complement of health benefits package, (including medical, dental, vision, and life insurance) that is balanced and offers a range of options for employees

Retirement Benefits

- The Anthem 401(k) Plan is our primary retirement savings vehicle. Through the 401(k) plan, both our employees and Anthem contribute to help build the foundation of their financial future. Our employees are eligible to participate after 30 days of employment with the organization.

Wellness Initiatives

- Anthem offers employees a wide range of wellness programs, fitness centers in select office locations, healthy food subsidies in our onsite cafeterias, onsite flu shots and health screenings, and subsidized WW® (formerly known as Weight Watchers®) Memberships.

Community & Volunteerism

- **Associate (Employee) Resource Groups (ARGs).** At Anthem, we believe employees make their best contributions when they feel welcomed, respected, and appreciated for who they are and when they can bring their whole selves to work. We believe our diverse perspectives, backgrounds, and an inclusive work environment allow our employees to infuse energy into our organization. Through their work and influence, ARGs offer:
  - Professional and personal development
  - Different perspectives and innovative ideas
  - Opportunities to connect culture to business decisions
- **Volunteer Time Off.** Anthem and its employees care about the communities where we work and live. To foster that spirit of caring, Anthem offers volunteer time off to make it easier for employees to support the organizations that are important to them. Eligible employees receive

up to eight hours of paid time off to be used to volunteer at a qualified 501(c)(3) charity of their choice.

- **Dollars for Doers.** An enterprise-wide initiative to engage our employees in supporting non-profit organizations with monetary contributions. The Anthem Foundation supports the giving program by matching their contributions to signature charities dollar-for-dollar up to a maximum match of $5,000. With the matching of Anthem, Inc., our employees contributed ***$109,000*** in 2019 alone.
- **Employee Volunteer Programs.** Our employees are given year-round opportunities to contribute time, energy, and resources to food drives, blood drives, health and vision screenings, and a multitude of other volunteer services. In 2019, Kentucky Medicaid employees over ***2,900*** hours volunteering with their favorite non-profit organizations across the Commonwealth.

Employee Discount Program

- Employees are offered an ***Employee Discount Marketplace*** for discounts on products, services, and events.

Support for Parents and Adoption and Surrogacy Assistance

- The ***Adoption and Surrogacy Assistance*** program provides families of all kinds reimbursement of adoption and surrogacy expenses. Anthem reimburses a maximum of $10,000 per child for full-time regular employees and a maximum of $5,000 per child or pregnancy for part-time regular employees.

Employee Recognition

Anthem offers rewards and recognition programs, to acknowledge our employees for their longevity, professional growth, and exemplary job performance. We offer monetary rewards for the first-time completion of approved certifications (for mastering competencies relevant to an employee's current position or skills that would enable them to take on a new role within the company). We also offer on-the-spot "Values in Action" awards for specific accomplishments that exceed expectations or exemplify our organizational values. We also recently rolled out IMPACT, our new employee recognition system. Employees can celebrate leaders and colleagues alike for going above and beyond by nominating them for special recognition and awards.

Anthem's Extensive Online Training Library

Through Anthem's online learning network, all employees have the opportunity to enroll in and complete a vast library of training topics covering everything from "soft skills" to digital office skills. Powered by Skillsoft, a global leader in cloud-based learning resources, the Anthem Learning Network offers employees access to more than 10,000 development resources to support their career aspirations and includes the courses required to prepare for over 100 certifications, such as Project Management Professional or Six Sigma Certification. Similarly, courses are offered to allow employees to fulfill continuing education requirements for a variety of professional certifications and licensure, including Registered Nurses. Courses in leadership, management, and business are available as well. For employees looking to broaden their technical skills, we offer a full suite of training courses of Microsoft Office products as well as other programs.

Anthem's Award-Winning Intranet

Key Personnel and team members can access a wealth of resources through our intranet, Pulse. From benefits selection, to nominating a colleague for an IMPACT award, to finding educational opportunities, the intranet is our employee hub to stay connected, engaged and enthusiastic about Anthem, our work, and our communities. In 2019, Pulse was recognized by the Nielsen Norman Group, a world leader in research-based user experience, as one of the 10 best-designed intranets of the year.

B.3.b. Anthem Kentucky's Organizational Structure

b. Provide a detailed description of the Vendor's organizational structure for this Contract, including an organizational chart that clearly displays the following:

i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

ii. How the RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices" fits into the overall organizational structure of the Parent Company

iii. Where subcontractors will be incorporated.

iv. A summary of how each Subcontractor will be integrated into the Offeror's proposal performance of their obligations under RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," to ensure a streamlined experience for the Members, providers and the Department.

v. Number of proposed FTEs dedicated to RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Anthem brings a wealth of Kentucky-specific knowledge and experience. We offer a fully staffed and operational health plan, and we are well equipped to support changes in staffing and Contract requirements. Our local affiliate began serving our fellow Kentuckians in 1938 and we have been serving Members in Medicaid in Kentucky since 2014. Led by our Chief Executive Officer, Leon Lamoreaux, we built our organizational structure on promoting whole-person integrated care, population health, and overall improvement in health outcomes cost effectively to help assure a healthier Kentucky. As our CEO, Leon is ultimately accountable for all aspects of our plan, and is supported by our Chief Operating Officer, Nicole Basham.

Our staff are the backbone of this data-informed, enhanced, holistic care model. From our Customer Care Representatives to Care Managers and our Community Engagement Navigators, our team works together to address Members' health and social needs and to break down any barriers they may face. Across all functional areas, our organizational structure keeps our Kentucky staff at the helm of our operations and directly accountable to DMS, Members, Providers, and stakeholders.

Our staffing approach reflects our belief that health care solutions are more effective when developed and delivered locally, while our organizational structure supports sharing of best practices, innovations, lessons learned, and experiences among affiliates.

i. Anthem's Organizational and Management Structure

i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Anthem offers a highly efficient, integrated model for delivering managed health care services to the Commonwealth, as illustrated in our Organizational and Management Chart, ***Figure B.3.b-1. Our leadership team not only works in Kentucky, they live and volunteer here, as active members of the communities we serve.***

Our Leadership Structure

Our locally based leaders are at the foundation of our approach for our Kentucky Medicaid managed care operations. These employees oversee and manage each of the operational areas outlined under the proposed Contract. ***Under the direction of our President and CEO, Leon Lamoreaux, our Kentucky-based leadership team is accountable for, and has ultimate authority over every aspect of our operations.***

All Key Personnel are based in our Louisville office. Our management structure maximizes teamwork and draws on each individual's strengths to achieve goals that align with DMS' objectives, with a clear vision to create a Member-focused, innovative, high-quality, and adaptable managed care system.

Operations

Chief Operating Officer Nicole Basham, is based in our Kentucky office, and is fully dedicated to managing day-to-day operations across Anthem's departments to make sure that we continue to meet DMS' requirements and drive the best possible performance and support for Members, Providers, and the State. She stays in daily contact and works closely with our CEO, Mr. Lamoreaux, and creates operations strategies, programs and policies to maintain our reputation as a trusted partner in the Commonwealth. Ms. Basham manages our Operational Excellence Team (described later) and maintains local oversight for our operational support services team to provide the most effective solutions to the Kentucky Medicaid program, overseeing and managing all major data transactions, such as claims payment, processing of enrollment and encounter files, and assuring accurate and timely data exchange with the Commonwealth. Our Ultimate Parent Company, Anthem, Inc. provides us with specialized, centrally delivered services that complement our extensive local resources. These national supports that Anthem, Inc. provides for our operational areas include claims processing, enrollment processing, encounter data management and information technology. These functions are overseen by and fully accountable to our local Kentucky leadership team, and work in concert with Ms. Basham to assure high-quality, coordinated processes that support Provider satisfaction and encourage better health outcomes for each Member.

Finance

Our locally-based (Interim) Chief Financial Officer, Jess Hall, manages the budgeting, forecasting, and financial analysis functions of Anthem. He develops analytical tools, models, and reports; monitors monthly claims production and service utilization, and administers a risk management program. In addition, Mr. Hall identifies and drives opportunities for savings with health plan leadership and monitors the assumptions and issues in the rate methodology. Accounting, data analytics, and actuarial functions are backed by Anthem, Inc.'s national support services, with local oversight and management from Mr. Hall to assure Contract compliance.

Compliance and Payment Integrity

Our Kentucky-based Chief Compliance Officer, Brittany Boelscher, leads the efforts in promoting, implementing, and overseeing our Compliance Program to assure ongoing compliance with State, federal, and contractual requirements. Ms. Boelscher works in concert with our Payment Integrity teams dedicated to assuring ethics and compliance in our operations; preventing, detecting, and investigating fraud, waste, and abuse; and communicating regularly with DMS and other government officials. Ms. Boelscher coordinates reporting to the Commonwealth and reviews the timeliness, accuracy, and completeness of reports and data submissions to the Commonwealth. The Compliance Officer, in close coordination with other key staff, makes sure all of Anthem's functions comply with the terms of the Contract.

Whole-Person Care Management and Population Health

Clinical Leadership

Peter Thurman, MD, our locally based Medical Director, directs Anthem's overarching clinical activities and medical management programs and oversees Anthem's clinical leadership team. Dr. Thurman oversees the development of Anthem's clinical practice guidelines, reviews any potential quality of care problems and oversees Anthem's clinical management program and programs that address special needs populations. Engaging with our Provider Network, Dr. Thurman is Anthem's medical professional interface with Anthem's health care Providers, consulting, as needed on policy clarification and service authorization requests. Dr. Thurman is supported by our Associate Medical Director, Pradeep Patel, MD, and Behavioral Health Medical Director, Kaletia Wiley, MD.

Population Health Management

Vicki Meska, our Director of Population Health Management, oversees and manages Anthem's comprehensive Population Health Management strategy and program. Fully dedicated to our Kentucky Medicaid program, and based in our Louisville office, Ms. Meska directs our strategy, oversight, and compliance across all local care management components, including integrated pilots and collaborative initiatives to deliver population-based Care Coordination. Overseeing a team of dedicated, on-the-ground resources, including field-based case managers, Ms. Meska directs Anthem's activities to improve the overall health and well-being of our Members and the communities we serve.

Pharmacy

Our locally-based, fully dedicated Pharmacy Director, Andrew Rudd, PharmD, is a Kentucky-licensed pharmacist. Mr. Rudd oversees the management and delivery of all pharmacy benefits for Anthem's Members in Medicaid, and is responsible for the performance of our in-house Pharmacy Benefit Manager, IngenioRx. Mr. Rudd collaborates across Anthem's clinical and care management departments as part of our integrated care team designed to address our Member's whole-person health care needs, including management of prescription medications.

Dental

Kwane Watson, DMD is our locally-based, dedicated Dental Director. Working in collaboration across Anthem's clinical and care management departments, Dr. Watson is responsible for managing the service delivery and integration of our Members' dental benefits through our dental Vendor, DentaQuest. As a practicing dentist for over 20 years, Dr. Watson manages and

oversees Anthem's oral health strategy to assure the delivery of comprehensive, whole-person health.

Behavioral Health

As part of Anthem's Population Health Program, ***David Crowley, LPCC, is our locally-based, fully dedicated Behavioral Health Director***. Mr. Crowley oversees Anthem's Behavioral Health focused clinical solutions and care management team, and is responsible for the management of our Emergency and Behavioral Health Crisis Hotline. Additionally, Mr. Crowley is the primary liaison with Kentucky's Behavioral Health community resources, including Community Mental Health Centers.

Enrollee Services and Call Center Functions

Under the leadership of our locally-based COO, Nicole Basham, ***Amee Wildey, our Enrollee Services Manager***, is responsible for the management and performance of our Kentucky-based Member and Provider call center, our Member Services Concierge Team, and our Nurse Helpline solution. Ms. Wildey oversees the day-to-day resources, performance, and reporting for the full suite of Anthem's telephonic customer service supports for our Members and Providers.

Provider Services

Jennifer Ecleberry is Anthem's locally-based, fully dedicated Provider Network Director. Ms. Ecleberry oversees the management and maintenance of our comprehensive Provider Networks and relationships in Kentucky and leads our Network development, Provider services, Provider enrollment, and care delivery transformation functions. Her team is accountable for building strong, collaborative relationships with Providers and implementing innovative value-based payment methodologies designed to achieve improved health outcomes.

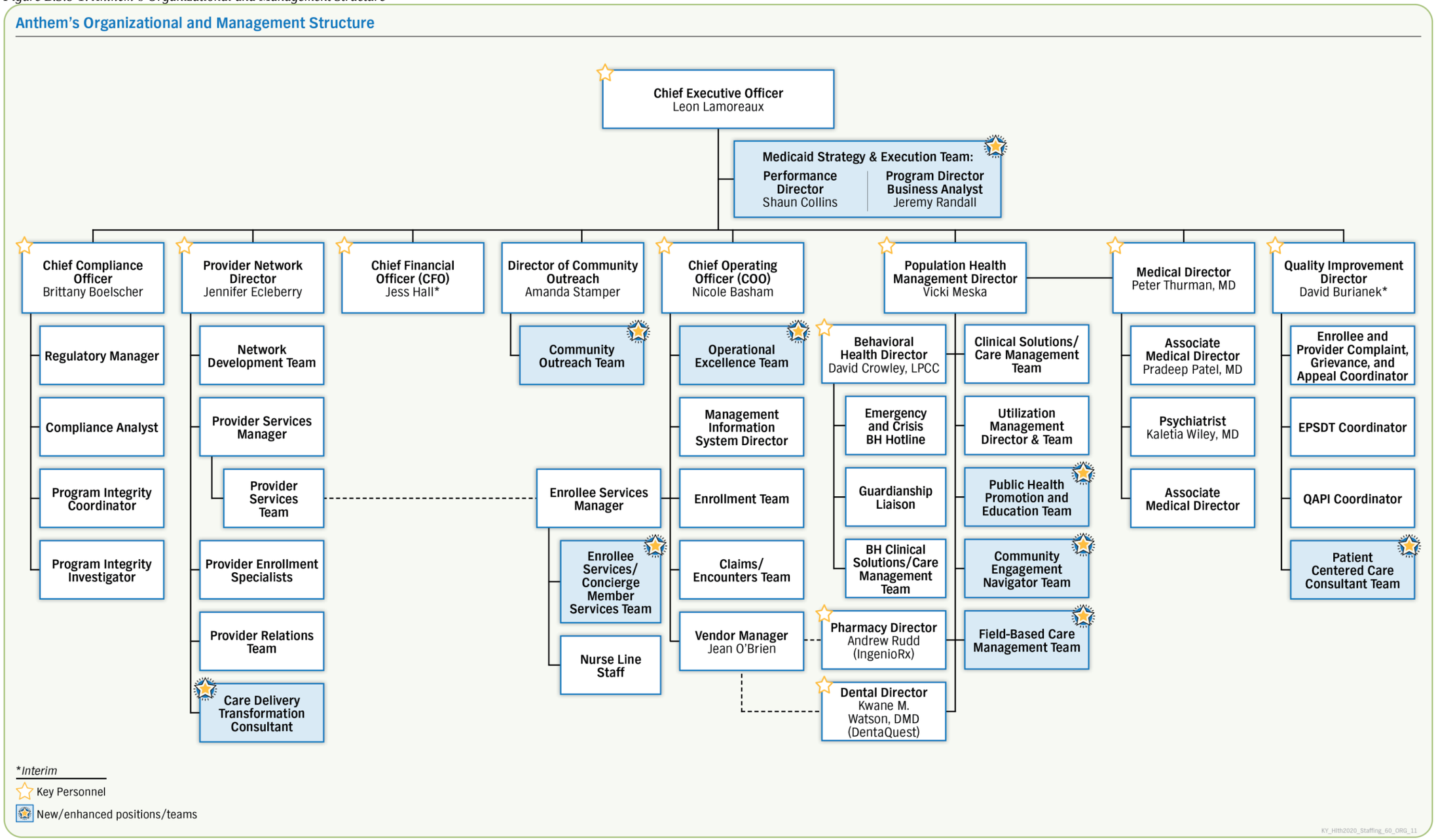
Quality Improvement

David Burianek is our locally based (Interim) Quality Improvement Director for Anthem's Kentucky Medicaid program. Mr. Burianek is responsible for Anthem's end-to-end Quality Improvement activities including the design and implementation of our Quality Improvement Program, Work Plan, our Complaint, Grievance and Appeal processes, and ESPDT outreach and coordination. Ms. Burianek also leads our Patient Centered Care Consultant team, dedicated to collaborating with our Network Providers to achieve quality goals and improved health outcomes.

Marketing and Outreach

Our locally based, fully dedicated Director of Community Outreach, Amanda Stamper, directs and oversees Anthem's on-the-ground education, public relations, and Community Engagement and outreach activities. Ms. Stamper and her team are accountable for compliance with all State and federal marketing and communication guidelines, and they collaborate with our Compliance team review and submit all marketing and engagement materials to DMS for approval. Ms. Stamper also leads our Community Outreach Specialist team, dedicated to developing meaningful relationships with community-based organization that serve the Medicaid population like local faith based organizations, schools, food banks, WIC centers, homeless shelters, FQHC, and other Provider groups.

Figure B.3.b-1. Anthem's Organizational and Management Structure



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ii. Anthem's Parent Company and Overall Organizational Structure

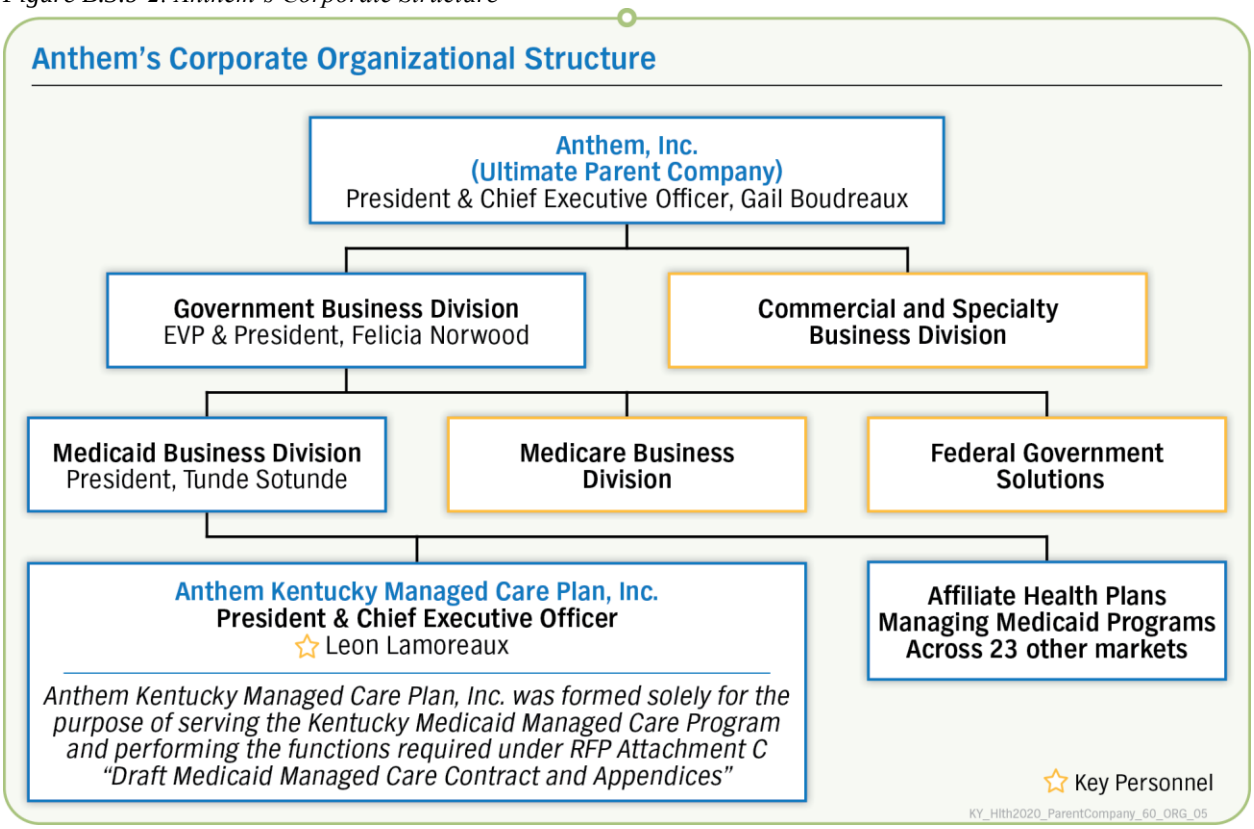
ii. How the RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices" fits into the overall organizational structure of the Parent Company

Anthem Kentucky Managed Care Plan, Inc. (Anthem) was formed with the sole purpose of serving the needs of Members enrolled in Kentucky's Medicaid program. Our experienced, locally based leadership team and staff are at the heart of our organizational and operational structure. We developed this structure to fulfill the program requirements and obligations of Kentucky's Medicaid program, embracing our belief that health care is best delivered locally in the communities where we live and work.

Anthem's Corporate Organizational Structure

Anthem is a wholly-owned subsidiary of Anthem Inc., and part of our parent company's Medicaid Business Division as show in Figure B.3.b-2. Our affiliate health plans in the Medicaid Business Division currently serve 7.5 million Members in Medicaid throughout the country. As part of this organization, we are able to leverage the expertise and experience of our broader organization to recognize emerging trends and identify best practices and proven strategies that maximize program effectiveness, efficiency and responsiveness. Under the direction of our CEO, Leon Lamoreaux and our Kentucky-based Key Personnel, our parent company provides Anthem with technical infrastructure and administrative support services.

Figure B.3.b-2. Anthem's Corporate Structure



Additionally, our Board of Directors and elected Officers provide executive leadership representation and counsel from individuals who are locally based in Kentucky, leading our

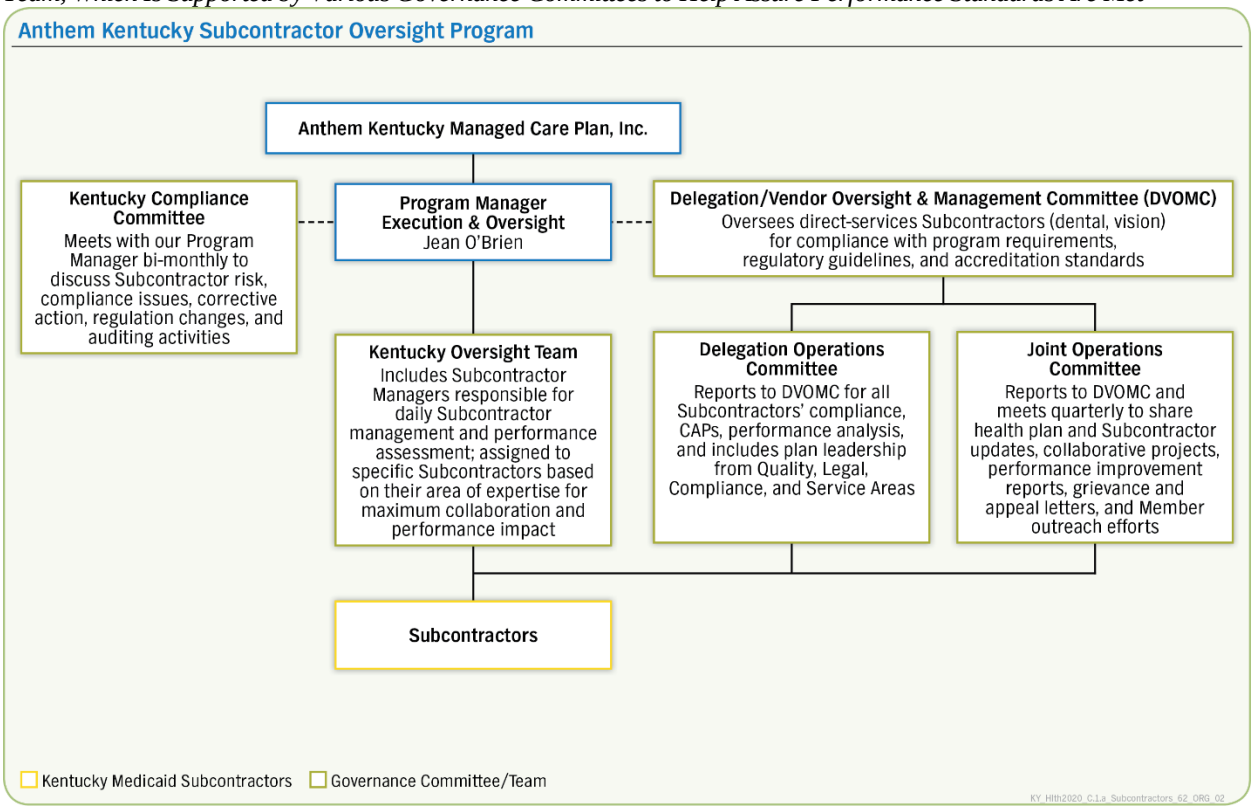
day-to-day business operations in support of the Kentucky Medicaid program as well as subject matter experts from our Ultimate Parent Company primarily focused on technical topics related to corporate governance such as accounting, finance, and legal. The inclusion of extensive corporate governance experience among our Officers and Directors ensures the long term stability, compliance, and financial management of Anthem.

iii. Incorporating Subcontractors into Our Organizational Structure

iii. Where subcontractors will be incorporated.

We selected top-level, qualified Subcontractors through a comprehensive vetting process, and these Subcontractors are an invaluable part of our delivery approach. Figure B.3.b-3 represents where Subcontractors will be incorporated into Anthem's organizational structure. Each Subcontractor will be assigned a Subcontractor Manager to foster continual collaboration, helping to assure performance standards are being met and issues are identified and resolved expeditiously. The Subcontractor Managers will be part of the Subcontractor Oversight department led by Jean O'Brien, our Program Manager, Execution & Oversight. Additionally, the efforts of our local Subcontractor Oversight team will be supported by various committees as listed and described in Figure B.3.b-3.

Figure B.3.b-3. Anthem Subcontractors Work Closely with Subcontractor Managers on Our Subcontractor Oversight Team, Which Is Supported by Various Governance Committees to Help Assure Performance Standards Are Met



In Section C.1 of our proposal, we have included a comprehensive list of our Subcontractors, a majority of which currently subcontract with Anthem to serve Members in Medicaid in Kentucky.

iv. Integrating Subcontractors into Proposal Performance

iv. A summary of how each Subcontractor will be integrated into the Offeror's proposal performance of their obligations under RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," to ensure a streamlined experience for the Members, providers and the Department.

Anthem remains fully accountable for fulfilling all Kentucky Contract requirements. Knowing we are fully accountable for our Subcontractors' performance, we have implemented processes to monitor, supervise, and enforce Contract compliance, as well as promote frequent, open, and effective communication that emphasizes delivery of quality services to Members.

We ensure a streamlined experience for Members, Providers, and DMS by implementing Subcontractor collaborative actions such as open communication and discussion that supports rapid issue detection and efficient problem resolution. For example, when the DentaQuest and EyeQuest call center experienced an outage in their state due to random national service disruption, they moved their operations to another state, and contacted Anthem immediately so that we could notify DMS of the situation with follow-up emails to assure DMS there was no impact to Members or their needed services. Anthem will continue to foster collaboration with Subcontractors for a streamlined and coordinated approach to serving Members, DMS, and Providers.

Anthem uses a multi-phased approach that effectively integrates each Subcontractor into the performance of our Contract obligations to support a streamlined experience for Kentucky Members, Providers, and DMS. Table B.3.b-1 depicts our integration approach for each Subcontractor.

Table B.3.b-1. Anthem's Phased Approach to Integrated Subcontractors into Proposal Performance

Subcontractor Integration Phases	Description of Integration Phase
Phase One	Anthem identifies Contract and DMS requirements to be performed by each Subcontractor
Phase Two	Anthem reviews each Subcontractor portfolio using a comprehensive vetting process that verifies each Subcontractor's ability to perform Kentucky Medicaid services. Vetting verification makes sure each Subcontractor: • Resides in the United States • Demonstrates financial solvency • Demonstrates the depth and breadth of experience and expertise to perform services • Maintains qualified resources to perform services • Possesses and maintains Kentucky-specific expertise in each content area for which they are providing services
Phase Three	Anthem provides each Subcontractor with a Subcontractor Agreement and a Commonwealth-approved Kentucky-specific Addendum that comply with DMS requirements. Anthem will submit all Subcontractor Agreements to DMS for prior approval. Each Subcontractor Agreement clearly defines the following key areas: • Roles and responsibilities • Performance standards, service level agreements, performance measures, and key performance indicators • Quality assurance • Reimbursement • Financial responsibilities • Hold-harmless and Subcontractor Indemnify provisions • Licensure and insurance • Privacy and security

Subcontractor Integration Phases	Description of Integration Phase
	• Screening, notification, and disclosure • Data exchange and reporting • Record retention

v. Proposed FTEs by Position Type and Operational Area

v. Number of proposed FTEs dedicated to RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Table B.3.b-2 highlights each of the full-time-equivalent staff supporting the Kentucky Medicaid program. Our leadership is fully dedicated and accountable to DMS, and has the ultimate decision-making authority and responsibility for meeting DMS' Contract requirements and goals. Our staffing and operations model blends our local, dedicated staff with our organization's national shared supports, who dedicate a percentage of their time to this Contract. This staffing mix enables us to apply our local knowledge of Kentucky, coupled with the resources and economies of centralized administrative services and best practices.

These staffing figures were determined based on current and anticipated membership projections. Once actual membership numbers are established for a new Contract, these figures may be adjusted. The staff presented in Table B.3.b-2 include personnel currently available to support Kentucky Medicaid, as appropriate.

Table B.3.b-2. Anthem's Proposed Full-time Equivalent Personnel Dedicated to the RFP

Position Type by Operational Area	Full-time Equivalent
Key Staff and Value-add Key Staff	
Chief Executive Officer	1.0
Chief Operation Officer	1,0
Chief Financial Officer	1.0
Chief Compliance Officer	1.0
Medical Director	1.0
Associate Medical Director	1.0
Pharmacy Director- Subcontractor	1.0
Dental Director- Subcontractor	1.0
Behavioral Health Director	1.0
Provider Network Director	1.0
Population Health Management Director	1.0
Quality Improvement Director	1.0
Director of Community Outreach	1.0

Government Relations Officer	1.0
Planning and Performance Director	1.0
Compliance	
Regulatory Manager	1.0
Compliance Analyst	1.0
Program Integrity Coordinator	1.0
Program Integrity Investigator	2.0
Provider Solutions Team	
Network Development Team	3.0
Provider Enrollment Specialists	11.0
Provider Relations Team	15.0
Care Delivery Transformation Consultant	1.0
Provider Concierge Team	1.0
Community Outreach	
Community Outreach Team	8.0
Operations	
Operational Excellence Team	7.0
Management Information System Director	1.0
Management Information System Team	12.0
Enrollment Team	4.5
Claims/Encounters Team	29.0
Vendor Manager	1.0
Member and Provider Services	
Enrollee Services Manager	4.0
Provider Services Manager	4.0
Customer Care Team & Concierge Team**	60.0
Nurse Line Staff	0.5
Emergency and Crisis BH Hotline	0.5
Population Health Management	
Guardianship Liaison	1.0
Integrated Care and Utilization Management Team	69.0

Integrated Care and Utilization Management Support Team	100.0
Public Health Promotion and Education Team	8.0
Community Engagement Navigator Team	7.0
Psychiatrist	1.0
Population Heath Strategist	1.0
Population Health Business Analyst	1.0
Manager, Health Promotion Outcomes & Services	1.0
Social Determinants of Health (SDoH) Program Administrator	1.0
Quality	
Enrollee and Provider, Grievance and Appeal Coordinator	1.0
EPSDT Coordinator	1.0
QAPI Coordinator	1.0
Patient Centered Care Consultants	6.0
Total Kentucky Medicaid Dedicated	**381.5**

**Staff counts are based on anticipated membership projections and are subject to change based on actual membership*
*** The 60 FTEs are derived from the 150-person Call Center with an estimate of unduplicated FTEs as required by RFP specifications.*

Anthem is committed to meeting the needs of our Members, Providers, Commonwealth, and stakeholders — now and in the future. This is reflected in our staffing plans that will grow along with the health plan, adapting to change quickly and capably.

Anthem Medicaid

B.3. Staffing Required Attachments

B.3. Staffing Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

Anthem Medicaid

Attachment B.3.a-1. Resumes

Committed to the Future of Kentucky Medicaid

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Attachment B.3.a-1. Resumes

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment B.2.a-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment B.3.a-1 includes the following:

- Chief Executive Officer — Leon Lamoreaux
- Interim Chief Financial Officer — Jess Hall
- Chief Compliance Officer — Brittany Boelscher
- Medical Director — Peter Thurman
- Pharmacy Director — Andrew Rudd
- Dental Director — Kwane Watson
- Behavioral Health Director — David Crowley
- Provider Network Director — Jennifer Ecleberry
- Quality Improvement Director — David Burianek
- Population Health Management Director — Vicki Meska
- Chief Operating Officer — Nicole Basham

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Leon Lamoreaux, MBA — Chief Executive Officer (CEO)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	31 years
Years of Experience with Medicaid	14 years
Highest Level of Education	Master of Business Administration
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2018 – Present**
Chief Executive Officer, Kentucky

- Leads all aspects of Kentucky operations to manage and coordinate the highest quality services for Members
- Drives strategy to achieve health plan goals and build a culture of accountability with employees who are committed to making sure Members receive superior service and care, maintaining open lines of communication to assure high employee morale
- Oversees the health plan financial affairs, including accounting, budgeting, internal controls, and timely reporting of performance data
- Fosters relationships with external stakeholders via community outreach, coordination of mutual projects, including with DMS and the Kentucky Department of Insurance
- Collaborates across the health plan to develop innovative solutions including through the Care Management team to develop evidence based models of care, case, and disease management programs, the Provider Solutions team to develop network contracting and reimbursement strategies, etc.
- Collaborates with network Providers to develop delivery system strategies to manage health care costs and improve access

Anthem BlueCross & BlueShield, Waukesha, WI **2015 – 2018**
Plan President, Medicaid

- Oversaw all operational and clinical operations, including growing operating gain by 288% to $17 million from 2015 to 2018
- Drove membership growth by 29% from 2017 to 2018 to become the third largest HMO in Wisconsin supporting over 90,000 lives and statewide coverage
- Enhanced relationships with Division of Health Services (DHS), state regulators, and department of insurance
- Achieved NCQA Commendable status within 18 months and was awarded exceptional achievement quality bonus from DHS in 2016

New West Health Services, Helena, MT **2012 – 2015**
President and CEO

- Accountable for all operational and clinical operations of the Medicare Advantage (MA) and Medicare Supplement product lines
- Spearheaded the planning and service area expansion process for all product lines
- Prepared product development, rate development, RFP responses, and related filings

- Developed strategies for network contracting and reimbursement encouraging collaborative relations with Providers
- Oversaw strategies to improve quality of care and improved the Star Rating on a PPO plan from 3.5 to 4 stars (Part D 4.5 Stars)
- Improved financial metrics of the health plan through $186 million in CMS revenues and improving PMPM financial position by 37%
- Drove membership growth from 10,000 to 22,500 with 68% MA market share and a 98.5% retention rate

Geisinger Health Plan, Danville, PA **2011 – 2012**

Vice President of Government Programs Business Development

- Responsible the product planning and service area expansion process for Medicare, Medicaid, and CHIP product lines
- Organized the annual implementation of Medicare and Medicaid insurance products
- Conducted strategic planning sessions with clinical enterprise and provider network management to develop delivery system strategies to manage health care costs and improve access
- Secured Pennsylvania Department of Public Welfare Northeast region Medicaid contract, covering 140,000 lives
- Launched HMO/POS products in Pennsylvania and New Jersey

Priority Health, Grand Rapids, MI **2006 – 2010**

Vice President of Government Programs (2008 – 2010)

- Accountable for the oversight and management of the Medicare and Medicaid business units and drove Medicare business growth to $500 million in annual revenues and net margin of $11.7 million and drove Medicaid and MIChild (SCHIP) membership from 48,000 to 68,000
- Led strategy for service area expansion with aggressive network contracting, creative pay-for-performance incentives and utilization reporting to provider community
- Drove culture of quality throughout the health plan maintaining CMS (CAHPS) five-star quality rating for three years (only Michigan plan to achieve), highest quality health plan in Michigan, and the 11th highest quality Medicaid health plan in the nation (2009 US News and World Report)
- Improved financial performance of the health plan by becoming the second largest (17.2% market share) and fastest growing (184% 2010 over 2009) Medicare health plan in Michigan and increased net margin from 2006 to 2010 by $7.7M

Vice President of Business Development (2006 – 2008)

- Led and organized the implementation of strategic and annual operational plans for Medicare, Medicaid, and commercial market segments
- Supervised product development and market segment leadership and shortened product development cycle to seven months
- Developed a corrective action plan for Medicaid to improve financial and operational performance
- Revitalized and modernized HMO/POS product, achieving 187,000 Member adoption in first year
- Launched innovative “Consumer Engaged” Health and Wellness product to 46,000 Members

WellPoint, New Haven, CT **2004 – 2006**
Executive Director of Product Development and Market Planning

- Oversaw product development and market planning for Connecticut, Maine, New Hampshire, Rhode Island, and Vermont
- Developed second generation Consumer Directed Health Plan (CDHP) products and led the region with 18,000 Member growth
- Introduced a "lean" PPO product with 11% rate reduction and achieved first quarter growth of 8,000 Members
- Developed plans for individual market product (TONIC®) intended to attract the young and healthy
- Planned and began execution of the 2007 Medicare Advantage (HMO) market entry strategy

Excellus BlueCross BlueShield, Rochester, NY **2003 – 2004**
Vice President, Business and Product Development

- Led strategic planning to identify and prioritize strategic initiatives for profitable growth
- Directed customer segmentation strategies across large group, small group and individual segments to drive distribution, product, pricing and promotion
- Launched first generation Consumer Directed Health Care Product integrated with Savings Account

Regence (BlueCross BlueShield), Portland, OR **1999 – 2003**
Director of Market Strategy, Research, and Analysis

Intermountain Healthcare, Salt Lake City, UT **1989 – 1999**
Segment Manager, Large Group (1996 – 1999)
New Business Development Manager (1994 – 1996)
Psych Resources Network Sales Manager (1989 – 1994)

Education

Brigham Young University, Provo, UT

- Master of Business Administration

Columbia College, Salt Lake City, UT

- Bachelor of Science in Business Administration

Jess Hall, CPA — Interim Chief Financial Officer (CFO)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	7 years
Years of Experience with Medicaid	7 years
Highest Level of Education	Masters of Accounting
Clinical Licensure/Other Credentials	Certified Public Accountant, State of Kentucky

Professional Experience

Anthem, Inc., Louisville, KY **2018 – Present**

Interim Chief Financial Officer, Kentucky Medicaid (2018 – Present)

Central Region Vice President, Medicaid Finance

- Leads regional financial reporting process for plan and regional leadership ($10B+ Revenue, ~$290M Op Gain, 2.1M Members and 2K employees).
- Manages profitability and strategic analysis of health plan and regional financials to ensure regional performance meets targets.
- Oversight of Kentucky health plan and regional medical cost analytics & cost of care process including identifying initiative opportunities, valuation, ensuring successful execution and tracking performance.
- Leads regional team of associates responsible for regional cost of care, analytics and financial analysis, premium optimization, state reporting and encounters.

Health Plan Finance Director, Metairie, LA (2018)

- Directed health plan financial reporting process for plan leadership and minority stakeholder leadership teams ($1B+ Revenue, ~270K Managed Care Members, and ~195 employees).
- Performed profitability and strategic analysis of health plan financials and key functional areas to ensure plan performance meets targets.
- Oversaw health plan medical cost analytics and cost of care process including identifying initiative opportunities, valuation, ensuring successful execution and tracking performance.
- Led team of 6 direct reports responsible for preparing/distributing analysis of health plan membership, revenue and benefit expense trends and partnered with health plan leaders to execute on plan performance.

Humana Inc., Louisville, KY **2013 – 2018**

Finance Field Director (2015 – 2018)

- Directed corporate planning, forecasting, and budgeting and strategic analysis function for Care Delivery Team ($3B Revenue, 250K Managed Care Members, and ~ 2,500 employees).
- Provided Care Delivery financial reporting package for Humana CFO and executive management team.
- Performed revenue, expense and profitability analysis with reporting to operational leaders, management team and Board of Directors.

- Led group expansion into new markets and divestiture of underperforming markets and lines of business.
- Oversaw writing, analysis and forecasting of finance section of provider risk contracts.
- Developed new shared services forecasting team and reengineered forecasting and analysis process across the group resulting in reduced forecast timeline and enhanced oversight and review of process.
- Directed development and roll out of standardized forecasting model across Care Delivery.

Integrations Manager (2014 – 2015)

- Developed and led new team responsible for integrating accounting functions for acquired entities up to $1B as well as integration of other disaggregated accounting functions.
- Assisted SEC team with recording acquisitions including allocation of purchase price.
- Developed future state accounting process to enable roll-out of corporate-wide shared services finance model.
- Created 3-5 year strategy for integration team's organization and operating model within corporate accounting group.
- Developed standardized integration materials including engagement outline, detailed project plans, standard tasks and timelines to expedite integration of newly acquired companies.

General Ledger Close, Leasing and Fixed Assets Accounting Manager (2013 – 2014)

- Led team of 11 associates with oversight of the general ledger close, fixed assets and lease accounting functions
- Corporate accounting team representative in company-wide close meetings with Assistant Controller and segment financial leaders
- Developed and rolled out Humana's companywide Balance Sheet Account Reconciliation Policy
- Initiated company-wide use of T-RECs account reconciliation management software for all balance sheet reconciliations as well as scoping project for landscape of all reconciliations
- Assisted with development of corporate accounting future state reorganization as well as vision and scope of the corporate accounting function to create a shared services model
- Developed overview of corporate accounting team's processes, sized work and prepared team for finance outsourcing

PwC, LLP, Chicago, IL **2011 – 2012**

Assurance Manager

- Managed engagements for publicly traded and privately held clients in multiple industries and reviewed work of engagement teams, performed detailed review of client financial statements and disclosures, maintained profitability and on-time completion of engagements.
- Reviewed and analyzed client transactions for appropriate accounting treatment, conducted research of issues and made recommendations to clients (e.g. Business

Combinations ASC 805, Revenue Arrangements with Multiple Deliverables ASC 605-25)

- Assisted clients in reporting process with the SEC, reviewed draft reports and disclosures for 10-K, 10-Q and verified that publicly held clients have appropriate controls to comply with SOX
- Coordinated and managed several international audit engagements

BDO USA, LLP, Chicago, IL **2008 – 2011**
Assurance Senior Associate

- Performed detailed audit work for multiple engagements and reviewed work of staff, reviewed financial statements and disclosures for public and privately held clients in various industries
- Conducted research on accounting issues and made recommendations to clients

Midwestern Trading Group of Companies, Cedar Rapids, IA **2005 – 2006**
Controller

- Responsible for preparation of financial statements and communication of results to shareholders and BoD, calculated and evaluated financial ratios and metrics, ensured compliance with debt covenants, oversaw audit and tax engagements, and monitored cash flow/working capital
- Worked with President to restructure company and instituted cost cutting initiatives decreasing operating expenditures by 39% and improving operating profit 31%
- Decreased financial statement close process from 22 to 5 days, completed major chart of accounts revision and oversaw implementation of new financial consolidation package

PwC, LLP, Chicago, IL **2005 – 2006**
Assurance Associate

Education

University of Northern Iowa, Cedar Falls, IA

- Masters of Accounting
- Bachelor of Arts in Accounting

Professional Certifications

Kentucky Board of Accountancy

- Certified Public Accountant

Brittany Boelscher, MHA — Chief Compliance Officer

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	6 years
Years of Experience with Medicaid	4 years
Highest Level of Education	Master of Health Care Administration
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2016 – Present**

Chief Compliance Officer (2018 – Present)

- Directs and coordinates health plan efforts to ensure compliance with laws, regulations, and policies that govern its State contracts, promoting and overseeing the Kentucky compliance program
- Advises executive leadership of regulatory risks in business processes and provides
- recommendations for improvement through compliance reports and annual evaluation on the compliance program
- Chairs the Regulatory Compliance Committee, coordinates resources, develops and
- participates in education and training programs to make sure that all employees, the board of directors, Subcontractors, and Providers are knowledgeable of and comply with all applicable standards and requirements
- Maintain effective and collaborative relationship with external stakeholders and State partners
- Verifies internal controls are capable of preventing and detecting significant instances or patterns of illegal, unethical, or improper conduct
- Ensures maintenance and documentation of policies, procedures, and standards of conduct that articulate the health plan's commitment to comply with the requirements of the federal and State health care programs and to confirm the ongoing effectiveness of the compliance

Manager, Medicaid State Operations Manager (2018)

- Developed and operationalized requirements of for new Medicaid program development
- Recruited, hired, mentored and trained staff on business procedures, policies, and duties
- Implemented escalation procedures to effectively handle time sensitive issues in most efficient professional manner
- Attended DMS implementation and technical meetings and served as a liaison between DMS and Anthem
- Created and tracked collaterals related to new Medicaid programs and wrote new policies and procedures

Business Change Advisor Sr. / Project Administrator (2017 – 2018)

- Managed project elements for multiple initiatives from initial planning to project rollouts to support senior leadership team with long term strategic goals for success
- Facilitated and coordinated annual planning process for the health plan, assisting in the development of the journey plan and educated key stakeholders on use of these tools
- Developed project plans identifying key issues, approaches and performance metrics
- Supported implementation of new Kentucky Medicaid programming through working with the Implementation Management Office

Process Improvement Associate (2016 – 2017)

- Completed contractual and NCQA audits of Utilization Management (UM) and Case Management processes
- Departmental designee for annual review of Member handbook, Provider manual, Policies and Procedures and all materials pertaining to UM and Care Management
- Coordinated meetings and led trainings on process improvement initiatives with UM and Care Management staff including development of easy-to-understand trainings and educational materials
- Supported implementation of new UM and Care Management subcontractor functions

KORT- Kentucky Orthopedic Rehab Team, Louisville, KY **2014 – 2016**
Patient Service Specialist

Education

University of Cincinnati, Cincinnati, OH

- Masters of Healthcare Administration

University of Louisville, Louisville, KY

- Bachelor of Science in Health and Exercise Physiology

Professional Affiliations

- Elevate Leadership Alumni

Peter Thurman, MD — Medical Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	45 years
Years of Experience with Medicaid	19 years
Highest Level of Education	Doctor of Medicine Master of Business Administration
Clinical Licensure/Other Credentials	Kentucky Licensed Physician

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2014 – Present**
Medicaid Medical Director

- Provides clinical oversight and leadership of the Integrated Care Management team and assists in the development and innovation of programs to make sure Members receive appropriate services and supports
- Designs cost of care initiatives to better service Members in the most cost-efficient and high-quality manner
- Improves and develops existing and new medical management policies based on emerging models in health care delivery and ensures the team administers evidence-based guidelines and clinical policy in compliance with corporate and CMS guidelines
- Assists in identifying and building clinical and non-clinical programs to positively influence effectiveness and quality of care objectives
- Plays a pivotal role in securing and maintaining accreditations and keeping clinical processes in compliance with NCQA standards and State and federal regulations
- Conducts outreach to Provider community, at a case management level, to engage directly in discussions on available services for Members

Family Health Centers, Inc., Louisville KY **2011 – 2013**
Medical Director

- Oversaw the recruitment and hiring of Providers (MDs, DOs, and APRNs), completed peer review, developed quality improvement strategies, and maintenance of the malpractice insurance related to the Federal Tort Claims Act
- Collaborated with the Louisville Metro Public Health and Wellness Department and Centerstone (formerly Seven Counties) on state cancer screening programs and local integration of mental health and medical care
- Appeared in the New York Times (6/23/13 article) and Kentucky Educational Television via Kentucky Tonight (10/07/13) in regard to the 2014 Kentucky Medicaid Expansion
- Acted as part-time Medicaid Director for Kentucky Primary Care Association (KPCA) where he focused on achieving the utilization and quality metrics defined in the contracts with the Kentucky Medicaid Managed Care Organizations.

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2001 – 2011**
Medicaid Medical Director

- Completed utilization review for concurrent hospital, long term acute care, acute rehabilitation, and skilled nursing home care via the computerized WMDS system following Milliman guidelines and the requirements of the individual state
- Reviewed claims to assure medical necessity of services covered by Anthem Medical Policy and UM criteria
- Reviewed denial of claims in the pharmacy system (Anthem Prescription Management)

St. Matthews Medical Associates, Louisville, KY **1994 – 2000**
Private Practice of Internal Medicine

Shaw, Smith, & Thurman, Louisville, KY **1978 – 1993**
Private Practice of Internal Medicine

Vanderbilt University, Nashville, TN **1975 – 1978**
Internal Medicine Internship and Residency

Education

University of Louisville, Louisville, KY

- Doctor of Medicine

Bellarmine University, Louisville, KY

- Master of Business Administration

Professional Certifications and Other Accomplishments

American Board of Internal Medicine

- Board Certification

State of Kentucky

- Medical License

Andrew Rudd, PharmD, RPh — Pharmacy Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	17
Years of Experience with Medicaid	14
Highest Level of Education	Doctor of Pharmacy
Clinical Licensure/Other Credentials	Kentucky Licensed Pharmacist

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2015 – Present**

Pharmacy Director

- Serves as the primary contact for Kentucky Medicaid pharmacy program, managing all pharmacy-related communications to both internal and external stakeholders
- Provides strategic solutions to address Member pharmacy needs through continuous execution of cost effective, quality, care standards, and process improvement initiatives
- Reviews pharmacy-related trends and identifies elements that impact pharmacy spend
- Acts as the primary support resource for the Pharmacy department regarding efforts to improve the performance of the pharmacy benefit

Humana, Inc., Louisville, KY **2006 – 2014**

Clinical Advisor, Commercial Formulary Operations (2010 – 2014)

- Developed and maintained clinical edit protocols that resulted in consistent and accurate clinical reviews, positive Member experience, and improved awareness and understanding of pharmaceutical care
- Provided clinical perspective for re-engineering efforts to optimize Humana's claims processing ability
- Participated in Humana's Pharmacy & Therapeutics (P&T) committee as a contributor of clinical policies to ensure appropriate use of pharmaceutical agents
- Provided clinical content for the creation of Request for Proposal for prospective commercial ensured groups

Clinical Advisor, Issue Resolution Team (2009 – 2010)

- Created the Issue Resolution Team, beginning with initial concept collaboration with senior leadership
- Reviewed pharmacy claims and medical history to assist in the delivery of appropriate pharmaceutical therapy
- Assisted prescribers, Members, and internal employees with benefit issue resolution
- Provided support to the Quality Assurance team that oversaw clinical review process by identifying potential process flaws as well as employee training opportunities
- Provided feedback to P&T committee of downstream impacts of policy implementation as it related to Member and provider interaction with the pharmacy system

Clinical Advisor, Therapeutic Interchange Program (2008 – 2009)

- Gave clinical guidance for the interchange of therapeutically equivalent drugs for Humana Rightsource pharmacy customers to maximize clinical outcome while improving cost efficiency as well as decreasing Member cost burden

Clinical Advisor, Clinical Review (2006 – 2008)

- Provided accurate and timely clinical review of Member prior authorization requests based on the guidance and criteria provided by P&T policy

Rouben's Pharmacy, Louisville, KY **2004 – 2006**
Staff Pharmacist, Community Pharmacist
Kroger Pharmacy **2003 – 2004**
Staff Pharmacist, Community Pharmacist

Education

University of Kentucky College of Pharmacy, Lexington, KY

- Doctor of Pharmacy

Paducah Community College, Paducah, KY

- Pre-pharmacy

Clinical Licensures/Certifications

Kentucky Licensed Pharmacist

- License number 012571

Ohio Licensed Pharmacist

- License number 28374

Arizona Licensed Pharmacist

- License number S016462

Professional Affiliations

- Kentucky Pharmacist Association (KPhA)
- Academy of Managed Care Pharmacy (AMCP)

Kwane M. Watson, DMD — Dental Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	21
Years of Experience with Medicaid	4
Highest Level of Education	Doctor of Dental Medicine
Clinical Licensure/Other Credentials	Kentucky Licensed Dentist

Professional Experience

Community Dental of Kentucky, Louisville, KY **2016 – Present**
Dental Director

- Assures all Members receive appropriate, quality, and cost-effective oral health treatment and provides oversight for oral health decisions including after-hours consultations as needed
- Drives oral health program development through staying abreast of latest oral and health research, State and federal guidelines, and industry standards
- Oversees all aspects of the clinical experience at Community Dental, a non-profit company that fills the gap for affordable dental care among infants, children, teens, adults, and seniors, and the special needs population, all of whom have no other access to dental care
- Conducts training of staff and oversees practices in Kentucky
- Serves as a mentor for younger dental providers so that they have the skill necessary to succeed in the practice

BMW Investments, LLC, Louisville, KY **2002 – Present**
Owner/Managing Partner

- Renovated and secured tenants such as Social Security Administration and Cypress Medical Center for this 17,000 square foot commercial development
- Purchased property for $365,000 in 2002 and grew property value to $2.5 million in 2006

Watson PSC dba West Louisville Dental Center, Louisville, KY
Dentist/Owner and Manager **1999 – 2017**

- Managed day-to-day marketing, human resources, accounting as well as provided dental services in the largest dental practice in the west end of Louisville
- Provided comprehensive care for patients (both adult and pediatric), including diagnosis, treatment planning, patient education, operative procedures, extractions, and multidisciplinary care with specialists

Education

Academy of GP Orthodontics

- Associate Fellow

University of Kentucky, Lexington, KY

- Doctor of Dental Medicine

David Crowley, LPCC — Behavioral Health Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	10 years
Years of Experience with Medicaid	10 years
Highest Level of Education	Master of Education Counseling and Human Development
Clinical Licensure/Other Credentials	Licensed Professional Clinical Counselor by Kentucky Board of Licensed Professional Counselors

Professional Experience

Anthem Inc., Louisville, KY **2014 – Present**

Behavioral Health Director (2019 – Present)

Behavioral Health Manager/ Interim Behavioral Health Director (2015 – 2019)

- Direct the Behavioral Health (BH) team to ensure coordination of member service(s), utilization, access, and concurrent review to ensure cost effective utilization of overall health services and positive outcomes.
- Implement tailored programs and strategic interventions to ensure contract compliance and improved outcomes for Individuals with Special Healthcare Needs populations (i.e. State Guardianship and Foster Care)
- Serve as a subject matter expert for projects such as the implementation of Milliman Care Guidelines, Interqual 2016.3, Anthem Peer Support Pillar, ASAM, LOCUS, CASII and ECSI.
- Coordinate enhanced behavioral and physical health integration (High Intensity Integrative Team partnership) partnering with providers to establish short and long term goals that meet the members' needs, functional abilities, and referral sources requirements.
- Perform data analytics to identify outlier utilization and implement actions to improve appropriate care and outcomes while streamlining processes.
- Ensure appropriate benefit administration of mental health services through level of care determination and accurate interpretation/application of benefits and regulations.
- Manage case consultation and education to customers and internal staff for efficient utilization of mental health services.
- Twice recipient of the Anthem Values in Action Award.

Foster Care Liaison/Case Manager II (2014 – 2015)

- Collaborated with healthcare providers, foster care, and subsidized adoption members telephonically or face-to-face to promote quality member outcomes, to optimize member benefits, and promote effective use of resources for complex medical issues.
- Assessed the medical necessity of inpatient admissions, outpatient services, out of network services, and appropriateness of treatment setting by utilizing the applicable medical policy, clinical criteria, and industry standards, accurately interpreting benefits and managed care products, and assisted members or their guardians in identifying appropriate providers, programs or community resources.

- Consulted with clinical reviewers and/or medical directors to ensure medically appropriate, high quality, cost effective care throughout the medical management process. Ensured compliance with applicable criteria, medical policy, and member eligibility, benefits, and State contracts.
- Facilitated member care transition through the healthcare continuum. Partnered with providers to assess for early identification of member needs and proactive discharge planning.
- Represented Anthem in routine meetings with the state departments that administer foster care and subsidized adoptions, implementing health plan and department procedures as agreed to with the state departments, developing a subject matter expert level of knowledge of the foster care and subsidized adoption systems, creating, reviewing and delivering required reports, identifying gaps in service delivery system and assist in the development of solutions to address the gap

Family Ark (formerly Regional Youth Services), Jeffersonville, IN **2012 – 2014**
Chief Operating Officer

- Collaborated with Managed Care Organizations to ensure appropriate utilization of service(s). Oversaw internal quality assurance and utilization review processes.
- Provided administrative supervision for staff including: Programs Manager, Intake and QI Supervisor, Foster Care Case Managers, Behavioral Health Clinical Therapist, Home Based Program Coordinator. Oversaw the staff training program.
- Provided clinical supervision, consulted with clinical staff, reviewed clinical staff documentation, and participated in on-call rotation. Ensured that all clinical programs met or exceeded COA standards.
- Developed and administered clinical and operational programs for the organization.
- Served as the public relations/liaison between the agency and referral sources and/or community
- Oversaw the entire agency operation in the event of the Executive Director's absence

Uspiritus, Community Based/ IMPACT Plus, Louisville, KY **2011 – 2012**
Behavioral Health Professional

- Provided individual and family therapy to clients diagnosed with an emotional or behavioral disorder that disrupted functioning in the home, school and/or community.
- Coordinated with case managers to ensure service recipients met IMPACT Plus eligibility criteria and best practice services were implemented in order to prevent out of home placement and/or inpatient hospitalization.
- Assisted in developing and maintaining accurate Collaborative Service Plans
- Submitted documentation that supported the provision and progression of services to the Medicaid Managed Care Organizations.
- Assisted parents and caregivers to understand their child's needs and the community systems involved

Maryhurst, Louisville, KY **2010 – 2012**
Program Manager/Clinical Therapist, Family Treatment Homes & Chabrat House

- Collaborated with DCBS referral sources to develop strategies that best met the needs of those served and created needed programming. Anticipated the future needs of youth currently participating in the program.

- Facilitated individual, group and family therapy with an assigned caseload. Monitored the daily therapeutic environment to address issues related to each resident's treatment plan.
- Participate in treatment planning and evaluation within the context of an interdisciplinary team. Assured the proper placement of each youth within the program
- Participated in hiring of new employees. Provide direct supervision for Program Supervisors and Treatment Team Coordinators including hiring new employees and coordinating with the Program Supervisor, Division Director and the Human Resources Department when there is need for a disciplinary process with a staff member

Education

Lindsey Wilson College, Columbia, KY

- Master of Education, Counseling and Human Development

Centre College, Danville, KY

- Bachelor of Science in Psychology & Anthropology/Sociology

Clinical Licensure/Certifications

Kentucky Board of Licensed Professional Counselors

- Licensed Professional Clinical Counselor

Juvenile Sexual Offending Counselor Certification Program (JSOCCP)

- Juvenile Sexual Offender Certified Counselor

Jennifer Ecleberry — Provider Network Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	18 years
Years of Experience with Medicaid	15 years
Highest Level of Education	Bachelor of Health Science in Health Administration
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2014 – Present**
Provider Network Director

- Oversees and develops the Provider Relations/Contracting staff to provide a best-in-class service experience
- Responsible for negotiating Medicaid Provider contracts and amendments with new and established Providers, including hospitals, practitioners, and ancillary Provider types to support the health plan financial performance
- Implements leading Provider collaboration/network innovation strategies to support cost-effective, quality care
- Monitors and ensures compliance with established access and availability standards in accordance with State and federal regulations and to ensure competitiveness and marketability
- Supports the development of comprehensive Provider communications, such as the Provider Manual, Provider orientations, and web portals to ensure Provider understanding and application
- Supports the resolution of escalated Provider complaints to mitigate or respond to State complaints
- Acts as key health plan liaison with State officials and State associations on Provider-related initiatives and issue resolution

AmeriHealth Caritas, Philadelphia, PA **2013 – 2014**
Director, Corporate Provider Communications and New Business Implementation

- Responsible for oversight and development of the corporate Provider communications staff
- Responsible for market entry Provider materials for new market growth for Medicaid, Medicare, Dual Demonstration, and Exchange products
- Supported the development of Provider communications for enterprise-wide initiatives, such as ICD-10, the implementation of national vendor contracts, and implementation of a new payment integrity vendor
- Acted as corporate resource for Provider communications for existing lines of business within the enterprise, including materials such as the Provider Manual, Provider orientation kit, Provider alerts and letters, and Provider workshops

University Health Care, Inc. – Passport Health Plan, Louisville, KY **2005 – 2013**
Director, Provider Network Management (2011 – 2013)

- Responsible for oversight and development of the Provider Relations/Contracting staff
- Responsible for negotiating Provider contracts and amendments with new and established Providers, including hospitals, physicians, and ancillary Provider types
- Ensured compliance with established Provider site visit and servicing standards and in accordance with State and federal regulations
- Supported the development of Provider communications, such as the Provider Manual, Provider orientation kit, Provider alerts and letters, and annual Provider workshop presentations
- Assist in resolving escalated Provider Relations issues

Senior Manager, Provider Contracting (2006 – 2011)

- Researched, developed, and implemented new contracting and reimbursement policies in accordance with State and federal regulations; revised existing contracting and reimbursement policies through annual review process
- Developed, enhanced, and maintained reimbursement history documents for Passport Health Plan and Passport Advantage
- Developed Provider communications regarding contracting policy and reimbursement updates
- Executed contract amendments and agreements associated with contracting or reimbursement initiatives as deemed necessary
- Implemented contract management system for company

Director, Contract Management/Network Development (2005 – 2006)

- Responsible for oversight of the Contract Management/Network Development staff
- Ensured contractual compliance with the State Medicaid contract and federal Medicare Advantage contract
- Managed the departmental budget
- Recruited and maintained the Provider network for the Medicaid/Dual-Eligible population in Jefferson and fifteen surrounding counties
- Conducted routine fee schedule/financial analysis on contractual arrangements

Humana, Inc., Louisville, KY **2002 – 2005**

Director, Provider Network Operations

- Responsible for oversight of an operations team responsible for Provider contract analysis and implementation for the Kentucky, Ohio, and Texas markets
- Responsible for Provider contract configuration in three payer systems — CAS, Badger, and MetaVance through the Provider Single Point system
- Developed and maintained relationships between market offices and the Provider Affairs organization by acting as a liaison for Provider contract load and payment-related issues, platform migration activities, system training, and group sales support
- Responsible for routine communication with the markets on Provider Affairs metrics and system implementation/update initiatives

Education

University of Kentucky, Lexington, KY

- Bachelor of Health Science in Health Administration

David Burianek— Interim Quality Improvement Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	17 years
Years of Experience with Medicaid	7 years
Highest Level of Education	Master of Business Administration, Finance
Clinical Licensure/Other Credentials	Six Sigma Master Black Belt Quality Certification

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2016 – Present**
Quality Improvement Director, Kentucky Health Plan
Executive Vice President, Corp. Quality

- Leads strategic and operational initiatives while driving the enterprise Quality Pillar for the Kentucky Health Plan and across Anthem. Also leads efforts to improve the health and wellness of its members and communities
- Improved Medicaid VBP Retention from 60% in 2017 to 75% in 2018
- 71%+ Medicaid Health Plans earned Commendable/Excellent Status.
- Focuses on achieving the organization's goals around NCQA accreditation (demonstrating national healthcare leadership), across all lines of business and Behavioral Health Fostered a top-to-bottom, team-oriented mindset within cross-functional workforce.

Humana, Louisville, KY **2003 - 2016**
Vice President - Quality and Outcomes, 2013-2016

- Promoted to leadership position with a staff of 400 across the country, accountability for driving enterprise-wide quality improvement across all lines of business (Medicare, Medicaid, and Commercial)
- Challenged to actualize more than $1B annually due to quality outcomes. Worked closely with government regulatory agencies such as CMS.
- Highlights:
  - Increased Medicare bonus / rebate revenue by 28% in 2013 and 26% in 2014; achieved $1B+ annual bonus / rebates due to quality improvement
  - Improved consumer engagement by 10% year-over-year
  - Reduced accreditation costs by 10% while maintaining current levels

Director - Quality Improvement / Medicare Stars Maximization, 2010-2013

- Identified as a high-potential employee; earned promotion and immediately challenged to create and spearhead a new quality improvement organization focused on achieving the highest Medicare Stars results due to new Affordable Care Act provision
- Oversight of 25 direct staff reports and a $30M budget
- Highlights:
  - Responded to CMS's incentive payment program; developed quality strategy to ensure attainment of quality results for member impact, brand reputation and revenue

- Earned reputation as a knowledgeable and influential leader in the healthcare industry on Medicare Stars
- Bolstered 2013 Medicare bonus/rebate revenue by more than $60M during a 1-year period
- Transformed organization into a recognized industry powerhouse that was recognized by analysts as having the greatest Medicare Stars Improvement between 2010 & 2011
- Elevated percentage of membership in bonus earning contracts to ~ 100%
- Received CEO Award for achievement in Medicare Stars Performance

Director - Medicare Service Operations, 2007-2010

- Reported to and recruited by Medicare Service Operations Leader to lead and evaluate the Claims and Ancillary Services Division of Humana's Medicare operation
- Led a team of 500 members and oversaw $50M budget. Focus was to deliver on compliance metrics expectations, lowering Medicare grievances and appeals, bolstering employee satisfaction ratings, and repairing Human's relationships with external agencies, such as the Medicare Rights Center
- Highlights:
  - Recognized by CMS as "Best in Class" re G&A functions

Director - Clinical Guidance Org. Info. Systems, Finance & Trend Detection, 2006-2007

- Oversaw $10M capital improvement project in new information systems and overall Clinical Guidance organization financials of $150M
- Collaborated with COO and cross-functional Medical Cost Trend Committee to drive noticeable improvements
- Initially challenged to implement new information systems for the Clinical Guidance Organization
- With COO, managed Clinical Guidance Organization's financials and directed administrative support team
- Highlights:
  - Led cost of care reductions through Medical Cost Trend Committee
  - Selected and spearheaded implementation of Carekey Information System; operations completed several years under budget

Director - Internal Consulting Practice, 2003-2006

- Led staff of 3 – 10 employees, depending on size and scope of given project
- Joined Chief Operating Officer's "fix-it" team, established and implemented the company's quality strategy, rolled-out Six Sigma Methodology, and led execution of Six Sigma Projects to yield breakthrough results

GE Capital **1998-2003**

IT Solutions Director, 2001-2003

- Reported to GE Capital IT Solutions' Services President and led team of 100+. Promoted into national position to rescue faltering sales operation.
- Highlights:
  - Awarded "Turnaround Business of the Year" by CEO.
    Created strategic and tactical plans that improved operations; drove $100M growth

- Redefined sales engagement processes, portfolio of offerings, and incentives on a national level.
  During 2-year period, grew local GE branch with more than 30% profitability

Midwest Sales & Service Location Manager, 1998-2001
GE Consumer and Industrial **1993-1998**
Six Sigma Master Black Belt - Consumer Services & IT, 1996-1998
IT Director - Business Process Reengineering, 1993-1996
IT Programmer, Analyst & Project Leader, 1988-1991
IT Management Program, 1986-1988
GE Appliances Caribbean, Inc. **1991-1993**
IT & Operations Manager

Education

Bellarmine University

- Master of Business Administration, Finance

University of Kentucky

- Bachelor of Science in Computer Science/Information Technology

Clinical Licensure/Certifications

- Six Sigma Master Black Belt Quality Certification

Vicki Meska, MSN, RN-BC, CCM — Population Health Management Director

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	21 years
Years of Experience with Medicaid	19 years
Highest Level of Education	Masters of Nursing Administration
Clinical Licensure/Other Credentials	Registered Nurse, Certification in Case Management

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2015 – Present**

Population Health Management Director

- Responsible for the implementation and strategic direction of the Anthem whole person health model, a first of its kind social determinant of health based program, for the Kentucky health plan
- Oversees implementation and administration of health care programs related to population health management (PHM), including utilization management, case management, and discharge planning
- Creates Member engagement strategies and key community-based partnerships designed to increase Member engagement and wellness and support membership growth
- Develops and communicates information related to PHM programs, procedures, changes, and government mandated disclosures
- Hires, trains, coaches, counsels, and evaluates performance of over 52 direct and indirect reports including 3 managers

Coventry Cares of Kentucky/Aetna, Louisville, KY **2012 – 2015**

Director of Clinical Health Services (2014 – 2015)

- Managed the concurrent review and retrospective review department consisting of approximately 50 employees including 2 managers and 1 supervisor for the KY Medicaid population
- Implemented a discharge-planning program to bridge the gap between concurrent review and case management to decrease readmission rates
- Ensured program compliance with NCQA and identified opportunities to improve quality outcomes. NCQA certification received in 2014 with no risks identified for the UM department
- Oversaw the development and execution of utilization review policies, procedures, and guidelines
- Assisted in developing clinical management policies/procedures to align with Aetna Standards
- Ensures medical management activities are contracted, reviewed and reported. Supported quality initiatives and activities including reporting and focus studies such as Quality readmission PIP.

Clinical Manager (2012 – 2014)

- Managed the concurrent review department including implementation of an on-site nurse review program
- Maintained oversight of vendor credentialing requirements
- Worked with Finance to identify high cost cases. Slim lined the process flow with finance.
- Oversaw supervisory staff including monitoring productivity and performing monthly audits.
- Implemented a discharge-planning program to decrease readmission rates

Clinical Supervisor (2012)

- Directly responsible for leading RN and administrative staff that provided concurrent review in a managed care setting
- Maintained responsibility for the daily census
- Worked with Finance monthly to provide a high dollar report to establish financial reserves for the month
- Educated staff regarding any new standards of procedure, completed monthly staff audits and productivity reports, and developed daily work assignments based on fax volume and staffing

SHPS, Inc., Louisville, KY **2001 – 2006; 2007 – 2011**

Clinical Manager (2010 – 2011)

- Maintained quality metrics above 98% as service level agreement for Texas Medicaid prior authorizations.
- Ensured quality standards by working closely with QI team to identify staff trends to improve quality performance for department
- Implemented phone/fax review process
- Worked with HR to recruit appropriate staff and interview for utilization review positions. Planned and forecasted necessary staffing for high inventory days.
- Utilized quality standards to work with training team to improve overall training efficiencies and refresher courses for staff
- Maintained weekly production reports including quality metrics to assist with forecasting monthly revenues.

Quality and Education Specialist (2007 – 2010)

- Responsible for monthly and quarterly audits, new hire training, and refresher trainings
- Implemented Milliman IRR process for all staff nurses including monthly Milliman Training sessions with case studies.
- Completed monthly Quality call and documentation audits for UM and CM staff
- Held monthly Quality committee meetings with quality corrective action plans
- Worked with operations to develop RN scorecard for pertinent metrics related to performance guarantees
- Coordinated external vendor in-services for demonstration of DME, HH services, pharmaceuticals, LTACHs, etc.

Registered Nurse Team Lead (2007)

- Directly responsible for leading RN staff that provided complex case management, high risk disease management and care coordination services for a Medicare private fee for service client. Maintained an enrollment rate of 91%.

- Educated staff regarding any new standards of procedure
- Developed internal processes and work flow charts to provide increased productivity
- Assisted in development of reports to track weekly enrollment
- Trained staff with enrollment scripts to engage members in case and disease management

Utilization Review/Medicare Part D (2006)

- Responsible for telephonic utilization review for medical necessity determinations based on specific guidelines dependent on coverage and Medicare guidelines for exceptions to the formulary
- Conducted re-determinations of medication denials
- Acted as liaison between pharmacist, physician and member.

Case Manager (2002 – 2006)

- Assessed, planned, implemented, coordinated, and monitored health care services to meet individual health needs through communication and available resources to promote quality, cost-effective outcomes for case load of 70-80 patients
- Performed medical review of services with attention to URAC standards for all patients enrolled in the case management program.

Pre-certification/Utilization Review Nurse (2001 – 2002)

- Conducted telephonic utilization review for medical necessity determinations based on specific guidelines the member carries and Medicare guidelines
- Utilized specific PDC criteria and clinical knowledge to assess the medical necessity of prospective, concurrent, and retrospective reviews
- Acted as liaison between physician reviewer, provider, the health care community and other key contacts
- Negotiated home nursing, home pharmaceutical and rehabilitation rates as needed
- Reviewed medical claims as needed

Healthquest, Louisville, KY **2006 – 2007**
Case Manager
Visiting Nurse's Association, Louisville, KY **2000 – 2004**
Visiting Nurse-Flu Vaccine Program
Norton Suburban Hospital, Louisville, KY **1999 – 2001**
Staff Nurse-Coronary Care Unit

Education

Bellarmine University

- Masters of Nursing Administration
- Bachelor of Science in Nursing. Accelerated Program
- Bachelor of Arts in Economics. Business Administration Minor

Clinical Licensure/Certifications

- Certification in Gerontological Nursing
- Certification in Case Management-CCM
- KY Registered Nursing License

Nicole Basham — Chief Operating Officer (COO)

Summary of Qualifications

Based in Kentucky	Yes
Years of Healthcare Experience	25+ years
Years of Experience with Medicaid	10+ years
Highest Level of Education	Bachelors of Science, Business Administration and Management
Clinical Licensure/Other Credentials	N/A

Professional Experience

Anthem Kentucky Managed Care Plan, Inc., Louisville, KY **2007 – Present**

Chief Operating Officer - Medicaid State Operations (2017 – Present)

- Collaborates with the CEO to oversee the health plan, including contract compliance and implementation, plan administration, and other key leadership functions.
- Oversight of the Operational Excellence team comprised of associates across multiple fields with numerous skill sets responsible for Program Management of the Kentucky Medicaid Plan
- Responsible for coordinating and driving accountability for multiple teams, including core operations, Claims, member and provider contact centers, Encounters, Enrollment, System Pricing and Benefits Configuration, and Regulatory Reporting
- Oversight of all provider contract configuration, claims payment accuracy, and provider data quality
- Direct regulatory, operational and analytic reporting for all health plan functional areas
- Guarantee the accuracy and compliance of all provider contracts, amendments, and applications
- Accountable for configuration, Medicaid policy, reimbursement methodology, coding and provider contracting/application submission
- Establish and maintain effective partnerships with state business customers for successful execution of the respective states' Medicaid Managed Care program
- Produce and execute marketing strategy for the expansion of the Kentucky Medicaid Program

Sr. Manager, Financial Ops – Commercial Business Division (2015 – 2017)

- Managed overpayment recovery concepts and validation to optimize savings in Central Region for Commercial business.
- Directed staff of recovery auditors to secure identified overpayments and cost of care savings
- Managed vendor relationships around recovery concepts for the Central Region for CSBD

Executive Advisor, Customer Account Management IT – Medicaid (2014 – 2015)

- Acted as a liaison to leverage initiatives and good practices from other areas. Directed the identification and development of independent initiatives across the organization in order to develop a corporate solution.
- Functioned as single point of contact for business and IT partners through the implementation of Medicare/Medicaid dual eligible product
- Managed multiple teams, coordinating the initiating, developing, designing and implementing of new change initiatives
- Served as advocate for enterprise strategies and priorities.

Associate Vice President, Cost Containment – Medicaid (2009 – 2014)

- Leader of large complex operations department and multiple external cost containment vendors in support of cost recovery, collections, savings and prevention for Medicaid and Medicare portfolio.
- Developed strategic formulation and management of initiatives to reduce medical costs through the effective cost containment programs to promote prevention and achieve post-pay overpayment recoveries.
- Drove process improvement initiatives to increase customer experience 38% while reducing operational expense by 22%
- Lead cross-organizational cost containment projects which required changes to business processes, reimbursement policy, training, and/or technology to expand payment accuracy
- Responsible for the timely development and refinement of claims administration in accordance with federal/state regulatory, plan, and corporate standards
- Managed multiple vendor relationships and contracts to improve performance from externally sourced work
- Influenced Medicaid state agencies in their cost recovery approach in partnership with Managed Care Organizations
- Responsible for the development and recommendations around provider contract language to protect the fiduciary responsibility of the health plan in accordance with federal/state regulatory, plan, and corporate standards
- Directed Coordination of Benefit program to optimize accurate coordination of benefit processing
- Implemented prepay subrogation initiatives to secure cost prevention for Medicaid / Medicare membership (PMPY $24)

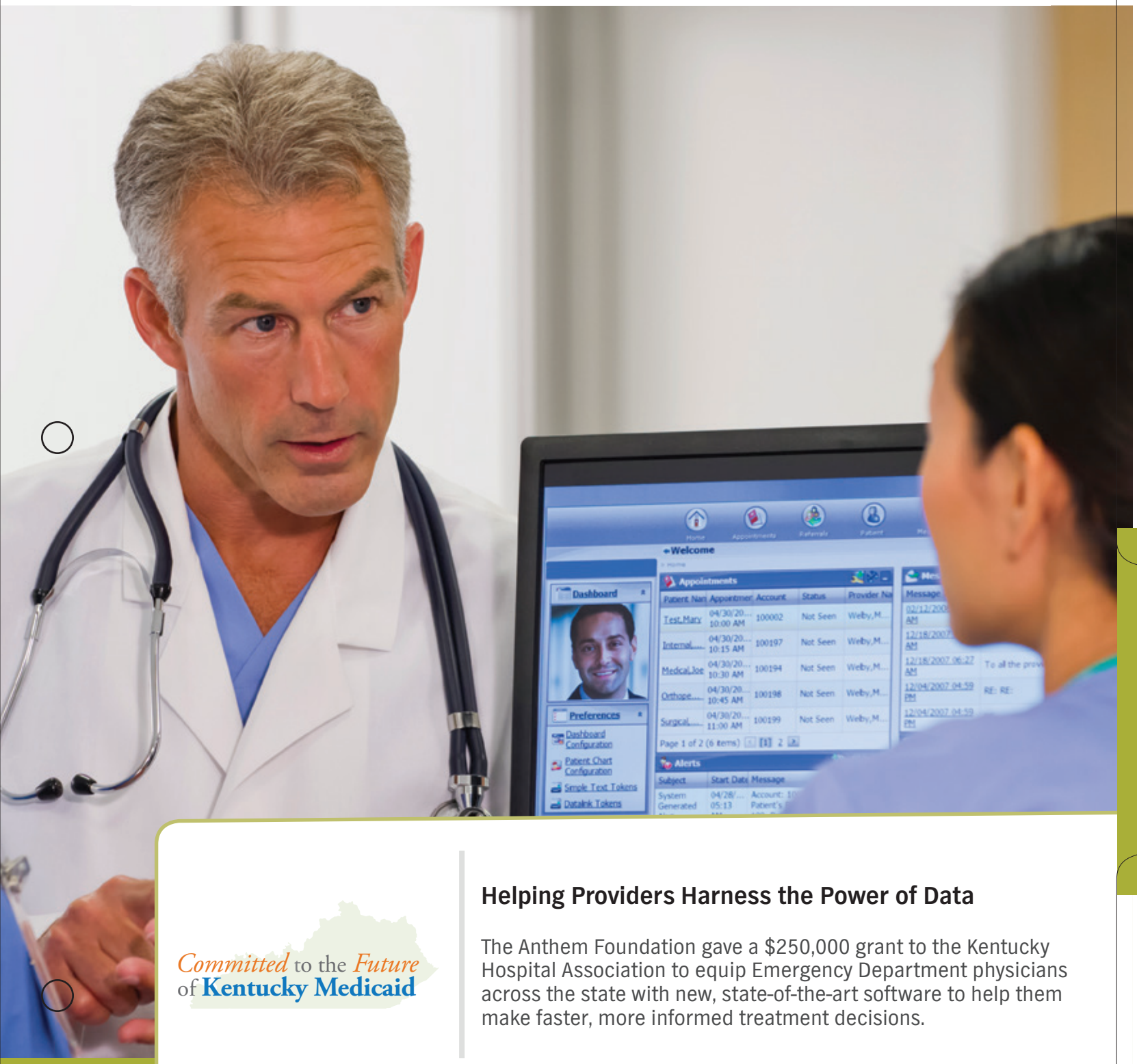
Trover Solutions – Healthcare Recoveries, Louisville, KY **1990 – 2007**
Director, Financial Auditing – Claims / Cost Containment
Manager, Training and Quality Assurance

Education

Indiana Wesleyan University

- Bachelors of Science, Business Administration and Management

Anthem Medicaid



Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

C. TECHNICAL APPROACH

C.1. Subcontracts

C.1.a. Approach to Subcontracting Services and Collaboration

a. Describe the Vendor's approach to subcontracting services for this Contract, and how the Vendor will ensure ongoing collaboration with Subcontractors for a streamlined and coordinated approach to serving Enrollees and Providers.

Anthem Approach to Subcontracting Services

Anthem Kentucky Managed Care Plan, Inc. (Anthem) retains sole responsibility for fulfilling Kentucky Medicaid Contract requirements. Anthem views Subcontractors as valued partners, and we select our Subcontractors for their expertise in delivering the best-in-class Enrollee (Member) and Provider experience. Each partnership with a Subcontractor enables us to perform a particular Contract requirement or Covered Service more efficiently and effectively. As an incumbent health plan serving Medicaid-eligible Kentuckians, we have worked closely with DMS to refine our processes around subcontracting services, and we are familiar with and accustomed to meeting DMS' expectations regarding Subcontractors. ***In our recent State audits, the delegation section specific to compliance of Subcontractor scored full compliance.*** Our approach to subcontracting services includes the following elements:

- Ongoing collaboration with Subcontractors
- Subcontractor oversight structure
- Comprehensive approach to Subcontractor selection

Anthem Accountability for Subcontractors

We are fully accountable for our Subcontractors' performance through processes implemented to monitor, supervise, and enforce Contract compliance.

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Ongoing Collaboration with Subcontractors

Anthem's approach to subcontracting cultivates strong connections with our Members, Providers, and the Subcontractors who serve them. Prior to considering and implementing Subcontractors within the Kentucky market, Anthem reviews their performance, compliance, and demonstrated success in Anthem affiliate markets. If the Subcontractor has not yet served an Anthem affiliate, we conduct a thorough pre-delegation evaluation process to confirm that the meet operational, financial, legal, compliance, regulatory, accreditation, NCQA, and ethical standards. These vetting methods have proven successful, as we have worked with many of our current Kentucky Subcontractors for more than six years, forming effective partnerships built on mutual trust and respect. We engage with our Subcontractors and obtain input into their performance and services through numerous channels including formal reporting, meetings, and communications. Collaborative communication allows us to detect issues before they arise, and open discussion supports quick and efficient problem resolution. For example, CenturyLink phone and internet services were having nationwide issues. Due to these issues, the DentaQuest and EyeQuest call center experienced an outage; however, they were able to move their operations to another state. The Subcontractors' leadership contacted Anthem immediately so that we could notify DMS of the situation with follow-up emails that assured DMS there was no impact to Members or their needed services.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

We give our Subcontractor opportunities to voice concerns, contribute to any process improvement ideas, and participate in related efforts and initiatives through routine operational meetings. Anthem will continue to foster collaboration with Subcontractors for a streamlined and coordinated approach to serving Members and Providers through:

- Organizing and attending ongoing meetings with locally based Kentucky groups, such as our Dental and Vision Technical Advisory Committees; Oral Health Coalition Summits; Dental Advisory Meeting with Providers managed by DentaQuest, Commonwealth-organized oral strategic planning meetings; and presentations conducted at several Oral Health Meetings with other Managed Care Organization (MCO) dental Subcontractors
- Providing a Subcontractor Agreement that is transparent, easy-to-follow, and contains all elements prescribed in Contract Section 6.0
- Continuing to employ a Subcontractor checklist for contracts; this checklist was well received by Commonwealth auditors during our last review
- Establishing avenues of communication that are precise and as frequent as necessary, even daily, to make sure Subcontractors understand their role, expected performance measures, and the importance of providing high-quality services to Members and Providers
- Monitoring and reporting of Subcontractor performance that initiates Subcontractor awareness, communication, improvement, and innovation

Examples of Subcontractor Collaboration

Collaboration with DentaQuest

Member Support. An Anthem Care Manager had a concern about a new Member named "Elle" who had just moved from Michigan to a foster home in Kentucky. Prior to her move, she received braces from a dental Provider in Michigan and was due to receive follow-up care. Elle's foster family identified a Kentucky dental Provider on their own but they were told there would be out-of-pocket expenses since the Michigan Provider already billed for the services. It is hard to find a dental Provider willing to continue ongoing orthodontic care for children who have had braces placed by another dental Provider. Additionally, dental Provider generally request payments for these services upfront.

> *It has been a pleasure working with you [Anthem] and DentaQuest. Your service is exceptional in regards to helping us to receive our claims paid. Also, DentaQuest is the only MCO that compensates us for patients who cancel or miss their appointment. This is a plus! Our office is very pleased with DentaQuest and the services you provide.*
>
> — **Dr. L Keith Woody,** DMD
>
> KY_Hlth2020_C.1.a_DrKeith_TST_01

Once assigned to Anthem as Elle's Medicaid MCO, her Care Manager obtained all the information around the Member and her situation and promptly contacted the Anthem Oversight department, who immediately worked with our dental Subcontractor, DentaQuest, and our Chief Operating Officer. Our Vendor Oversight Team comprises a dedicated Kentucky-based Program Manager of Execution and Oversight (Program Manager) and Subcontractor Managers assigned to each Subcontractor for focused day-to-day management, oversight, and performance review, along with support from national Subcontractor Oversight teams and committees. Together they discussed options for Providers and determined the cost for services. DentaQuest identified a Network Provider willing to perform the services, and DentaQuest and Anthem determined a special case agreement to enable continued treatment. The services included wraparound support among our new Member and her family, the dental Provider, DentaQuest, our Kentucky Oversight department, and Care Manager to make sure there was a dental care plan going

forward. This collaboration effort demonstrated local decision-making and action to make sure a Member received critically needed services with no out-of-pocket payments, as well as proactive and effective collaboration with Subcontractors who directly support Member health care needs.

DentaQuest Advisory Committee. DentaQuest created the DentaQuest Advisory Committee in Kentucky to partner with Anthem and other key stakeholders to improve oral health for all Kentuckians. The committee meetings occur on a quarterly basis and are available for committee members to attend in person or via conference call. In DentaQuest's relentless dedication to improving the oral health of all, they take an all-in approach with key stakeholders to understand and develop better care, expanded access, investment in innovative solutions, and transformative system change. The DentaQuest Advisory Committee focuses on the overall view of DentaQuest in Kentucky, improvements that can be made to the administration of the program, identification of benefits that need review or change, suggestions on additional outreach possibilities for overall oral health, and Member education topics. On behalf of Anthem, DentaQuest collaborates with the Kentucky Dental Association, University of Louisville School of Dentistry, University of Kentucky School of Dentistry, Mortenson Family Dental, Home of the Innocents and Licensed, and practicing Kentucky General and Pediatric Dentists. Outcomes included new treatment options such as teledentistry, a Member Campaign for Halloween, and fee schedule changes.

Having been working with Anthem Medicaid via their partnership with DentaQuest for the past two years, we find that our partnership has expanded care to several individuals that would otherwise not be able to receive dental treatment. The services covered can get patients the help they need on the road to being caries/ disease free. As a provider, our reimbursements are taken care of in an expedient manner. We usually see a one week turnaround and could not be more pleased with the efficiency in payment. I hope this feedback provides a boost to all the partners who aid in providing us with such excellent care.
— **Dr. Whitney James,** DMD
Community Dental Care
Madisonville, KY
KY_Hlth2020_C.1_DrWhitney_TST_02

Collaboration with HealthCrowd

The Kentucky Oversight Team, plan leadership, and our Subcontractor, HealthCrowd, work together to create campaigns that outreach to our Members through a digital platform. Anthem leverages HealthCrowd's extensive experience engaging and guiding individuals to participate in healthy activities, tailoring the messages to best meet the needs of Kentucky residents. The 2019 outreach program design addressed health challenges facing Kentuckians. It focused on adult preventive care and pediatric care, weight management, follow-up after Behavioral Health (BH) hospitalization, and cervical cancer screenings. Anthem and HealthCrowd designed outreach to inform Members about care gaps like needed check-ups and screenings, encouraged them to visit their doctor, and facilitated visits by helping to connect the Member with Member Services, or their PCP, if needed.

Anthem and HealthCrowd Collaborate to Contact More Than 75,000 Kentuckians to Address Their Health Care Needs

In 2019, Anthem collaborated with Subcontractor HealthCrowd to contact more than 75,000 Anthem Kentucky Members about their health care needs. Our programs proved to be impactful, eliciting more than 16,000 responses back from Members. Responses ranged from "Appointment Booked!" to "Thank you, looking forward to another great year." Messaging to Members also resulted in more than 1,800 calls to Anthem Kentucky Member Services, 24/7 Nurse Hotline, and transportation services.
KY_Hlth2020_C.1_Collaborate_COB_05

Anthem's Quality Director, Program Manager, and HealthCrowd meet on a quarterly basis to review progress on campaigns, identify issues, and make adjustments as needed. Initially, opt-in rates were lower than expected on some campaigns. Anthem and HealthCrowd worked to identify the

root cause and streamlined the Member enrollment process for those campaigns. This joint effort led to more than a 30% improvement in opt-in rates. This is in addition to the standard meetings scheduled for every Anthem Subcontractor.

Collaboration with Multiple Subcontractors and Organizations for the Anthem Health Fair

The Anthem team organized a Sunday Health Fair in collaboration with St. Stephens Church and engaged Subcontractors and community partners to provide health screenings and health education to attendees. St. Stephen is the largest African American church in Kentucky and has a congregation of over 14,000 people. This event allowed Anthem to provide vital health services to residents in their local community. Because of our strong ties with our Subcontractors and their local Providers; local community organizations; and local businesses, Anthem facilitated the participation of the following community organizations for this event:

- ***Kare Mobile Dentistry*** to provide his innovative mobile dental clinic that offered dental services
- ***Shawnee Christian FQHC*** to deploy two medical doctors to administer onsite flu immunizations
- ***Norton Healthcare*** to provide onsite bone density testing and breast cancer screening education
- ***Kentucky Public Health Vaccines for Children*** to provide public education regarding childhood immunization
- ***American Red Cross*** to provide educational materials
- ***Bluegrass Lions Club*** to provide onsite HbA1C testing and retinal exams
- ***Hope Wellness Clinic*** to provide onsite body mass index (BMI) testing
- ***VOA Mid States*** to provide HIV testing and HIV education
- ***HighVibe Living LLC*** to perform postural assessments
- Other organizations such as the American Cancer Society, Crowder Chiropractic Wellness, Jefferson County Public Schools, and Behavioral Health community partners to provide education and related collaterals

The Fall into Health Fair was a great success! When Anthem approached us with the idea of a Health Fair, they were already committed to addressing the gaps in service that existed. We provided education, screenings, and service to more than 300 individuals. Without the resources that Anthem Medicaid provided it would not have been as successful. We are excited to build upon this partnership and have already began planning a Health Fair for spring 2020!
— Pat Mathison
St. Stephen Church
Family Life Center Consultant
KY_Hlth2020_Pat_TST_03

Continuous Meetings Between Anthem and Subcontractors Fostering Collaboration

Direct Services Subcontractor Meetings. Anthem's Program Manager and Corporate Vendor Oversight Department hold bi-weekly meetings with Subcontractors providing direct services to Members and Providers, which focuses on the review of productivity metrics, most of which is captured on the Performance Indicator Report. This document works as a project plan to track and resolve items that require action on the part of the Subcontractor or Anthem. It also serves as the basis for review of productivity metrics, while providing an open forum for Subcontractors to raise additional concerns, updates, and suggestions. For example, we discuss the outreach opportunities around data we collect for missed and cancelled appointments. We pay Providers to enter this data so we can analyze and develop actions to increase Member annual dental visits.

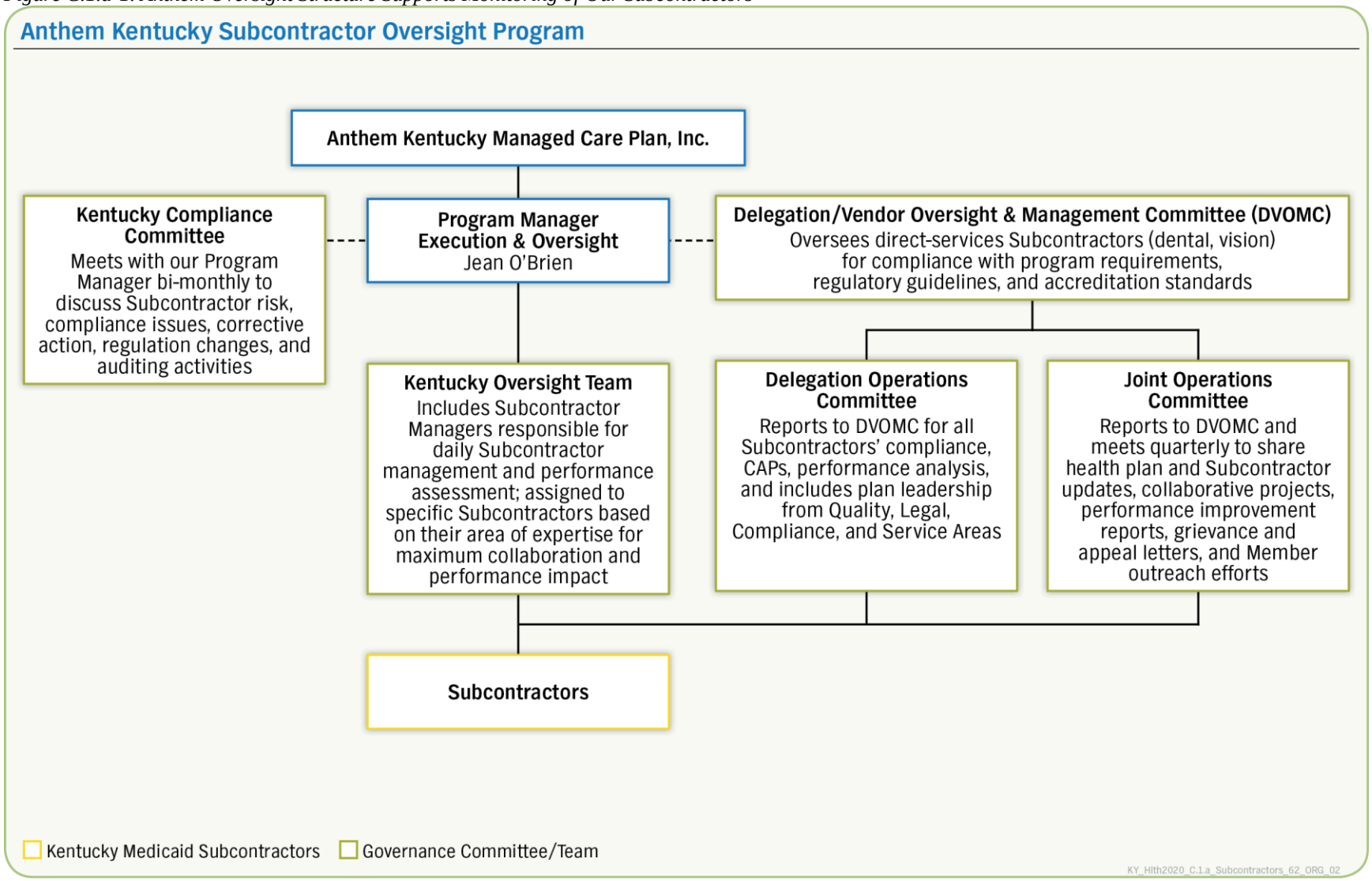
Non-Member Facing Subcontractor Meetings. Anthem's local Program Manager and corporate Vendor Oversight Department conduct either monthly or quarterly meetings with all non-

Member-facing Subcontractors. Similar to the Direct Services Subcontractors these meetings review performance metrics, provide a forum for collaboration and address issues, and discuss future initiatives. Reports along with meeting notes are recorded and shared with Plan leadership for ongoing Subcontractor oversight.

Subcontractor Oversight Program Structure

Figure C.1.a-1 depicts the oversight structure in place for Anthem. Our established Kentucky Subcontractor Oversight Program manages all Subcontractors to assure Members receive timely, appropriate, and quality care and services from our Subcontractors. The Subcontractor Oversight Program is designed to monitor Subcontractor performance continuously in a collaborative manner. Our performance monitoring processes include an annual formal review, frequent meetings, review of performance data, and confirmation that a Subcontractor meets operational, financial, legal, compliance, regulatory, accreditation, NCQA, and ethical requirements.

Figure C.1.a-1. Anthem Oversight Structure Supports Monitoring of Our Subcontractors



Kentucky Oversight Team

Our Vendor Oversight Team comprises a dedicated Kentucky-based Program Manager of Execution and Oversight (Program Manager) and Subcontractor Managers assigned to each Subcontractor for focused day-to-day management, oversight, and performance review, along with support from national Subcontractor Oversight teams and committees. Our Program Manager, Jean O'Brien, leads the Oversight Team. She is a member of the Kentucky Compliance Committee; the Committee meets at least six times a year to discuss potential risk, compliance issues, changes to Commonwealth and Federal regulations, and auditing related to Kentucky Medicaid operations and functions. The Program Manager shares data specific to subcontracting such as performance, compliance, risk, corrective action, and new Subcontractors. In addition, the Program Manager actively participates and leads the delegation Subcontractor portion of any Kentucky State audits, inquiries, or regulatory request from DMS, as well as prepares and submits the quarterly Subcontractor listing report to DMS.

Our local oversight and monitoring of Subcontractors, supported by national resources, provide:

- Accountability to DMS-specific requirements
- Accurate and timely responses to DMS regulatory inquiries and Provider concerns through our Program Manager
- Consistency in management, expectations, remediation, and corrective actions, as well as a high level review of performance across all states to better identify trends
- Identification of best practices, lessons learned, and innovations in affiliate health plans
- Proactive identification and mitigation of performance variance in a single state, often avoiding impact on other markets
- Participation in DMS Technical Advisory and Strategic Planning Meetings; and DentaQuest Dental Advisory meetings
- Timely resolution of Member concerns presented to care management through Program Manager

Subcontractor Selection

Anthem's selection of Subcontractors centers on identifying how our Members, Providers and DMS can be best served through specialized capabilities, and whose core business capability can meet the Commonwealth's Contract requirements. We have selected qualified and experienced Subcontractors through a comprehensive vetting process that incorporates all requirements of Attachment C, Section 6.0 Subcontracts, including verifying our Subcontractors:

- Reside in the United States
- Demonstrate financial solvency
- Demonstrate the depth and breadth of experience and expertise to perform services
- Maintain qualified resources to perform services
- Possess and maintain Kentucky-specific expertise in each content area for which they are providing services

Sourcing Intake Request for Subcontractors and Pre-delegation Audit

We apply a thorough, rigorous evaluation process to confirm that Subcontractors meet operational, financial, legal, compliance, regulatory, accreditation, NCQA, and ethical standards. We use our internal regulatory guidelines, policies, and procedures to vet and evaluate new Subcontractors, including our Medicaid Compliance Subcontractor Management Due Diligence Policy, Medicaid Disclosure of Ownership Policy, and Medicaid Offshore Governance Policy. For example, our Medicaid Due Diligence policy assists us in the assessment of Subcontractors' inherent risk to the Commonwealth and will define additional Subcontractor monitoring required of the Subcontractor Manager, Program Manager, and the Kentucky Oversight Team. Based on the type of services provided by the Subcontractor, the Sourcing or Procurement team will work with the potential Subcontractor Manager through the evaluation. Anthem will additionally use a pre-delegation audit checklist used to apply a number of pre-delegation metrics, assessments, and evaluations when selecting Subcontractors to perform delegated activities (See Figure C.1.a-2).

Figure C.1.a-2. Example of Items in Our Pre-delegation Checklist

Subcontractor Evaluation/ Pre-Delegation Checklist

- ☑ Operations and resources to perform duties
- ☑ Financial solvency and stability
- ☑ Regulatory adherence
- ☑ Contractual compliance with local, Commonwealth, and federal statutes, laws, and regulations
- ☑ Accreditation status
- ☑ NCQA and other applicable performance ratings
- ☑ Ethical violations
- ☑ Debarrment
- ☑ Policies and procedures that reflect DMS and Anthem requirements
- ☑ References and Past Performance

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C.1.b. Ensuring Subcontractor Responsiveness and Accountability

b. Describe how the Vendor will ensure responsiveness of its Subcontractors to all requests from DMS for reporting, data and information specific to operation of the Medicaid managed care program. How will Subcontractors be held accountable for a delay in or lack of response?

Leveraging our Subcontractor Oversight Program, we not only monitor our Subcontractors' performance in fulfilling their contractual obligations; we also make sure our Subcontractors are responsive to all requests from DMS for related reporting, data, and other information. In 2019, Anthem's Subcontractors in Kentucky answered 54 regulatory inquiries, 13 of which were data requests from DMS. Our Subcontractors submitted 100% of these requests by the DMS' deadline.

Subcontractor Responsiveness

A crucial component of our Subcontractor Oversight Program is to assure compliance with all contractual requirements to be responsive to DMS, including requests for reporting, Member care, claims processing, and onsite meeting attendance. We cover these responsibilities and expectations in detail with Subcontractors during the selection and onboarding process, and memorialize them in written Subcontractor Agreements. Throughout the term of the contract, we:

Anthem Holds Subcontractors Accountable

In 2019, Anthem's Subcontractors in Kentucky answered **54** regulatory inquiries, **13** of which were data requests from DMS. Our Subcontractors responded to **100%** of these requests by DMS' deadline.

KY_HIth2020_C.1.b_DMS_COB_03

- Track and archive DMS inquiries, requests, responses, and timeliness of the response
- Assign Subcontractor Managers to manage requests and concerns, including those related to reporting requirements and submission of required or requested data
- Provide Subcontractors with education and assistance to facilitate accurate and timely reporting

- Notify Subcontractors of ad hoc reporting response deadlines
- Communicate the types of reports required, the format in which reports must be supported, and the schedule and timeframe when reports must be submitted
- Verify that the Subcontractor implements corrective measures to avoid recurrence of issues identified
- Monitor Subcontractor regulatory responses to assure accurate and complete information is submitted to DMS by specified due dates
- Monitor for internal accuracy prior to submitting reports to DMS, and, if necessary, work with Subcontractors to amend and resubmit corrected reports. For accountability, we issue Corrective Action Plans (CAPs) to Subcontractors when reports are not submitted timely or are submitted with incomplete or inaccurate data
- Monitor for compliance with policies and procedures
- Verify the Subcontractors are meeting the requirements, expectations, and standards of the Kentucky Medicaid Contract through monthly and quarterly review of metrics
- Meet with Subcontractors on a scheduled basis to discuss performance

Reporting Required from Each Subcontractor

Anthem requires Subcontractors to submit two primary types of reports: data we need to fulfill regulatory reporting requirements and operational information used to monitor their performance against standards. Subcontractor Managers maintain a schedule of due dates for both types of reports and collaborate with Subcontractors if they are late or submit incomplete or inaccurate information.

During implementation, we review DMS reporting requirements and identify the Subcontractor data we need (including format and due date) to present a collaborative and complete picture of our operations. For all reports, we identify an internal due date prior to the DMS deadline to provide time for a thorough quality review and we continuously analyze data needs and adjust data requirements throughout the life of the Contract.

Subcontractor Accountability

Anthem holds our Subcontractors accountable for their performance pursuant to the Kentucky Medicaid Contract. Our approach to working with Subcontractors leads to high quality services for our Members and Providers. Our Subcontractor Oversight Program includes tracking for possible deficiencies and Contract variances, with a focus on continuous improvement of the services our Subcontractors provide.

Addressing Deficiencies Such as Delays in Response or Lack of Response

Clearly defined expectations and consistent performance monitoring is a key piece of our Subcontractor Oversight Program, and written agreements detail performance standards and the actions we take to address inadequate or substandard performance. If at any time performance does not meet our expectations, we will take action and work closely with the Subcontractor toward a resolution and return to complete and ongoing compliance.

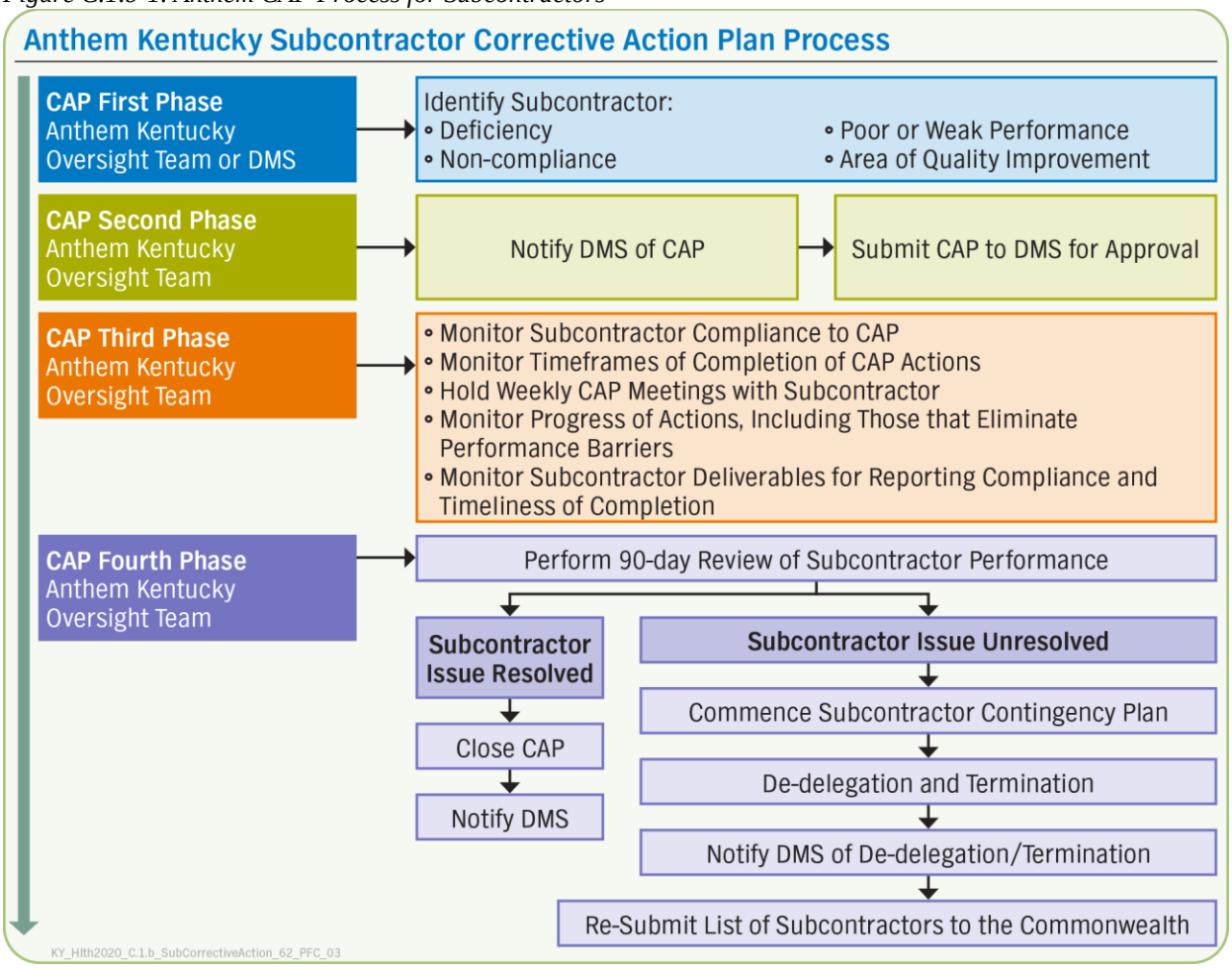
Our approach to identifying and addressing deficiencies, such as delays in or lack of response, centers on establishing and maintaining a collaborative partnership with each Subcontractor and regular, consistent monitoring. Subcontractor Managers work to identify and discuss resolution of performance issues early — before they become a problem. We supplement our proactive

account management structure with robust monitoring, including monthly performance reporting, quarterly reviews, and annual audits.

If we identify a performance or operational problem with a Subcontractor, we immediately apply a series of escalating interventions, including increased meeting frequency and data submission, development of a CAP, financial penalties, and other sanctions.

We promptly disclose to the Commonwealth significant deficiencies identified that involve our Members and Providers. Our CAP includes a timeline for correcting the deficiency, dashboards to review ongoing metrics, and regularly scheduled meetings with the Subcontractor to review progress. The CAP monitoring process ends when the Subcontractor demonstrates ongoing compliance, typically for at least 90 days. In the event CAPs are unsuccessful in generating a sustained performance improvement, we consider termination and promptly notify DMS. Figure C.1.b-1 displays our CAP process.

Figure C.1.b-1. Anthem CAP Process for Subcontractors



Examples of Anthem CAP for a Delegated Subcontractor

Member File Erroneously Sent. When an Anthem Member file was sent to another market during their implementation, our Subcontractor quickly identified the error. Due to the nature of a Protected Health Information (PHI) concern and low risk, we immediately contacted DMS

along with our national Privacy Officer. While the Commonwealth did not issue or require a CAP, Anthem issued an internal CAP to the Subcontractor and monitored the Subcontractor's performance for three months with no other similar occurrences.

Incorrect Claim Code. An Anthem Subcontractor vision Provider contacted our Program Manager concerning an "odd" denial explanation code he received on a claim. Our Program Manager consulted our vision Subcontractor to discover a technical error had occurred within claims processing. Our vision Subcontractor quickly corrected the error. In addition, Anthem placed the vision Subcontractor on an internal CAP and monitored the Subcontractor for three months to be sure the issue was resolved.

C.1.c. List of Subcontractors

c. Provide a listing, including roles and locations, of known Subcontractors that will support the Contract resulting from this RFP.

Table C.1.c-1 displays a list of our Subcontractors, including their roles and locations from which they support the Draft Contract.

Table C.1.c-1. Anthem Subcontractors' Roles and Locations When Serving the Kentucky Medicaid Contract

Subcontractor Name	Role	Location(s)
Anthem, Inc.	• Administrative and support services, including information technology; enrollment; claims processing; Third Party Liability; fraud, waste, and abuse; Member and Provider call services; Encounters; Utilization Management; legal; compliance; regulatory; and finance	• Louisville, KY • Indianapolis, IN • Virginia Beach, VA • Norfolk, VA
Alliant ASO	• Analyze BH claims data for sample audit for non-compliance and fraud, waste, and abuse	• Atlanta, GA • Orlando, FL
Aspire Health, Inc. (Wholly Owned Anthem, Inc. Subsidiary)	• Operate community-based palliative care physician practices providing field-based care delivery with additional telephonic support to patients and their families from the Care Center	• Lexington, KY • Louisville, KY • Southern OH • Nashville, TN
Availity, LLC	• Provide online verification of membership • Support Anthem's Provider engagement strategy through Availity's Provider Portal for transactions such as eligibility and benefits and claim status	• Jacksonville, FL • Indianapolis, IN • Dallas, TX
BHM Healthcare Solutions, Inc.	• Provide Initial and Appeal Medical Necessity Reviews, including retrospective, concurrent, and Prior Authorization Reviews	• Tampa, FL
CQ Fluency, Inc.	• Provide translation and interpretation services	• Hackensack, NJ
Cenveo Worldwide Limited	• Provide gift card incentives to Members for maternal child, prenatal, and postpartum kits	• Stratford, CT • Minneapolis, MN • St. Louis, MO
Change Healthcare Resources, LLC	• Identify the right coverage for Anthem Members, resolve complex claims, and enroll Members in appropriate programs	• Atlanta, GA
Clarity Software Solutions, Inc.	• Process, print, and fulfill Member ID card orders	• Madison, CT
Conduent, Inc.	• Provide Explanation of Benefit print mail services and other print mail services	• Erlanger, KY • San Antonio, TX • Richmond, VA
Corvel Health	• Itemized review service for Hospital inpatient and outpatient claims and transplant claim review	• Louisville, KY • Irvine, CA

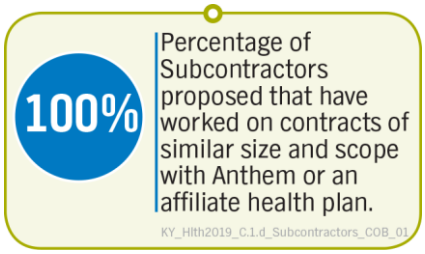
Subcontractor Name	Role	Location(s)
Cotiviti, Inc.	• Provide data mining to identify incorrect pricing calculation and units billed for high drugs and home health overpayments • Provide Retrospective Claims Accuracy (RCA) service to improve performance through a combination of Billing Accuracy, Contract Compliance, and Payment Responsibility solutions	• Louisville, KY • Denver, CO • Columbus, OH • Blue Bell, PA • Salt Lake City, UT
Council for Affordable Quality Healthcare, Inc.	• Provide credentialing Coordination of Benefits (COB) service	• Washington, DC
CulturaLink, LLC	• Provide interpretation and translation services by leveraging interpreters across several large Kentucky-based health systems	• Atlanta, GA • Indianapolis, IN
CyraCom International, Inc.	• Provide translation and localization services, including document translation, eLearning and website localization, multilingual desktop publishing, voice-over recording, subtitling, braille transcription, large print format, Section 508 formatting, and transcription of audio	• Tucson, AZ
DentaQuest, LLC	• Provide dental benefits management	• Ashland, KY • Bowling Green, KY • Lexington, KY • Louisville, KY • San Diego, CA • Doral, FL • Miami, FL • New Orleans, LA • Boston, MA • Columbia, SC • Nashville, TN • Austin, TX • Milwaukee, WI
The Dieringer Research Group, Inc.	• Provide case management surveys	• Brookfield, WI
Eliza Corporation (Wholly Owned Subsidiary of Health Management Systems)	• Provide prerecorded messages and interactive outreach, based on Member prompts • Support Anthem's Member Engagement team by leveraging data that maximizes Member outreach through multi-modal communications and targeted Member touchpoints	• Danvers, MA
Episource, LLC	• Provide risk adjustment • Provide medical chart retrieval and coding services	• Gardena, CA
ConsumerInfo.com, Inc. (Held by Experian Holdings Inc.)	• Provide Protected Health Information breach support by making sure Anthem is fully prepared to take necessary steps to respond to any data breach incidents • Collaborate with Anthem to build a response plan that encompasses direct and substitute notifications, an enhanced call center, the identification of protection services, and a Response Ready Plan	• Austin, TX • Allen, TX • Detroit, MI • Costa Mesa, CA

Subcontractor Name	Role	Location(s)
EyeQuest (DentaQuest, LLC)	• Provide routine vision benefits management	• San Diego, CA • Doral, FL • Miami, FL • Ashland, KY • Bowling Green, KY • Lexington, KY • Louisville, KY • Paducah, KY • New Orleans, LA • Boston, MA • Columbia, SC • Nashville, TN • Austin, TX • Milwaukee, WI
CrowdCircle, Inc. d/b/a HealthCrowd	• Provide digital communication platform to engage Members in purposeful digital conversations via SMS, IVR, email, and mobile web to provide information on health care benefits, welcome new Members, and encourage healthy behaviors	• San Mateo, CA • Norfolk, VA
Health Management Systems, Inc. (HMS)	• Conduct hospital bill overpayment recoveries (Third Party Liability & COB) and cost avoidance audits	• Irving, TX
InComm Healthcare & Affinity	• Provide incentives for covered Medicaid populations to maintain healthy lifestyles • Conduct cash premium payment processing for Members in Medicaid	• Atlanta, GA • Minneapolis, MN • Dallas, TX
IngenioRx, Inc. (Wholly Owned Anthem, Inc. Subsidiary)	• Provide pharmacy benefits management	• Louisville, KY • Indianapolis, IN
Iron Mountain Incorporated	• Provide records disposal and secure shred services	• Lexington, KY • Louisville, KY
Language Line Services, Inc.	• Provide video remote and onsite interpretation services	• Charlotte, NC • Los Angeles, CA • Monterey, CA
MCMC, LLC	• Review spinal procedures for Care Management Information System	• Clearwater, FL • Boston, MA • Kansas City, MO
OptumInsight, Inc.	• Provide credit balance and subrogation recovery services	• Eden Prairie, MN
Smart Data Solutions	• Process claim forms, Member appeals, Member submits, medical records, and other claim-related documents for Anthem	• Superior, WI
Sutherland Healthcare Solutions, Inc.	• Perform primary source and acceptable source verifications (PSV) for Anthem using the SmartCred Provider Credentialing Platform it developed	• Houston, TX
WebMD Health Services Group, Inc.	• Provide Members with access to its platform that includes a variety of population health and well-being programs and resources	• New York, NY • Portland, OR
Welltok, Inc.	• Provide incentives to Members to engage in healthy behaviors and activities through the Healthy Rewards program	• Burlington, MA • Roswell, GA • Lyndhurst, NJ • Newport Beach, CA

C.1.d. Subcontractor Relevant Experience

d. Describe the relevant experience of each Subcontractor. Indicate whether the Vendor has subcontracted with the entity for prior contracts of similar size and scope.

Anthem only uses Subcontractors who have been thoroughly evaluated to assure they will improve the quality, efficiency, and value of services we deliver to our Members and Providers. We are proposing an experienced group of Subcontractors to support Anthem in providing quality services to Kentucky Members.



As illustrated in Table C.1.d-1, all proposed Subcontractors have worked with Anthem or an affiliate to support the Kentucky Medicaid Contract or similar contracts in other markets with similar populations and geography.

Table C.1.d-1. Anthem Subcontractors Have Relevant Experience That Aligns With Member Needs

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
Subcontractors Approved by the Commonwealth for Kentucky Medicaid Contract			
Anthem, Inc.	Headquartered in Indianapolis, Indiana, Anthem, Inc. is one of the largest health care benefits companies in the country. Through its affiliated companies, Anthem, Inc. serves more than 79 million people, including 41 million within its family of health plans, more than 7.5 million of whom are enrolled in Medicaid and other state-sponsored programs. Anthem, Inc. strives to be the most innovative, valuable, and inclusive partner in health care. Through its affiliated health plans, Anthem, Inc. companies deliver a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services, along with a wide range of specialty products such as life and disability insurance benefits, dental, vision, BH benefit services, as well as long-term care insurance and flexible spending accounts.	Y	Anthem, Inc. affiliate health plans operate contracts similar in the size, scope and complexity to the Kentucky Medicaid Contract in the following states: AR, CA, CO, DC, FL, GA, IN, IA, LA, MD, MN, NV, NJ, NY, SC, TN, TX, VA, WA, and WV.
Alliant ASO	Alliant and its subsidiaries have supported state agencies and Medicaid MCOs in 13 states continuously since 1972. This includes Alliant ASO's support of Kentucky Medicaid under their contract with Anthem. Alliant has experience in supporting Medicaid programs with Quality Management; compliance audits; payment integrity services focused on fraud, waste, and abuse; and Utilization Management.	Y	Alliant ASO has experience providing services to Anthem affiliates' Members in Medicaid in FL, GA, IN, IA, LA, NC, TN, TX, and WV.
Aspire Health, Inc. (Wholly owned Anthem, Inc. Subsidiary)	Aspire Health is the nation's leading and largest community-based palliative care Provider, currently serving patients in 25 states and 67 cities in partnership with over 25 national and regional Medicare Advantage, Medicaid, and commercial health plans. Today, Aspire cares for Medicaid patients in 11 states, including Kentucky, in partnership with Anthem. Aspire has extensive experience collaborating with Medicaid plans and caring for their Members' adult populations (>18 years of age), having served over 3,000 Members in Medicaid to date, including approximately 1,400 patients in the Commonwealth. This population includes duals, LTSS non-duals, TANF, and Aged, Blind, or Disabled (ABD) populations. Aspire operates community-based palliative care physician practices, combining field-based care delivery with additional telephonic support to patients and their families. Additionally, Aspire's regional leadership provides operational oversight.	Y	Aspire Health, Inc. has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
Availity, LLC	Availity is an industry-leading, HITRUST-certified health IT company delivering solutions that make it easier for physician practices, hospitals, health plans, and government payers to share the information needed to do business with each other. Availity provides solutions to health plans, both governmental and commercial, hospitals, physicians, and vendors such as practice management, systems, billing systems, and Electronic Medical Records (EMR) and Electronic Health Records (EHRs). Availity's national Provider Network includes over 1.6 million registered Providers who will submit more than six billion transactions through Availity in 2019. The company began operations in 2001 launching a Provider portal for regional and national health plans. The company serves particularly large concentrations of Medicaid Membership in California, Florida, Georgia, Illinois, Kentucky, New York, Ohio, and Texas. In addition, Kentucky Providers have access to Kentucky Medicaid through Availity's Provider portal for transactions such as eligibility, benefits, and claim status. Availity began supporting Anthem's Provider engagement strategy in Kentucky and other Anthem markets in 2009. As of June 1, 2019, Availity's Kentucky Network is composed of 19,179 Providers, 9,184 Provider organizations (hospitals, physicians, non-physician and ancillary Providers), and 73,466 active portal users. In fact, Kentucky Providers are on pace for over 97 million transactions in 2019, including 36 million transactions through the Availity portal.	**Y**	Availity, LLC has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
BHM Health Solutions, Inc.	BHM Health Solutions has been providing inpatient, outpatient, initial, peer-to-peer, Appeal, initiation of service, and continuation of service reviews for Medicaid and CHIP Members since 2012.	**Y**	BHM Solutions has experience providing services to Anthem affiliates' Members in Medicaid in AR, KY, TX, and TN.
CQ Fluency, Inc.	CQ Fluency has been serving health care organizations such as Medicare and Medicaid health plans, pharmaceutical companies, hospitals, and government agencies since 2000. The company specializes in culturally relevant, high volume, professional quality, short turnaround translations.	**Y**	CQ Fluency has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV,

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
			NY, SC, TN, TX, VA, WA, WI, and WV.
Cenveo Worldwide Limited	Cenveo Worldwide Limited is a leading global purveyor of print and related products and services. They operate a global network of over 25 strategically located locations and partnerships worldwide, serving a diverse base of over 40,000 customers.	**Y**	Cenveo has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Change Healthcare, LLC	Change Healthcare has over 32 years of experience providing services in 31 markets nationwide. The company's eligibility and enrollment services solutions have been identifying the right coverage for Anthem Members, resolving complex claims, and enrolling Members in the appropriate programs since 2015. During that time, Change Healthcare has provided services to more than 8,000 Kentuckians annually.	**Y**	Change Healthcare has experience providing services to Anthem affiliates' Members in Medicaid in LA, NV, TX, and GA.
Clarity Software Solutions, Inc.	Clarity Software Solutions has been in business since 2007. Clarity has been processing, printing, and fulfilling ID cards and booklets for Medicaid and CHIP plans across several states within the United States for several years. Clarity collaborates with over 90 health plans across the United States. The characteristics of the health plans range from small, regional to large, national plans. Clarity partners with multiple national health plans with membership in Kentucky and across all 50 States. Clarity achieved HITRUST certification in the third quarter of 2016. HITRUST is considered the premier standard of Member PHI protection and data security within the health care industry. Clarity is proud to have accreditation and maintains continual compliance and evaluation with HITRUST standards. Clarity and its data center host RackSpace are also SOC1 and HIPAA certified.	**Y**	Clarity Software Solutions has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Conduent, Inc.	Conduent offers its imaging, business process, analytics, automation, and user-centric insight services in 42 countries. One hundred percent of the top 20 managed health care plans are Conduent clients.	**Y**	Conduent has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV,

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	Conduent has 40 years of Medicaid managed care experience, including 40 years of Medicaid health care systems design, development, implementation, and decision support system experience, as well as 20 years Medicaid primary care case management experience. Conduent provides a full spectrum of services to health plans and administrators across many lines of business including Dental, Disability, FMLA, FSA, HSA, Long-Term Care, Medical, Pharmacy, Vision, and Workers' Compensation.		NY, SC, TN, TX, VA, WA, WI, and WV.
Corvel Health	With 20 years of Medicaid review services experience, Corvel Health has been supporting the Commonwealth of Kentucky and states nationwide for 150 million Members. Their review services expertise includes itemization review, DRG review, implant review, and clinical review. Their review services in 2019 resulted in over $600 million in client savings.	**Y**	Corvel Health has experience providing services to Anthem affiliates' Medicaid Members in KY and TX.
Cotiviti, Inc.	Cotiviti, Inc. currently serves more than 180 health plans supporting commercial, Medicare, and Medicaid business. More specifically, Cotiviti supports more than 90% of Blue Cross plans, and supports three direct payer clients based in Kentucky, as well as many national clients with a presence in Kentucky. Cotiviti offers solutions to health care payers to help lower health care costs and improve quality through higher performing payment accuracy, quality improvement, risk adjustment, and Network performance management programs. Cotiviti has offered Retrospective Claims Accuracy solutions since 1998 that improve performance through a combination of billing accuracy, contract compliance, and payment responsibility.	**Y**	Cotiviti has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Council for Affordable Quality Healthcare, Inc.	For nearly 20 years, the Council for Affordable Quality Healthcare (CAQH) has focused on creating and deploying industry-wide, technology-based solutions that simplify business processes and reduce the burden of health care administration among health plans and Providers alike. As of January 2019, more than 1.4 million unique Providers and nearly 1,000 participating organizations are engaged in CAQH ProView, the trusted source and industry standard for self-reported Provider data. CAQH is a non-profit alliance of health plans and related trade associations with a board consisting of leaders from the following organizations: Aetna,	**Y**	CAQH has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	Anthem, Inc., America's Health Insurance Plans, Aultcare, the BlueCross BlueShield Association, BlueCross BlueShield of Michigan, BlueCross and BlueShield of North Carolina, BlueCross BlueShield of Tennessee, CareFirst, Centene, Cigna, Horizon BlueCross BlueShield of New Jersey, Humana, Kaiser Permanente, and UnitedHealth Group. Participating health plans supply information to the COB Smart registry each week, where it is compared with data from other health plans to identify Members with overlapping benefits. National Association of Insurance Commissioners' (NAIC) rules are applied to determine the correct order of primacy for benefit coverage. Relevant coverage information is then shared with each participating health plan for integration into their existing operational workflows and processes. Providers may also access COB Smart information so they can route claims to responsible health plans correctly.		
CulturaLink LLC	Since 2006, CulturaLink has been providing translation services to health care clients, including 20+ Medicaid and CHIP programs. The company delivers translation services to clients on a national scale using local resources. In support of Anthem's Kentucky Medicaid program, CulturaLink leverages Kentucky-based interpreters across several large Kentucky health systems.	**Y**	CulturaLink has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
CyraCom International, Inc.	CyraCom is a full-service language solutions company and a leading provider of telephonic interpretation, translation, localization, video remote interpretation and assessment, and training services for medical, Medicaid, and government organizations across the United States. CyraCom services the top five medical systems and 8 of the top 10 health insurers nationally.	**Y**	CyraCom has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
DentaQuest, LLC	DentaQuest is the largest dental benefit administrator of Medicaid and CHIP programs in the nation serving 22 million Medicaid and CHIP recipients across 30 states on behalf of 8 state agencies and 100 health plans. In total, DentaQuest serves over 130,000 Members in Kentucky Medicaid. DentaQuest has served as the dental benefit manager to Anthem for Medicaid managed care since 2015.	**Y**	DentaQuest has experience providing services to Anthem affiliates' Members in Medicaid in DC, FL, GA, IN, KY, LA, MD, TX, VA, and WI.

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	DentaQuest is redefining what prevention means by expanding access to improve oral health for all across Kentucky. The company's commitment also includes philanthropic investments of more than $529,000 to launch the Kentucky Oral Health Coalition; support the Kentucky Youth Advocates to empower the Commonwealth's oral health Network; invest in the Kentucky Primary Care Association and National Oral Health Innovation and Integration Network; and participate in Community Programs, such as Lessons in a Lunchbox.		
The Dieringer Research Group, Inc.	For 45 years, the Dieringer Research Group (The DRG) has been specializing in marketing research consultation by completing customer experience, brand assessment, product development, and marketing opportunity research. As part of Anthem's Customer Experience program, The DRG interviews approximately 9,000 Members in Medicaid and competitor customers for Anthem, Inc. annually (with approximately 350 Members being a part of Anthem's Kentucky Medicaid Membership). The DRG also completes 3,625 annual interviews with Members in Medicaid in support of Anthem's case management program, approximately 125 of whom are Anthem's Members in Kentucky Medicaid.	**Y**	The Dieringer Research Group has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Eliza Corporation (Wholly owned subsidiary of Health Management Systems)	Eliza has been performing revenue management and consumer experience solutions for 19 years, and has experience providing services to 8 of the top 10 health plans in the United States. Eliza is a cloud-based platform that provides comprehensive and personalized outreach and health engagement solutions to improve quality of care and clinical outcomes.	**Y**	Eliza has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Episource, LLC	Since 2006, Episource has been a leading technology and services provider for Medicare, Commercial, and Medicaid health plans and medical groups. In Kentucky, Episource has two years of experience in medical chart retrieval and coding, during which time the company has retrieved nearly 50,000 Medicaid charts.	**Y**	Episource has experience providing services to Anthem affiliates' Members in Medicaid in IN, IA, LA, NY, and TN.
ConsumerInfo.com, Inc. (Held by Experian Holdings, Inc.)	Experian, a leader in data protection with global revenues of $4 billion annually, was among the first to develop data breach resolution solutions. Experian services are available nationwide to millions of consumers, including consumers in Kentucky.	**Y**	Experian has experience providing services to Anthem affiliates' Members in Medicaid

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	In addition, Experian Data Breach Resolution Services have serviced the Commonwealth, universities, retail, energy, health care businesses, and local municipalities located in Kentucky for the past 10 years. Experian Data Breach Resolution upholds the highest standards of regulation and compliance while offering premium data breach resolution. In addition to standard Experian Data Breach Resolution services, Experian offers Experian Reserved Response ("ERR") services. The ERR program provides mail notification services for all sizes of breach events. ERR guarantees the resources and infrastructure that Anthem requires are available when a data breach incident occurs. This enables Anthem to respond to breach incidents quickly, with quality, and at scale, while keeping relationships with our Members intact and protecting our brand. With this service, ERR will handle letter proof creation, printing, mailing, and return mail management in coordination with Anthem. In addition, ERR will provide the appropriate text for notification letters that describes, in general, the ERR ID products and Services to be offered to the Affected Population. To help assure Anthem is fully prepared to take necessary steps to respond to a data breach incident, the Experian Client Services team will work with the appointed Anthem Response Ready lead and build a Response Ready Plan that encompasses direct and substitute notifications, an enhanced call center, and the identification of protection services.		in DC, KY, NV, TN, WA, WI, and WV.
EyeQuest (a product of DentaQuest, LLC)	EyeQuest (a product of DentaQuest, LLC) provides services to 22 million Medicaid and CHIP recipients across 30 states on behalf of eight state agencies and 100 health plans. In total, EyeQuest serves over 130,000 Kentucky Members in Medicaid. EyeQuest has served as the vision benefit manager to Anthem for Medicaid managed care since 2014. EyeQuest vision is transforming industry standards through a singular focus to provide integrated, high quality, easy-to-implement solutions that lower overall cost through collaboration and partnership with classic optical laboratories.	**Y**	EyeQuest has experience providing services to Anthem affiliates' Members in Medicaid in FL, KY, NV, TN, and WA.
CrowdCircle, Inc. d/b/a HealthCrowd	For the past 8 years, HealthCrowd has been providing services to approximately 3 million Members in Medicaid across 25 states via its digital communications platform. In Kentucky, HealthCrowd has served approximately 63,000 Medicaid recipients during the year it has operated in the Commonwealth.	**Y**	HealthCrowd has experience providing services to Anthem affiliates' Members in Medicaid in CA, FL, GA, IN, IA, LA, NV, NY, SC, TN, WA, and WV.

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	HealthCrowd's digital communication platform is used by Medicaid managed care organizations to engage Members in purposeful digital conversations via SMS, IVR, email, and mobile web in order to provide information on health care benefits, welcome new Members, and encourage healthy behaviors.		
Health Management Systems, Inc. (HMS)	Established in 1974, HMS has been in continuous operation for 45 years. With such experience, HMS has provided its services to 40 state Medicaid agencies, upwards of 400 private employers, and over 360 health plans, including Medicaid MCOs, Medicare Advantage plans, and commercial health plans. HMS' Direct Bill solution leverages third-party coverage information on Fee-for-Service and encounter claim data to create and submit accurate billings they carefully manage to maximize results for Anthem. Direct electronic billing helps carriers adjudicate claims accurately and more quickly remit payments, which translates into faster recovery. In 2018, HMS' Direct Bill product recovered over $2.6 million for Anthem's Medicaid plan.	**Y**	HMS has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
InComm Healthcare & Affinity	Over the past 9 years, InComm has served over 4.5 million Members across 38 states, serving Medicaid and CHIP in 30 markets. InComm has provided supplemental benefits and incentives to 5,077 Kentuckians during the company's six years in the Commonwealth.	**Y**	InComm has experience providing services to Anthem affiliates' Members in Medicaid in CA, FL, GA, IA, IN,LA, NV, NJ, NY, SC, TN, TX, VA, WA, DC, WI, WV, and MD.
IngenioRx, Inc. (Wholly Owned Anthem, Inc. Subsidiary)	IngenioRx brings more than 30 years of pharmacy benefits experience to the table, with over 24 years in the Medicaid space. IngenioRx has approximately 15 million Members with pharmacy benefits across all lines of business, and annual adjusted prescription volume is approximately 209.5 million. IngenioRx Members in Medicaid make up nearly 40% of IngenioRx covered lives. For Medicaid, as of first quarter 2019 IngenioRx serves nearly 6 million Members with pharmacy benefits in 17 markets. IngenioRx began servicing Members in Medicaid on May 1, 2019. Anthem transitioned administration of the Kentucky pharmacy benefits to IngenioRx on October 1, 2019 with approval by DMS. We had a smooth and seamless transition of approximately 132,000 Members with no significant issues. IngenioRx is a new company and a new name, but the people supporting the business and the programs they offer have not changed. IngenioRx is staffed with the same team that coordinated prescription drug benefits for our	**Y**	IngenioRx has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IN, IA, LA, MD, NJ, NY, SC, TX, and WA.

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	Members for the past six years – a team with over 24 years of experience managing pharmacy benefits in 17 markets, along with a leadership team having more than 100 years of combined experience in the Pharmacy Benefit Management (PBM) industry. IngenioRx has 10 HUB locations including one in Louisville, KY.		
Iron Mountain Incorporated	Iron Mountain has been in business for 68 years and has provided secure shredding services for upwards of 30 years.	**Y**	Iron Mountain Records has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Language Line Services, Inc.	In 1982, Language Line Solutions founded the over-the-phone interpreting industry. For the past 37 years, Language Line Solutions has offered its services to health care Providers and is the partner of choice for over 10,000 hospitals across North America. Today, Language Line provides a comprehensive suite of solutions ranging from telephonic interpretation, video remote interpretation, translation, localization, interpreter testing and training, and onsite interpretation. Language Line has supported Anthem with onsite interpretation services since 2014. Over the past six years, they have provided interpreting appointments for Anthem Members in a multitude of languages, including but not limited to American Sign Language, Spanish, Arabic, Vietnamese, Swahili, Burmese, Nepali, Somali, Karen, Kayah, and Kinyarwanda.	**Y**	Language Line has experience providing services to Anthem affiliates' Members in Medicaid in IA and TX.

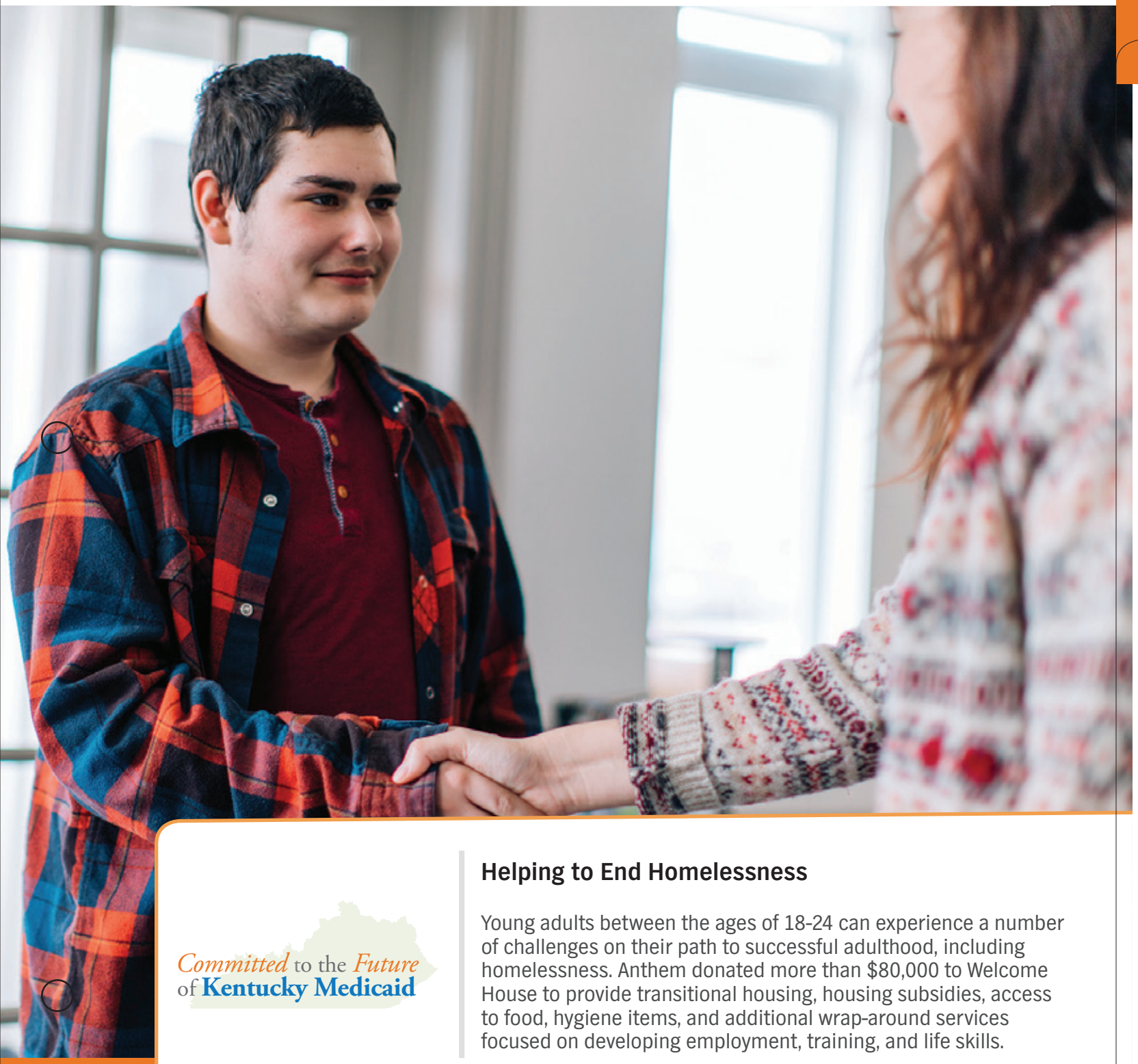
Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
MCMC, LLC	MCMC has over 16 years of experience performing state-level external reviews and has been performing Federal External (ACA) Reviews since 2010. The company has more than 350 clients nationwide, including self-insured employers, Managed Care Organizations, insurance carriers, Provider organizations, benefits brokers, third-party administrators, physician-owned practices and law firms.	Y	MCMC has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
OptumInsight, Inc.	OptumInsight has been in operation for 30 years with 22 years of direct experience within the subrogation, third-party liability arena. Today, Optum Subrogation Services serves more than 35 million covered lives, encompassing all lines of business, managing over 407,000 cases worth upwards of $2.3 billion in paid claim value. Over the past three years, they have generated over $1.5 billion in savings for subrogation services. Optum currently provides subrogation services for Anthem's Kentucky Medicaid plan membership; the company's services have generated upwards of $5.9 million in savings during its 5 years with Anthem.	Y	OptumInsight has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Smart Data Solutions	Smart Data Solutions (SDS) has nearly 20 years of experience managing health care claims transactions and provides services to clients who support Medicaid and CHIP programs in nearly every state. During this time, SDS has provided services that have helped over 320 health care payers, Providers, and networks reduce costs, decrease turnaround time, improve payment accuracy, and increase process capability and control by streamlining and automating client transaction management. SDS processes about 3 million claim forms, Appeals, Member submits, medical records, and other claim-related documents each month.	Y	Smart Data Solutions has experience providing services to Anthem affiliates' Members in Medicaid in AR, CA, DC, FL, GA, IA, IN, KY, LA, MD, MN, NC, NJ, NV, NY, SC, TN, TX, VA, WA, WI, and WV.
Sutherland Healthcare Solutions, Inc.	Sutherland Healthcare is a leading provider of process transformation solutions to the entire health care ecosystem, leveraging digital and design thinking methodologies to transform the services, tools, and experiences of Members. Sutherland services national payers covering all 50 states and has Medicaid and CHIP experience in both New York and Texas servicing multiple health plans.	Y	Sutherland has experience providing services to Anthem affiliates' Members in Medicaid in CA, FL, GA, IA, IN,LA, NV, NJ, NY, TN, TX, VA, WA, DC, WI, WV, and MD.
WebMD Health Services Group, Inc.	Founded in 1995, WebMD has been providing an array of products and services to Anthem, Inc. for over 10 years.	Y	WebMD has experience providing services to Anthem

Subcontractor Name	Relevant Experience	Anthem Subcontractor With Prior Contracts of Similar Size and Scope – Y/N	Markets of Contracts Served Similar in Size and Scope to Kentucky Medicaid Contract
	As of January of 2019, WebMD is currently providing products and services to 67 clients in service of 59.5 million eligible users.		affiliates' Members in Medicaid in CA, FL, GA, IA, IN, LA, NV, NJ, NY, SC, TN, TX, VA, WA, DC, WI, WV, and MD.
Welltok, Inc.	Welltok serves more than 130 clients and 20 million covered lives across commercial, Medicare Advantage, Medicaid health plans, state Medicaid agencies, health systems, hospitals, Provider groups, and health services companies. The company has served over 5 million Members in Medicaid across 50 states. Welltok has worked with the Centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, and numerous state health and Medicaid agencies to address and improve engagement and health care outcomes among underserved and low-income populations. Welltok helps Medicaid clients improve their HEDIS scores, health care utilization, and loyalty and retention by incentivizing Members to engage in healthy behaviors and activities including well-child visits and immunizations, preventive screenings, Health Risk Assessments, ER diversion, and prenatal and postpartum support.	**Y**	Welltok has experience providing services to Anthem affiliates' Members in Medicaid in CA, FL, GA, IA, IN, LA, MD, NV, NJ, NY, SC, TN, TX, VA, WA, DC, WI, and WV.

Ongoing Collaboration with Subcontractors

Anthem maintains ultimate accountability for meeting and exceeding all Contract requirements, but we view our Subcontractors as valued partners that help us meet the needs of our Members in the most effective way possible. Our local Program Manager, Jean O'Brien, leads our Oversight Team, who uses an extensive vetting process to assure that all of our Subcontractors provide a superior Member and Provider experience. We hold our Subcontractors to the same high standards that we hold ourselves to, and we constantly confirm that they are meeting all contract requirements. Our proven oversight structure and a comprehensive approach to Subcontractor selection and monitoring allows us to continue to collaborate with our Subcontractors to provide ongoing coordination and streamlining for our Members and Providers.

2. Collaboration



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

C.2. Collaboration

C.2.a. Collaboration with DMS, Sister Agencies, and Other Contracted Managed Care Organizations (MCOs)

a. Provide a recommended approach for conducting monthly meetings that the Vendor must attend with the Department, other agencies, and other contracted MCOs. In your response, provide the following, at a minimum:

i. Meeting formats the Vendor proposes that will result in successful collaboration.

ii. Examples of issues, ideas, and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each, and whether collaboration for each will require implementation of short-term and/or long-term solutions.

Anthem's Commitment to Collaboration in the Commonwealth

Anthem Kentucky Managed Care Plan, Inc. (Anthem) is committed to continuing, bolstering, and improving collaboration with the DMS, partner agencies, and other contracted MCOs. Our leadership staff meets with DMS and other agency leadership routinely to identify, discuss, and resolve issues influencing the delivery of services to Enrollees (Members). As one of the DMS' long-term trusted partners, we will continue to collaborate with DMS and other agencies to identify opportunities for improving the delivery of services and engaging stakeholders through education and outreach.

Recommended Approach to Conducting DMS Meetings

Based on our experience in Kentucky and lessons learned by our affiliate Medicaid health plans, Anthem recommends DMS conduct a monthly that includes all MCOs. We offer the following recommendations to the approach for these meetings:

- MCOs would work together to establish a rotating schedule to host monthly meetings where leadership staff from both MCOs and DMS have the opportunity to identify trends, discuss issues affecting all organizations, and collaborate on programs that would benefit the overall well-being of Members in Medicaid.
- Before scheduled meetings, that month's MCO host would create and distribute an agenda to make sure all appropriate leadership staff attend. The hosting MCO would gather input from other MCOs and DMS for agenda topics, including new or emerging issues.
- A population health sub-group could be created that aligns with the focus areas of the Kentucky State Health Improvement Plan.
- The MCO host would capture minutes and action items to be assigned to functional subgroups. Each sub-group would meet at its discretion to develop charters and action plans and incorporate a lessons learned segment to be discussed during each monthly meeting.
- The hosting MCO should invite community-based organizations to share information on their services and capabilities and provide the opportunity for each MCO and DMS to discuss potential partnerships that strengthen relationships and capacity within the community.
- DMS could utilize these meetings as a platform to address draft policies, present program changes, and solicit feedback.
- The group can collaborate to establish overarching MCO objectives to support DMS' yearly goals of improving the health and quality of Members in Medicaid across the Commonwealth.

Proposed Meeting Initiatives to Enhance Collaboration

In addition to the monthly MCO meetings, the following proposed meetings would augment our current schedule and provide opportunities for additional collaboration between Kentucky Medicaid stakeholders.

- **Quarterly One-on-One Meetings.** We recommend DMS augment the monthly meeting schedule in exchange for quarterly one-on-one MCO meetings. These meetings could be tailored to smaller DMS audiences and reduce the overall time DMS staff spends on routine meetings. Examples of topics to be discussed are individual MCO statistics, outcomes of performance improvement initiatives, special cases, challenges, Member outreach trends, or Provider complaint trends and ways to address them. Each MCO would be responsible for providing agenda, presentations, and statistics to DMS at least one week before scheduled meetings, allowing time for DMS to review and gather questions for a collaborative discussion.
- **All-MCO Encounter Workgroup.** In partnership with DMS, we offer to lead quarterly all-MCO Encounter workgroups where MCOs can come together to share best practices and discuss solutions for universal encounters issues. We envision inviting specific Provider types to attend select meetings to share their experiences and provide them with a forum to offer recommendations to MCOs. For the first quarterly meeting, we propose inviting Community Mental Health Centers (CMHCs) to discuss ways to improve encounter data completeness. We would also like to use this all-MCO meeting as an opportunity to develop specific Provider training materials, focusing on common issues that are experienced by MCOs related to Provider data submission. This would help facilitate consistent messaging to Providers among MCOs on encounters and ultimately reduce Providers' administrative burden.
- **Best Practices Summit.** In collaboration with health plans across the Commonwealth, we propose that the Kentucky Health Plan Association host a Best Practice Summit where each MCO submits up to three best practices to be reviewed, validated, and judged by local area officials and community-based consumer organization representation. Best practices would then be presented and awarded for their impact to improvement and innovation. Through this event, best practices can be shared with all participants to learn from and incorporate into their own operations. The Best Practices Summit would bring together MCOs and DMS and sister agencies to encourage focus on solutions that improve the overall well-being of Members in Medicaid, enrich the relationship between MCOs and the Provider community, and inform local officials of the work MCOs are doing across the state. Anthem offers to sponsor the first Best Practices Summit and lead planning of the inaugural event.
- **Reporting Companion Guide.** To collaborate with MCOs and other reporting entities, Anthem proposes leading a reporting initiative that would build upon existing Appendix K Reporting Requirements and Reporting Deliverables to develop a comprehensive Reporting Companion Guide. Its purpose would be to assure consistent reporting among MCOs by including detailed data definitions and specifications for each element of a report. This could also be shared with Subcontractors that report performance data. Reporting Companion Guide development meetings would include DMS and all MCOs, and consist of at least three stages: a listening session to identify DMS needs and expectations; collaborative meetings to discuss the different elements of the document in detail; and then the review of the final companion guide.

Current Collaborative Meetings with DMS

Anthem currently participates in a variety of meetings with DMS and other Kentucky Medicaid stakeholders and is committed to continuing with these important opportunities for collaboration. Meetings include Departmental Technical Advisory Committee (TAC) and non-TAC meetings. Key Anthem leaders, including our Chief Executive Officer, Chief Operating Officer, Pharmacy Director, Chief Compliance Officer, Behavioral Health Director, Quality Improvement Director, and our Population Health Management Director, attend these meetings. All key leaders who attend these meetings have decision-making authority and technical expertise, supporting our goal of open and transparent collaboration with the Commonwealth. Table C.2.a-1 shows our commitment to TAC meetings.

Table C.2.a-1. DMS TAC Meetings and Anthem Participation

Technical Advisory Committee (TAC) Meetings	Anthem Designee	Meeting Frequency
Behavioral Health	Primary Anthem Attendee: Behavioral Health Director Secondary Anthem Backup Attendees: Population Health Director, Chief Operating Officer, Planning and Performance Director	Bi-monthly
Children's Health	Primary Anthem Attendee: Quality Improvement Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Consumer Rights & Client Needs	Primary Anthem Attendee: Medicaid Plan Director of Community Outreach Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Dental	Primary Anthem Attendee: Program Manager, Execution and Oversight Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Nursing Home Care	Primary Anthem Attendee: Population Health Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Home Health Care	Primary Anthem Attendee: Population Health Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Hospital Care	Primary Anthem Attendee: Provider Network Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Intellectual & Development Disabilities	Primary Anthem Attendee: Behavioral Health Director Secondary Anthem Backup Attendees: Population Health Director, Chief Operating Officer, Planning and Performance Director	Bi-monthly
Nursing Services	Primary Anthem Attendee: Population Health Director	Bi-monthly

Technical Advisory Committee (TAC) Meetings	Anthem Designee	Meeting Frequency
	Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	
Optometric Care	Primary Anthem Attendee: Program Manager, Execution and Oversight Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Therapy Services	Primary Anthem Attendee: Population Health Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Physician Services	Primary Anthem Attendee: Provider Network Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Primary Care	Primary Anthem Attendee: Provider Network Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Pharmacy & Therapeutics Advisory Committee (PTAC)	Primary Anthem Attendee: Pharmacy Director Secondary Anthem Backup Attendees: Chief Operating Officer, Chief Compliance Officer, Planning and Performance Director	Bi-monthly
Kentucky Council on Autism Spectrum Disorders	Primary Anthem Attendee: Behavioral Health Director Secondary Anthem Backup Attendees: Population Health Director, Chief Operating Officer, Planning and Performance Director	Bi-monthly

We also participate on a number of regular and intermittent non-TAC Department-sponsored councils, committees, and meetings with Department staff as shown in Table C.2.a-2.

Table C.2.a-2. DMS Non-TAC Meetings and Anthem Participation

Non-TAC DMS-Sponsored Meetings	Anthem Designee	Meeting Frequency
Medical Advisory Council (MAC)	Chief Executive Officer, Director of Government Relations, Chief Compliance Officer, Program Manager, Execution and Oversight, Pharmacy Director, Chief Operating Officer, Planning and Performance Director	Bi-monthly
Monthly Operations Meeting	Chief Operating Officer, Chief Regulatory & Compliance Officer, Chief Executive Officer, Planning & Performance Director, Anthem Subject Matter Experts (as required)	Monthly
Alliance for Pediatric Behavioral and Mental Health of Kentucky Meeting	Behavioral Health Director	Monthly
Foster Care Support Program Meetings	Behavioral Health Director	As Required
IT Meeting	MIS Director, Operations Business Consultant, Encounters Team, Chief Operating Officer	Monthly

Non-TAC DMS-Sponsored Meetings	Anthem Designee	Meeting Frequency
Kentucky Council on Autism Spectrum Meetings	Behavioral Health Director	As Required
Encounter Technical Workgroup	Encounter Health Care Analytics (HCA) Team, Program Director, Operations Business Consultant, Chief Operating Officer, MIS Director	Bi-monthly
Quality Meeting	Quality Improvement Director	Quarterly
Attorney General Meeting	Chief Operating Officer, Chief Regulatory & Compliance Officer, Provider Network Director, Payment Integrity Manager	Quarterly
Behavioral Health	Behavioral Health Director	Quarterly
BBI Meetings	Behavioral Health Director	Quarterly
Medical Directors Meeting	Medical Director	Quarterly
KHBE Stakeholder Monthly Meeting	Chief Operating Officer, Chief Regulatory & Compliance Officer, Planning and Performance Director	Monthly
Provider Forums	Provider Network Director, Provider Representatives, Operations Team Members	Annually (held over a week in multiple locations)
MCO/Wakley/DMS Finance Meetings	Chief Executive Officer, Finance Director, Actuary	Monthly
Behavioral Health Directors	Behavioral Health Director	Quarterly
Substance use disorder (SUD) Implementation Meetings	Chief Operating Officer, Behavioral Health Director, Provider Network Director, Program Director, MIS Director	Weekly

i. Proposed Meeting Formats

i. Meeting formats the Vendor proposes that will result in successful collaboration.

Collaborative Meetings Create Actionable Results

When meeting with DMS, other agencies, or other MCOs, collaboration is most successful when with full attendance. We propose the following meeting initiatives to foster increased participation and successful collaboration:

- **In-person Initial Meetings.** Anthem encourages in-person initial meetings, followed by meetings in formats that range from phone-based conference calls to in-person meetings. By using these different, more efficient formats, DMS can tap into the many talents and resources in a variety of locations, from Louisville to Pikeville and the vast resources within Anthem.
- **Rotating Meeting Sites.** We recommend rotating meeting sites to different MCO locations (accessible and on public transit routes) to accommodate stakeholders living across the state. It can be beneficial to sometimes get out of the office and away from the daily deluge of emails to meet directly with more varied members of the health plans and the community, as well as the populations we are serving.
- **Learning Collaborative.** Anthem suggests structuring meetings as learning collaboratives. All MCOs and DMS will agree at the beginning of the year what the areas of focus will be, and the host MCO will be responsible for presenting an initiative, outcomes, challenges, and

related lessons learned. The other MCOs and stakeholders can then recommend potential solutions to barriers faced or leverage lessons learned to improve functions.

- **Structured Agendas.** For standing meetings, all participants will review a structured agenda beforehand, prepared and distributed by DMS, other agencies, or MCOs, and designed to address specific issues and generate actionable results. Scheduled meetings can also include presentations from external subject matter experts (SMEs). We also support ad hoc meetings to address specific processes or activities initiated by DMS, other agencies, or by our leadership team. These meetings can be held in a collaborative manner online where presentation materials can be shared to facilitate conversation and dialogue among MCOs.

ii. Issues to Address During Initial Meetings

ii. Examples of issues, ideas, and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each, and whether collaboration for each will require implementation of short-term and/or long-term solutions.

Recommended Issues to Address in Initial Meetings

Anthem has identified the following issues, ideas, and innovations that we recommend should be addressed during the initial three to six meetings with DMS and other participants.

Issue, Idea, Innovation: Lyft Transportation Extension Program

Rationale: Our affiliate Medicaid plan in Tennessee, in collaboration with another Tennessee health plan, worked closely with TennCare to relay the benefits associated with having Lyft available to Members. The Lyft pilot project was approved for implementation in a single county to assess the initiative's ability to address transportation barriers prevalent across rural and Appalachian regions in the state. The pilot project was implemented on August 19, 2019. Within the first three months of operations, 349 Members had been transported by Lyft on 508 trips to and from appointments. Member wait time was cut down by one-third with Lyft as compared to conventional transportation networks. Initial outcomes measured by our affiliate plan have been promising — within the first two months of implementation, our affiliate has documented:

- Almost a 10% increase in PCP visits
- More than 50% decrease in Emergency Room (ER) visits
- An almost 20% decrease in cancelled trips
- Closing half (50%) of their pre-existing Primary Care gaps for those who have used Lyft
- A decrease in Member grievances

TennCare acknowledged the value of this innovative initiative, and recently approved expanding the pilot from a single county to all areas in Tennessee where Lyft Concierge is available.

Anthem has already had an initial introductory meeting with the Lyft Executive leadership and is preparing a proposal for a pilot program for review and approval by DMS. Similar to our affiliate, we will work in collaboration with other MCOs to develop this proposal. As a team, we will work with DMS to determine if this benefit should be a value added service for our Members, or if it should wrap around an existing transportation broker to improve responsiveness and access.

Issue, Idea, Innovation: Identifying Clinical Improvement Opportunities

Rationale: We encourage DMS to engage all MCOs in short- and long-term discussions about specific opportunities to improve direct care to individual Members and population health. These topics should address specific topics, such as access and barriers to Behavioral Health (BH) care;

as well as factors associated with readmission rates; medication reconciliation at time of discharge; scheduling follow-up appointments post-discharge; identified health and population-specific disparities; and other related issues. For example, we could develop a collaborative campaign with DMS and MCOs to end the stigma of BH/SUD treatment that will improve access to its care. In addition to incorporating input from various agencies and MCOs, these discussions should include Members who have direct experience with barriers to accessing services and known health issues.

Issue, Idea, Innovation: Adoption of Alternative Payment Methodologies

Rationale: We recommend DMS engage MCOs and Providers collectively to consider approaches that support targeted reimbursement models consistently across all MCOs. This innovation would strengthen the impact of standardized Alternative Payment Models (APMs) and increase the sharing of best practices among MCOs. This issue also supports value-based payment (VBP) and patient-centered initiatives that will help Providers improve the quality of care and deliver population-level care.

Issue, Idea, Innovation: Strategies to Align Education and Increase Member Engagement

Rationale: DMS, in conjunction with the MCOs, has tremendous ability to provide education and increase engagement to move the needle on key health-related issues. Examples of health-related issues could include addressing access issues in rural areas; implementation of mandated Performance Improvement Projects (PIPs) to address vaping and smoking or opioid treatment options; or diabetes prevention. Additional topics of discussion could include face-to-face Member strategies such as our High Outreach to Promote Engagement program — where Care Managers work with our Utilization Management team and facility Providers to coordinate discharge planning — Community Engagement Navigators, Bluegrass Transitional Care, community paramedicine, social determinants of health (SDOH), or telehealth, with focus on rural internet connectivity issues.

Issue, Idea, Innovation: Optimizing Managed Care Principles and Practices

Rationale: We recommend DMS, in the interest of transparency and timeliness, develop standing all-MCO meetings to improve the consistent sharing of information across plans. Over the long-term course of the Contract, these meetings could be used to:

- Engage issue-specific DMS SMEs who have responsibility for interpreting policy, describing DMS initiatives and challenges, analyzing population-level data, and supporting other plan administration issues
- Share best practices within DMS, across other agencies, and all MCOs; discuss emerging utilization trends; and identify opportunities for program innovation
- Facilitate listening sessions with the Provider community, local community-based organizations, and Member advocacy groups; these sessions can be used to learn about early trends and suggestions for improvement
- Increase transparency regarding future time period rate development

C.2.b. Lessons Learned from Collaborations

b. Describe lessons learned from similar collaborations that the Vendor has experienced, and how those could be applied in moving forward with monthly meetings.

Our Past Experience Informs our Collaboration Strategy

Through our experience in Kentucky and our affiliate health plans, Anthem has learned that the right people, including decision-makers, have to be involved and engaged in the meeting topics and empowered to make plan-level decisions. Meeting participants, who have taken the time to review and understand the issues, are typically more informed and able to engage in a thoughtful discourse. We have also learned the importance of clear and concise communication. We understand and respect the time required to improve the Kentucky Medicaid system, and our team will use these meetings to identify solutions that positively impact these programs and Members. Finally, we have learned the value of trust and recognize that trust is not given but earned. Our ultimate goal is to become a trusted advisor, thought leader, and active participant with DMS, other agencies, and other Medicaid stakeholders; and our leadership team is committed to collaborating with DMS in an open, transparent, and reliable manner, thus improving the trust we have. This trust is earned by transparency, honesty, respectfulness, and willingness to listen — values we live by in our daily operations as demonstrated in the Pulse of the Plan monthly communications with the Commonwealth.

Our History of Collaboration with Kentucky Stakeholders

Anthem has proudly collaborated with agencies, other MCOs, and stakeholders across the Commonwealth since we began serving Members in Medicaid in 2014. We are excited about the prospect of increasing collaboration among all stakeholders to promote consistent policy development, improve Care Coordination, increase capacity of community resources and services, and increase cooperation with diverse partners who share a common goal of improving the overall well-being of Members in Medicaid. We continue to be open to engaging in concerted efforts on issues such as VBP arrangements, data sharing, pay for performance programs, and investments in infrastructure to share utilization and trend information to help drive collaborative policy development and Care Coordination as Members move throughout the health care system.

Provider Community Improvement Initiative

The Anthem Quality Management field team collaborated with the Provider community to drive HEDIS measure improvements. During our initiative, 335 quality educational field visits and 214 medical record review audits were made to Providers from July-December 2019. These field visits supplied Providers with gap in care data, review of Provider Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and adult records to analyze current practices with recommendations of best practices for improvements, and provide tools and resources that improve efficiencies.

Anthem Health Fair

The Anthem team organized a health fair in collaboration with St. Stephen Church and engaged community partners as vendors to provide health screenings and health education. St. Stephen is

the largest African-American church in Kentucky, and has a congregation of more than 14,000 people. Vendors included:

- **Kare Mobile Dentistry:** Dr. Kwane Watson attended and provided his innovative mobile dental clinic that offered dental services
- **Shawnee Christian Federally Qualified Health Center (FQHC):** Two medical doctors provided on-site flu immunizations donated by Anthem
- **Norton Healthcare:** Provided on-site bone density testing and breast cancer screening education
- **Kentucky Public Health Vaccines for Children:** Provided public education regarding childhood immunization
- **American Red Cross:** Provided educational material
- **Bluegrass Lions Club:** Provided on-site HbA1C testing and retinal exams
- **Hope Wellness Clinic:** Provided on-site Body Mass Index (BMI) testing
- **Volunteers of America Mid States:** Provided HIV testing and education
- **HighVibe Living LLC:** Performed postural assessments

Other vendors, such as ***American Cancer Society***, ***Crowder Chiropractic Wellness***, ***Jefferson County Public Schools***; and BH community partners such as ***New Leaf Clinic*** provided public education with health-related collaterals. The event required extensive collaboration across all the participating organizations with the goal of delivering high-quality wellness opportunities for individuals throughout the community.

The Fall into Health Fair was a great success! When Anthem approached us with the idea of a Health Fair, they were already committed to addressing the gaps in service that existed. We provided education, screenings, and service to more than 300 individuals. Without the resources that Anthem Medicaid provided it would not have been as successful. We are excited to build upon this partnership and have already began planning a Health Fair for spring 2020!
— **Pat Mathison**
St. Stephen Church
Family Life Center Consultant
KY_Hlth2020_Pat_TST_03

Payment Integrity Unit Workgroup

The Payment Integrity Unit (PIU) hosts a monthly collaboration meeting with all five MCOs, Department for Medicaid Services Program Integrity (DMS PI), and Medicaid Fraud Control Unit (MFCU). In addition, the PIU attends a quarterly MCO meeting that is hosted by DMS and includes all five MCOs, DMS PI, MFCU, USAO, and Kentucky Office of the Inspector General (OIG). During these meetings, investigators share information and best practices to improve case investigation effectiveness, including our PIU, which has presented multiple initiatives during these meetings. The PIU team provided details on cases resulting from these initiatives throughout 2019, and will continue to present information to DMS and other MCOs at quarterly meetings throughout 2020. These initiatives are still active and continue to generate new cases. Referrals have been made on both initiatives.

Examples of Collaboration with Other States

We have listed some additional examples from our affiliates in other states to underscore our organizational commitment to working collaboratively with state Medicaid agencies, all MCOs in the market, and other stakeholders to bring much needed solutions and innovations to Members in Medicaid.

Collaboration Example: South Carolina Birth Outcomes Initiative

Anthem's affiliate, and its alliance partner BlueChoice Health Plan of South Carolina, Inc. collaborated with the South Carolina Department of Health and Human Services, South Carolina Hospital Association, South Carolina Department of Health and Environmental Control, March of Dimes, and more than 100 stakeholders to improve the health outcomes for all moms and babies. Launched in July 2011, the South Carolina Birth Outcomes Initiative has led the following efforts:

- Eliminating elective inductions for non-medically indicated deliveries prior to 39 weeks gestation
- Reducing the number of C-sections for first-time, low-risk moms
- Decreasing the number of admissions and the average length of stay in NICUs
- Making 17P, a compound that helps prevent pre-term births, available to all at-risk pregnant women with no "hassle factor"
- Implementing a universal screening and referral tool, Screening, Brief Intervention and Referral to Treatment (SBIRT), in the physician's office to screen pregnant women and 12 months post-delivery for tobacco use, substance use, alcohol, depression, and domestic violence
- Championing Baby-Friendly-designated hospitals and breastfeeding
- Supporting development of the first donor human milk bank in South Carolina, the Mother's Milk Bank of South Carolina (MMBSC)
- Promoting healthier moms and babies and reducing health disparities by supporting the Centering Pregnancy Model for prenatal care
- Increasing access to long-acting reversible contraceptives (LARC) through policy change enabling reimbursement for inpatient insertion
- Supporting the Management Abstinence in Newborns (MAiN) program, an innovative treatment model for opioid-dependent newborns in the Level 1 Nursery

Implementing innovative approach to payment reform meant hospitals and doctors would no longer be paid for delivering babies early without a medical reason. As a result of this multi-payer initiative, early elective delivery rates have been cut by half and more than $6 million in health care expenses have been avoided.

Collaboration Example: Maryland National Diabetes Prevention Program

In 2016, Anthem's affiliate in Maryland and the Maryland Department of Health started a two-year pilot program with the National Diabetes Prevention Program (DPP) for Members in Medicaid at high risk for type 2 diabetes. The DPP is an evidence-based intervention designed to prevent or delay onset of type 2 diabetes through a lifestyle change program that uses a CDC-approved curriculum focused on eating healthier, being physically active, and improving coping skills. Our affiliate partnered with a national DPP provider to offer the one-year virtual program (weekly classes for four months, followed by monthly classes) and provided participants with a fitness tracker and scale.

Anthem's affiliate in Maryland had the largest number of participants in the pilot. The health plan analyzed claims history to identify at-risk Members and used Health Coaches to conduct outreach to explain the program and enroll Members. Retention strategies were an important part of the pilot, employed by both the MCOs and the DPP Provider to remove barriers and encourage continued participation. The success of the pilot led the state to make the DPP a

covered benefit beginning in September 2019. Anthem's affiliate is working closely with the state and the other MCOs to operationalize the program, including engaging PCPs as DPP Providers to supplement the virtual Providers, screening protocol, referral and enrollment processes, and program delivery. Additionally, the program seeks to align diabetes prevention goals with population health objectives.

Collaboration Example: Health Needs Screening Tool in Indiana

During discussions between our Indiana health plan affiliate and state regulators in late 2018, consensus was reached that the Health Needs Screening (HNS) tool (Indiana's version of the Health Risk Assessment) could be more effective. With approval from the Office of Medicaid Policy and Planning (OMPP), Anthem's Indiana affiliate took the lead in collaborating with other Medicaid health plans to make recommendations for question changes. After a November 2018 kickoff meeting, the health plans worked as a team to develop a screener that would be brief, yet still provide sufficient information to enter Members into the best programs, coordination, and care. Collectively, the health plans worked to reduce the number of questions and proposed the new screener to OMPP. On September 10, 2019, Anthem's affiliate submitted the proposal to OMPP on behalf of the all the health plans. OMPP made a few adjustments to the questions, and the MCEs began using the newly revised 13 question HNS on January 1, 2020.

The Benefits of Collaboration

When it comes to managing a Medicaid program, Anthem believes all stakeholders have common goals such as reducing poverty, health disparities, and improving access to high-quality care. The Kentucky Medicaid landscape can benefit from all stakeholders — including DMS, its sister agencies, all MCOs, Providers, and community-based organizations — working together to achieve these goals in order to benefit all Members in Kentucky Medicaid. In this section, Anthem has proposed various approaches to improve alignment and increase collaboration to achieve meaningful, widespread results. We are committed to working with all of the stakeholders serving Medicaid recipients, including other MCOs, to assure that these results are achieved.

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Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

C.3. Capitation Payments

C.3.a. Our Approaches to Physician Incentive Plans

a. Describe proposed approaches for Physician Incentive Plans, including innovative approaches to incent provider behavior and participation.

Anthem's Accountable Reimbursement Portfolio of Physician Incentive Plans in Kentucky includes Health Care Payment-Learning Action Network (HCP-LAN) Category 2 and Category 3 Alternative Payment Model (APM) programs. As detailed in this section, Anthem takes a comprehensive approach to developing Physician Incentive Plans to be as inclusive as possible to support Provider readiness, as well as a diverse array of Provider types. This approach supports increased Provider engagement, and ultimately, improved health outcomes.

Our Physician Incentive Plans include resources for physicians such as patient profiles, predictive modeling, risk stratification, and clinical intervention alerts that enable them to identify and build individualized care plans for their highest-risk patients and implement evidence-based guidelines. Our programs include:

- Provider Incentive Program
- Pay-for-Quality HEDIS®
- Provider Quality Incentive Program (PQIP) Essentials
- Provider Quality Incentive Program (PQIP)

Detailed descriptions of these four Physician Incentive Plans follow.

Provider Incentive Program

Our Provider Incentive Program is a hybrid of clinical measures and non-clinical quality goals to improve health outcomes, incentivize adherence to quality standards, and decrease administrative costs associated with HEDIS non-compliance. The program will offer incentives to Providers who conduct the critical screenings Kentuckians need most to will assist in early detection of costly, difficult health issues down the road. We will incent screenings for:

- Toxicology screening in first trimester of pregnancy
- Colorectal screening
- Tobacco use — cotinine test
- Hemoglobin A1c (HbA1c) testing

Provider Incentive Program Highlights	
Description	Provider Incentive Program offers Anthem Providers an additional payment for completion of the following screenings and incentives: • Toxicology screening in first trimester of pregnancy • Colorectal screening • Tobacco use – Cotinine test • Hemoglobin A1c (HbA1c) testing
Provider Type	• Claims based – Incremental increase on claim for qualified Member/service when paid
Reporting	• Quarterly summary highlighting incentive payment earned for completion
Payment	• PCPs • OB/GYNs • BH Professionals • FQHCs • CMHCs

KY_Hlth2020_PIPHighlights_COB_03

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Pay-for-Quality (P4Q) HEDIS

Anthem's Pay-for-Quality (P4Q) HEDIS program, aligned with HCP-LAN Category 2 objectives, rewards Providers when they successfully close Enrollee (Member) care gaps related to HEDIS quality measures and execute business practices that support improved health outcomes for their attributed membership. Our program is designed for smaller Providers who are not eligible to participate in our shared savings program. Under P4Q HEDIS, enrolled Providers will receive an annual financial reward for all gaps closed for their attributed membership during the measurement period. ***This incentive will afford our Network PCPs additional revenue to sustain and expand their practices, which we anticipate will lead to improved health outcomes.***

Our proposed P4Q HEDIS program clinical measures below were selected based on the most prevalent health disparities in Kentucky. They will include the following HEDIS measures:

- Diabetes care HbA1c testing
- Adult BMI – ABA
- Adolescent well-child visits

Pay-for-Quality (P4Q) HEDIS Highlights	
Description	P4Q HEDIS offers Providers an annual financial reward for HEDIS gaps closed for their attributed membership during the measurement period. • Comprehensive Diabetes Care - HbA1c control (<8.0) • Adult BMI – ABA • Adolescent well-child visits
Provider Type	• PCPs • FQHCs
Reporting	Monthly gaps in care report
Payment	Claims based – Incremental increase on claim for qualified Member/service when paid

KY_Hlth2020_P4QHighlights_COB_01

Example of Program Success. Our New Jersey affiliate implemented this model in 2017 offering additional incentive payments to Providers statewide to improve access to women's and maternal health care incentives, preventive care, and comprehensive diabetes care. The Enhanced Physician Payment Program was integral to improvements in HEDIS quality outcomes. Measures improved markedly over a three-year period in primary preventive care, specifically in adult BMI assessment with a 16.43% baseline administrative rate in measurement year 2015 to 37.59% in 2017, child BMI from 17.39% to 52.87%, and nutritional counseling from 13.04% to 43.53%. Likewise, maternity and diabetes care demonstrated significant improvement in their sub-measures of prenatal and postpartum care, HbA1c testing, nephropathy, and retinal eye exam, respectively.

Notably, the improvement from 2016 to 2017 in final HEDIS result percentiles for the following measures were critical in achieving commendable status and in conjunction, the highest quality rating in New Jersey:

- Adult BMI Assessment: 90th with adjustment to 90th with no adjustment
- HbA1c Control (<8%): 50th to 75th
- Prenatal and Postpartum Care: 25th with adjustment to 75th

Provider Quality Incentive Program Essentials (PQIP Essentials)

PQIP Essentials incents smaller practices, focusing on PCPs with 250-999 attributed Members. The program also measures PCP performance against the following set of HEDIS quality indicators listed:

- Adult access to preventive care - AAP
- Breast cancer screening
- Comprehensive diabetes care - CDC eye exam
- Diabetes control HbA1c < 8%
- Adolescent immunization - COMBO2
- Childhood immunization status - COMBO10
- Well-child visits in the third, fourth, fifth and sixth years of life - W34
- Adolescent well-care

Provider Quality Incentive Program (PQIP) Essentials	
Description	PQIP Essentials will incentivize smaller practices, focusing on PCPs with 250-999 attributed Members and will measure PCP performance against prescribed quality.
Provider Type	• PCPs • PCMHs
Reporting	• Quarterly interim performance reports during the measurement period • Annual year-end performance scorecard
Payment	• Per Member per month (PMPM)-based • Annual payment six months after the end of the measurement period

KY_Hlth2020_PQIPEssentials_COB_03

Providers receive both quarterly and year-end scorecard reports. Earned incentive payments are made annually. PQIP Essentials was implemented in Kentucky in 2018. ***We currently have six physician practices that include 170 Providers in Kentucky participating in PQIP Essentials, with 5,283 attributed Members.***

Example of Program Success. In 2018, our PQIP Essentials Providers in Kentucky achieved an overall adherence rate greater than 58% with program quality measures and the delta between PQIP Essentials Providers and their non-Physician Incentive Plan peers for completion of new patient PCP visits exceeded 10%. PQIP Essentials Providers also performed better than their non-participating peers for overall annual wellness visit and follow up within 14 days of an inpatient stay.

Provider Quality Incentive Program (PQIP)

PQIP provides incentives for our Network PCPs, such as those affiliated with Kentucky Primary Care Association and Baptist Health, to undertake systemic improvements that affect both health care

Provider Quality Incentive Program (PQIP)	
Description	PQIP will provide incentives for select PCP practices to undertake systemic improvements that affect both health care outcomes and cost trends. Practices must participate with us for at least one year and have at least 1,000 assigned Members to participate. PQIP will use prescribed quality indicators and shared savings principles to encourage efficient, preventive, and cost-effective delivery of health care services.
Provider Type	• PCPs • Hospitals with PCPs • PCMHs • IPAs
Reporting	• Monthly care opportunity view reports through PCMS • Quarterly medical cost management (MCM) reports including Member-specific cost on total claim dollar and PMPM basis • Quarterly reports listing premium, total medical expenses, calculated program year medical loss ratio (MLR) performance against the target MLR, and earned shared savings minus withholds
Payment	• Performance-based • Interim quarterly payments • Annual final reconciled payment six months following the end of the measurement period

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outcomes and cost trends. Practices must be in the Anthem Network for at least one year and have at least 1,000 of our Members assigned to their panels. PQIP includes HEDIS quality indicators and shared savings principles to encourage efficient, preventive, and cost-effective service delivery, protecting the best interests of our Members and reducing unnecessary utilization.

HEDIS measures included in our 2020 PQIP program include:

- Adolescent immunization - COMBO2
- Adult access to preventive care - AAP
- Adolescent well care
- Breast cancer screening
- Childhood immunization status - COMBO10
- Comprehensive diabetes care - CDC Eye Exam
- Diabetes control HbA1c < 8%
- Well child visits in the third, fourth, fifth and sixth year of life - W34

We perform reconciliation and issue payments quarterly. PQIP PCPs receive a performance scorecard for each quality indicator to assess their performance and a medical cost management report that includes medical cost information on their attributed Members with their payments. Annually, we perform a final full year reconciliation comparing PCPs' total medical cost performance for their assigned Members. PQIP Providers can receive up to 50% of the savings, not to exceed 25% of their total underlying reimbursements for services rendered to Members.

Incenting Whole-person Health

In addition to our Physician Incentive Programs detailed previously, and consistent with our focus on whole-person and integrated care, our Accountable Reimbursement portfolio includes the following value-based payment (VBP) and incentive programs for specialty Providers:

Behavioral Health Quality Incentive Program

We incent Behavioral Health (BH) Providers, such as Bluegrass.org, to deliver proactive, coordinated, and personalized care for Members by rewarding them when they improve quality and clinical outcomes while appropriately managing costs. Our Behavioral Health Quality Incentive Program (BHQIP) will incent Core Service Agencies, Community Mental Health Centers (CMHCs), and other high volume BH professional groups to improve coordination of Members' physical health (PH), BH, and SUD needs, as well as the quality of care provided to those with mental health (MH) and substance use disorder (SUD) conditions. Our BHQIP program supports a variety of HEDIS and efficiency measures:

- Diabetic HbA1c testing
- Appropriate follow-up and medication management of children with ADHD (ADD)
- Emergency Room (ER) utilization
- PCP visits
- Seven-day follow-up visit after MH inpatient discharge
- Thirty-day follow-up visit after MH inpatient discharge
- Diabetic screening for Members with schizophrenia or bipolar disorder on antipsychotics
- Thirty-day BH-related readmission rate
- Opioid Medication-Assisted Treatment – Medication only
- Opioid Medication -Assisted Treatment – Medication and MAT Support

Behavioral Health Facility Incentive Program

The Behavioral Health Facility Incentive Program (BHFIP) is designed for BH inpatient facilities that serve our Members with BH care needs, including:

- Psychiatric hospitals
- Freestanding MH facilities
- Acute care hospitals with psychiatric units

BHFIP uses the efficiency and HEDIS quality performance indicators highlighted below, rewards both absolute performance targets and year-over-year improvement, and includes a year-end bonus incentive driven by performance indicators.

Performance measures included in our BHFIP program include:

- Seven-day follow-up visit after MH inpatient discharge (FUH7)
- Thirty-day follow-up visit after MH inpatient discharge (FUH30)
- Thirty-day BH-related readmission rate
- Sixty-day BH-related readmission rate
- Ninety-day BH readmission rate

Integrated Physical and Behavioral Health Quality Incentive Program

Through our Integrated Physical and Behavioral Health Quality Incentive Program (ICQIP), we will offer incentives to eligible BH Providers such as CMHCs, community services boards, local mental health authorities, community-based outpatient Providers, and large Provider groups for providing quality care and service to our Members with BH needs.

We have designed ICQIP to encourage the integration of BH and PH in Provider practices. The goal of our integration efforts is to improve the Member experience, identify underlying BH needs in Members through whole-person care, identify Members at risk for complications due to behavioral and psychosocial needs, intervene and prevent exacerbations of MH issues, and decrease costs by treating Members effectively and holistically.

Anthem will facilitate the establishment of a Care Compact between PH and BH Providers who are not part of interdisciplinary groups, yet share attributed membership. Providers participating in the program who meet quality, service, and utilization goals will be eligible to receive incentive payments.

Performance measures included in our ICQIP program include:

- Non-emergent ER utilization rate
- ER utilization rate
- PCP visits
- Seven-day follow-up visit after MH inpatient discharge (FUH7)
- Thirty-day follow-up visit after MH inpatient discharge (FUH30)
- Diabetic screening for Members with schizophrenia or bipolar disorder on antipsychotics (SSD)
- Adherence to antipsychotic medications for individuals with schizophrenia
- Use of multiple concurrent antipsychotics in children and adolescents
- Use of first-line psychosocial care for children and adolescents on antipsychotics
- Cardiovascular monitoring for people with cardiovascular disease and schizophrenia

Obstetrics Quality Incentive Program

The Obstetrics Quality Incentive Program (OBQIP) offers incentives to participating OB care Providers for improving access and quality of care and outcomes for our Members with obstetrical needs throughout all phases of their pregnancy. OB Providers with at least 10 attributed Members can earn incentives and financial rewards for achieving performance targets on specific measures, such as first prenatal visit, overall C-section rate, preterm birth rate, postpartum visit rate, and tobacco use assessment and intervention. OBQIP Providers receive periodic reports indicating interim performance throughout the year as well as an annual performance scorecard. Providers receive earned incentive payments annually. Applicable Provider types include obstetrical care specialists.

Performance measures included in our OBQIP program include:

- First prenatal visit
- Overall C-section rate
- Preterm birth rate
- Low birth weight rate
- Postpartum visit rate
- Tobacco Use Assessment and Intervention

Pediatric Residential Treatment Quality Incentive Program

This program offers incentives to eligible residential treatment facilities (RTFs) for providing quality care and service to our pediatric Members. Providers participating in the Pediatric Residential Treatment Quality Incentive Program (PRTQIP) who have met the requirements of the program during the Member's stay at the facility, and have effectively discharged Members from the facility will be eligible to receive incentive payments.

Performance measures included in our PRTQIP program include:

- Successful discharge without ER visit or readmission within 30 days of discharge
- Standard of care-based checklist score

Social Determinants of Health Provider Incentive Program

A complement to our Physician Incentive Plans, the Social Determinants of Health Provider Incentive Program (SDOHPIP) offers SDOH-related incentive measures for Providers with the following objectives:

- Obtaining a baseline of SDOH needs for our membership
- Increase Provider awareness and utilization of Community Resource Link as a resource to refer our Members to community organizations that can help them with SDOH needs and improve Member health outcomes by addressing their SDOH needs
- Incentive payments are independent of what Providers earn in our Physician Incentive Plans

Providers are incentivized based on the following measures:

- Completed Member Assessment to capture Member's SDOH needs
- Community Resource Link referrals to Community Organizations when an SDOH need is identified

Our Programs Are Tailored to Meet Providers Where They Are

First, We Listen

We recognize Providers are different and our innovative approach to incenting Provider behavior and participation is to offer custom programs with different levels of support and reward based on Provider capability, attributed membership, and location. With the goal of facilitating Provider advancement along Anthem's Accountable Reimbursement continuum, we solicit feedback from our trusted Providers through our Provider Advisory Council, post-engagement survey, and our annual Provider Satisfaction

Survey. ***We seek feedback about our VBP program design, challenges and the needs of their patients, what support they need to succeed, and what truly will incent them to transform their practice.***

This collaborative approach to improving health outcomes resulted in each of our Physician Incentive Plans. Each program includes custom quality measures selected to address the greatest health challenges in our state, offers differing levels of support tailored to Provider capabilities and varying levels of incentives for every PCP, regardless of their attributed Member size, practice maturity, or location.

Customized Incentive Programs for Providers of All Sizes

Our VBP portfolio aligns our proven program support, built from Anthem's experience executing our Accountable Reimbursement strategy to meet Providers where they are on the performance improvement continuum and offer a continuum of programs that increases the level of rewards for Providers who have the organizational and technical capabilities to assume greater responsibility and risk for managing and improving overall population health outcomes and costs of care.

We build our programs to accommodate all types of Providers and practices. For example, some Providers may not be ready or technically capable of assuming downside risk, so for those Providers we focus on rewarding continued performance improvement and accountability. Or, rural practices that lack substantial membership may be limited in their ability to earn meaningful incentives, so we have created our Provider Incentive Program to encourage adherence with the critical HEDIS and non-HEDIS screenings, customized to the health challenges we face in Kentucky.

Support for Providers Participating in Our Physician Incentive Plans

We provide enhanced support to our Providers who participate in our Physician Incentive Programs. Support varies according to each Provider's capabilities, level of VBP collaboration, and engagement with us.

Providers in our PQIP and PQIP Essentials program receive consultation, program management, identification of performance improvement opportunities, and support in developing action plans from our ***Care Delivery Transformation (CDT) Consultant.*** Our CDT Consultants offer technical assistance, including coaching, practice transformation consultation, and assistance using and interpreting our reporting tools. These tools include custom data analytics through our reporting platforms, performance scorecards, dashboard reports, and patient profile reports that compare a Provider's performance to peers and established benchmarks. Our integrated data solutions, Member dashboards, and scorecards that support our VBP models help Providers improve performance and manage care more effectively. Our CDT Consultants are VBP experts who serve as the Provider's VBP navigator and performance coach. This position helps Providers understand population health data-sharing tools, including Provider Care Management Solutions (PCMS) that help identify practice-centric opportunities, solutions, and external learning collaborative. By analyzing quality metrics, utilization trends, and reports for care improvement opportunities, our CDT Consultants help implement service coordination and performance improvement initiatives to improve the Members experience.

Through consultation, coaching, and working closely with the PCP's staff, our CDT Consultants encourage the adoption of practice management strategies based on best practices and strategies used by top-performing peers. For example, a CDT Consultant may assist a Provider's Director of Quality in developing solutions to address sub-par performance on quality measures. If a Provider has their own health coach, a CDT Consultant will collaborate with that individual to help extend and optimize their resources in meeting VBP program performance objectives. The CDT Consultant is dedicated to reducing administrative burdens on VBP Providers by training them to efficiently and effectively use our data analytic tools.

Our new ***Patient Centered Care Consultants*** (PCCCs) will provide education and technical support to P4Q HEDIS Providers upon request or when Anthem identifies opportunities for them to improve their performance on the program's measures. They will send P4Q HEDIS Providers a monthly gaps in care report that identifies attributed Members needing specified preventive or chronic condition interventions. Anthem's PCCCs, focusing on Provider enablement, will work with Kentucky Providers to achieve quality goals by making sure they have the tools, resources, and assistance needed to earn additional incentive payments available through our Provider Incentive Program. Our PCCCs will:

- Deliver Provider-specific performance analysis of quality metrics, profile reports, and tailored gap in care reports
- Identify opportunities to earn additional incentives and review charts with Provider office staff
- Work collaboratively to facilitate Provider advancement along our Accountable Reimbursement continuum by establishing transformation action plans
- Monitor Provider progress through a Milestones and Indicators of Progress Chart

Supporting Providers in Using Data to Inform Clinical Interventions

Our support model for Physician Incentive Plan Providers combines our robust reporting and analytic capabilities with hands-on support from CDT Consultants and PCCCs. Our employees engage and collaborate with our Quality Management (QM) Nurses, Medical Directors, Clinical Nurse Liaisons, and Provider Services Consultants to offer technical assistance and support.

We remain respectful of Providers' time and share meaningful information and data in a way that is most useful and least disruptive to their practices. We gather feedback on the data's value and validate its usefulness. Our CDT Consultants develop relationships with each of our Providers participating in Physician Incentive Plans, so we have a sense of what information will be most responsive to their needs. Our PCCCs will also establish meaningful relationships with participating Providers to not only deliver the detailed reports outlined in this response, but will also solicit guidance from our Provider Services and QM teams, so they can interpret and act on that data.

CDT Consultants and PCCCs work with our Providers in Physician Incentive Plans to educate them on the tools available to them, and interpret Member and performance data, and develop strategies and action plans to optimize their performance, thereby increasing their reimbursement.

The Right Attention and Planning to Help Providers Advance

Anthem's Milestones and Indicators of Progress Chart, highlighted in Figure C.3.a-1, will assist Kentucky Providers manage practice transformation and create a road map for establishing the

infrastructure and capabilities needed to participate in more advanced VBP programs available in Anthem's Accountable Reimbursement portfolio. Our Milestones and Indicators of Progress Chart components are drawn from industry best practices and our expertise understanding the determinants needed for practice success derived from our role as a trusted Medicaid MCO and value-based leader in 24 markets. They are intended as guidelines to inform interpretation of progression through the value-based continuum. Our Milestones and Indicators of Progress Chart will sequence suggested practice activities over a 15-month period from the time of initial assessment and will serve as a resource to help Providers understand their capabilities and establish future action steps necessary to prepare the Provider for more advanced value-based programming.

Figure C.3.a-1. Tracking Progress with Milestones and Indicators

Milestones and Indicators of Progress

Milestones and Indicators of Progress: A Reference for Kentucky Providers

How to Use This Guide

The following Program Milestones and Indicators of Progress are drawn from industry best practices and Anthem Blue Cross and Blue Shield (Anthem) understanding of determinants for practice success in medical home transformation. They are intended as guidelines to inform interpretation of progression through Anthem's Value-based payment program continuum. Suggested practice activities are sequenced over the first 15 months of program participation. These are meant as a reference to help evaluate progress and anticipate future steps.

Milestones and Indicators Timeline

	Time Frame				
	Pre-Launch	Program Launch (Months 1-3)	Months 4-6	Months 7-9	Months 10-15
Transformation Core Elements					
Patient-Centered Care Consultants	Data requirements communicated	Data feeds delivered			
	Finalization of payment structure and terms	New Provider Orientation and Availity Provider Portal registration completed			
	Contracting terms completed	Training needs for all job roles identified.	Process and resources in place to execute Physician Incentive Plans		Quality Assessment completed and delivered
	Determine practice capabilities				
Practice Care Consultant Team		Planned Practice Care Consultant visits embedded and standard protocol for high-risk patients coordination established.		Planned care visit workflows embedded and s tandard for special populations.	
Quality Improvement Team		Completed initial assessment.		Completed follow-up assessments.	
Use of Provider Toolkit		Representatives from the practice using provider toolkit resources.			

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We support Physician Incentive Plan Providers with performance reporting to help them meet quality and performance targets, measure performance, and implement targeted interventions. We offer standard reports and custom data analytics capabilities to our Providers and include ad-hoc analytics as part of our engagement model to drive behavior change and increase participation. Our report and analysis facilitate Provider queries and enable them to examine current performance, identify opportunities for improvement, and develop action plans, processes, and workflows to improve quality and cost outcomes. All data-sharing policies and agreements with our Providers address and comply with applicable federal and State privacy and security requirements.

These tools include profile reports, which compare a Provider's performance to peers or established benchmarks, as well as integrated data solutions, Member dashboards, and scorecards help Providers improve performance and manage care more effectively, as shown in Table C.3.a-1.

Table C.3.a-1. Anthem's Solutions for Tracking Performance to Improve Health Outcomes for Providers Participating in Physician Incentive Plans

Method	Description	Frequency
Quality and Performance Data-Sharing Platforms		
Data Collection During PCP Visits	We will collect and analyze relevant data (medical, dental, ancillary, lab, and pharmacy) to support our VBP programs, including enrollment, claims and encounters, authorizations, Grievances and Appeals, Provider and Member satisfaction surveys, and HEDIS results, which are available through both the Availity and PCMS portals.	Updated daily
Integrated Member Dashboard (Health Insight)	This tool will be available to all Providers through our secure portal. It gives electronic access to Member data and enables Providers access to a single view that displays data in an easy-to-navigate dashboard. This includes HEDIS care alerts, authorizations, prescriptions, and claims, and is organized by type, such as inpatient, ER, and office visits. The dashboard is also our primary method for sharing Member care management information, including Health Risk Assessments (HRAs) and the care plan.	Updated daily; real-time Provider availability on demand
Provider Profile Reports		
Opioid Prescribing Summary	Providers will receive a report detailing their opioid prescribing patterns against evidence-based quality standards and peer comparisons. Providers can use this data to target opportunities to improve their prescribing practices.	Updated and distributed monthly
OB Profile	Enables OB Providers to compare their key clinical metrics (such as preterm birth rate, C-section rate, and timeliness of prenatal and postpartum care) to benchmarks and performance of all Providers in-state and nationally within their specialty and panel peer groups.	Updated annually; distributed to our Providers by Network Relations Consultants or PCCCs
HEDIS Provider Summary	Assists PCPs to identify gaps in HEDIS compliance. PCP practices receive this report, showing the number of Members and compliance rates for each HEDIS measure and compares the practice's compliance rates with State and NCQA targets.	Updated and distributed monthly
VBP Performance Management Tools		
VBP Provider Scorecard and Reconciliation	Our scorecards provide performance profiles aligned with program measures for Providers participating in each of our VBPs. Based on quality indicator scores and care opportunities, reports detail Members who need services. Our PQIP Providers receive scorecards detailing scores for each Quality Measure (Peer Comparison Scores and Quality Improvement Scores). PQIP and Risk and Shared Savings Providers will receive performance reconciliations against target Medical Loss Ratio (MLR), and whether the Quality Threshold Level is met with HEDIS reports.	Updated and available monthly, quarterly, and annually
Provider Care Management Solution Portal	Delivers actionable data to identify Members needing outreach and engagement, such as those without preventive health services. Provides real-time information, including alerts, icons, hover-overs, drop-downs, and drill-throughs to support population health management (PHM). Filters patient populations by key conditions, risk factors, gaps in care, and visit history. • **Care Opportunities.** Alerts on attributed Members with gaps in care, due dates for next clinical interventions, and pending gaps in care	Updated daily; real-time Provider availability on demand

Method	Description	Frequency
	• **Hot Spotter.** Identifies high-risk Members' clinical opportunities that can make an impact, as well as Members who are at increased risk for hospital readmission • **Inpatient Census.** Presents information about Members who are in the hospital to facilitate early and active involvement in the discharge planning process • **ER Visits.** Alerts about Members using the ER, including avoidable visits • **Pharmacy-related Reports.** This information includes information about Members who are not adherent to key classes of medications and patient- specific alerts like controlled substance prescription drug use, among other things. The information enables Providers to quickly identify Members who are not adherent and take appropriate action.	
Financial Recovery Groups (FRG) Medical Economics Platform (MEP)	FRG's Medical Economics Platform reflects dynamic performance such as claims process and data cuts on a monthly basis, enabling Providers to trend present performance to historical, month-to-month, and year-over-year data, in advance of official reconciliations. MEP's AccuReports® presents information from multiple sources in a crisp, drillable format (such as Top 10 utilizing Members), with customizable dashboard graphs, enabling users to quickly spot trends, understand the drivers, and act on opportunities to improve financial performance. Reporting includes comparisons to peers and benchmarks.	Updated monthly; real-time Provider availability on demand
Tableau Provider Insights	Tableau Provider Insights offers a suite of reports including PHM, utilization, benchmarking, HEDIS results, and total cost analysis, among other things. The reporting in these tools includes comparisons to peers and benchmarks. The Tableau Provider Insights model offers three categories of reports: • **Total Cost Analysis (TCA).** One of the most popular reports, TCA provides a comparison of the Provider's performance to that of Pennsylvania Providers as a whole and Anthem Providers across the country. • **Cost and Utilization Report (CUT).** Analyzes Provider group utilization metrics across various service settings over time so Providers can understand where Members receive their care. • **Population Health Management Dashboard.** Takes data from PCMS and displays it visually, enabling Providers to explore Member information, including demographics, cost of care, risk drivers, and chronic conditions.	Updated monthly

C.3.b. Examples of Successful Physician Incentive Plans

b. Provide examples of successful Physician Incentive Plans the Vendor has implemented, including information about their structure, measurable outcomes, challenges and lessons learned.

Our Successful Physician Incentive Plans

Our portfolio of VBP and Provider Incentive programs for Kentucky Providers support and drive locally provided Care Coordination by incenting Providers to improve health care outcomes, eliminate gaps in care, and reduce low value care. The success of our programs includes:

- 79.1% of St. Elizabeth's assigned Members had their annual visit (2018)
- Family Medical Center of Hart County's compliance rate for Adolescent Well-Care (AWC) improved by 50% (2019 Q3-Q4)
- VBP Providers had a 14% higher compliance rate for appropriate follow-up and medication management of children with ADHD compared to non-VBP Providers (2018)
- BF Taylor Medical Arts Clinic's compliance with AWC and W34 (Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life) measures increased by 7%, and their A1C compliance increased by 6% (2019 Q3-Q4)
- Village MT's compliance with W15 (Well-Child Visits in the First 15 Months of Life) measure increased by more than 8% in a single quarter

Nearly Half of Providers Use Anthem's Value-based Programs

More than **59,000 Medicaid members** and **45% of provider payments** attributed to Anthem's Category 3 value-based programs.

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Our Provider Quality Incentive Program (PQIP) was first implemented in Kentucky in 2016. ***We currently have six physician practices participating, including 1,509 Providers in PQIP with 54,255 attributed Members.*** Table C.3.b-1 shows that our PQIP Providers in Kentucky perform better than non-PQIP Providers on seven of these 13 measures included in our 2018 program.

Table C.3.b-1. PQIP Providers Exceed the Performance of Non-PQIP Providers on Seven HEDIS Measures

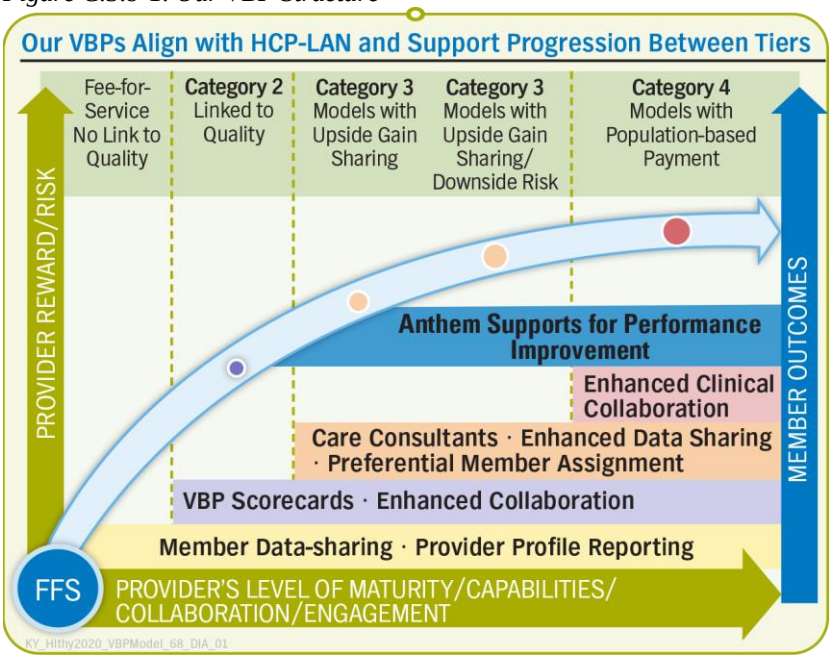
Measure	PQIP % Higher Performance
Appropriate follow-up and medication management of children with ADHD	14.2%
Diabetic eye screening	6.7%
Breast cancer screening	4.2%
Diabetic nephropathy screening	2.9%
Adolescent well-care visits	2.8%
Diabetes care HbA1c testing	2.6%
Adults' access to preventive and ambulatory care	1.0%

Anthem and our affiliate health plans operate successful Physician Incentive Plans across 24 Medicaid markets, including Kentucky. These include PQIP, PQIP Essentials, P4Q HEDIS, and Provider Incentive Programs. A key tenet of our VBP model is that we meet Providers where they are in their maturity of the value-based continuum and deliver tailored support to help them achieve their goals, such as our CDT and PCCCs models, custom analytics and reporting tools like PCMS, as well as ongoing consultative support to assess capacity and help them grow. ***Our model is well received by Providers across Kentucky, as evidenced by 92% of Providers***

Structure of Our Programs

Our Physician Incentive Plans align with HCP-LAN APM framework for qualified models that establishes a common framework towards payment innovation to reduce barriers and accelerate the adoption of APMs. Our Accountable Reimbursement portfolio structure is outlined in Figure C.3.b-1.

Figure C.3.b-1. Our VBP Structure



Measurable Outcomes

In Kentucky, we employ the same methodology, processes, and infrastructure that have enabled our affiliates to operate successful Physician Incentive Programs in other states. As our Kentucky Provider partners gain additional experience with our Physician Incentive Plan, we anticipate results similar to those we highlight in Table C.3.b-1.

One way we measure changes in performance of PCPs participating in our Physician Incentive Plans is to compare performance year-over-year. In Table C.3.b-2, we include the year-over-year results for Louisiana as an example. We also compare the performance of VBP-participating physicians against that of non-participants. The results of these comparisons are from Florida, Texas, and Virginia and are also detailed in Table C.3.b-2.

Table C.3.b-2. Quality Outcomes in Physician Incentive Programs Operated by Four of our Affiliates

State	Quality Outcomes
Louisiana	For the 12-month period ending September 30, 2018, Providers participating in the Physician Incentive Plans experienced a: • 12.9% increase in the top five HEDIS measures (Adolescent Well-Care Visits, Well-Child Visits in the Third to Sixth Years of Life, Adult Access to Preventive and Ambulatory Services, Breast Cancer Screening, Cervical Cancer Screening) • 5.6% absolute percentage point increase in the overall HEDIS composite rate • 3.5% decrease in potentially avoidable ER visits
Florida	In 2017, value-based reimbursement strategies had a clear impact on reducing Potentially Preventable Events (PPEs). Members assigned to Providers in our VBP programs had lower ER rates (605/1,000 compared to 747/1,000) and lower readmissions (12.01% compared to 14.6%) than Members not assigned to Providers in our VBP programs. In 2016, PQIP participating versus non-participating Providers: • Outperformed non-PQIP Providers in 10 of 13 quality measures • Significantly outperformed non-PQIP Providers (greater than 5%) in five measures, including diabetic HbA1c testing, diabetic eye exams, breast cancer screenings, well-child visits during the first 15 months of life, and medication management for people with asthma • Showed outcome improvements in 24 out of 30 quality measures based on a comparison of 2016 measurement periods to 2015 results

State	Quality Outcomes
Texas	In 2016, PQIP participating vs. non-participating Providers: • Showed improvement over the prior year in nine of 13 quality measures • Performed better than non-PQIP Providers in eight of 13 quality measures, including diabetic eye screening (9.8% better) and diabetic HbA1c testing (3.3% better)
Virginia	In 2016, PQIP participating vs. non-participating Providers: • Showed improvement over the prior year in eight of 13 quality measures • Performed better than non-PQIP Providers in 10 of 13 quality measures, with significantly better outcomes in breast cancer screening, cervical cancer screening, and diabetic eye exams

Challenges and Lessons Learned

The experience of developing, launching, and overseeing VBP programs in Kentucky and in other markets has supplied our organization with valuable lessons learned. These lessons are imparted to the local VBP teams in each state, including Kentucky.

First, We Listen

Challenge. The initial challenge is to design an attractive, feasible Physician Incentive Plan as streamlined and administratively simple as possible for our overtaxed PCPs. Our PCPs contract with other payers and must also use their systems and tools. This adds to their administrative burden and contributes to their hesitancy to engage in these types of payment strategies.

Lesson Learned. Anthem's initial Physician Incentive Plan design required participating Providers to achieve both quality and cost thresholds in order to earn incentives under the program. Due to the high cost of care in Kentucky, Providers historically struggled to meet their cost targets under the program and therefore did not receive payments for their efforts. In response to Provider feedback on the benefit of our programs to them, we redesigned our PQIP program for 2020. Our program continues to include cost and quality components as required for HCP-LAN Category 3 APMs, however, to help Providers earn program incentives, our refinements separate the cost and quality gates from each other to allow participating Providers who achieve their quality targets to earn payouts for their 2020 performance in 2021. This change will substantially increase Provider satisfaction and allow them to reap the benefits of their efforts, providing them with additional revenue to reinvest in their practices. We believe these program enhancements will also lower costs over time enabling Providers to achieve cost of care targets under the program.

Additionally, we have leveraged the experience of our affiliate markets to create new Physician Incentive Plans tailored to smaller Providers, and rural Providers who often lack the necessary membership to participate in our existing Physician Incentive Plans. Our Provider Incentive Program and Pay-for-Quality (P4Q HEDIS) programs will include dedicated PCCCs who will deliver custom analytics and gaps in care data, practice transformation services and program support to our Providers. ***Additionally, for those small, rural Providers who have the capability and maturity to engage in more advanced models, our PCCCs will facilitate care compacts with like rural Providers to create virtual panels. By participating in a care compact, Providers will be able to earn greater incentives, engage in true practice transformation and shape the health care landscape in their unique area.***

Challenge. A secondary challenge is to effectively demonstrate to Providers in our Network the benefits of participation, including the availability of multiple data collection tools that provide real-time information about their patients and how they compare to their peers, and provide a

pathway to reaping the rewards of VBP participation. We must persuade these practices, whose employees are already overburdened with administrative responsibilities and reporting to multiple MCOs, that the data analytic tools, education, and face-to-face technical support we provide will enable them to be successful in the VBP program both financially and in improving the health of their patients.

Lesson Learned. In order to achieve the triple aim and truly incent better health outcomes, we learned it is critical for the Providers and their staff to have dedicated support and education, and to be rewarded for their success under Physician Incentive Plan programs. We have deployed our PCCC model of resources dedicated to helping participating Providers achieve performance goals throughout the state.

Physician Incentive Plan Providers support our model, as evidenced in their feedback on what they appreciate about our approach during our 2019 CDT Model satisfaction survey:

- *"The Care Consultants for Anthem Medicaid have consistently been responsive to questions, concerns and suggestions."*
- *"Collaboration & teamwork identifying opportunities for improvement and helping with data."*

Feedback on how we compare with other Kentucky Medicaid MCOs' support for Physician Incentive Plan Providers and what distinguishes Anthem shows further appreciation for our model:

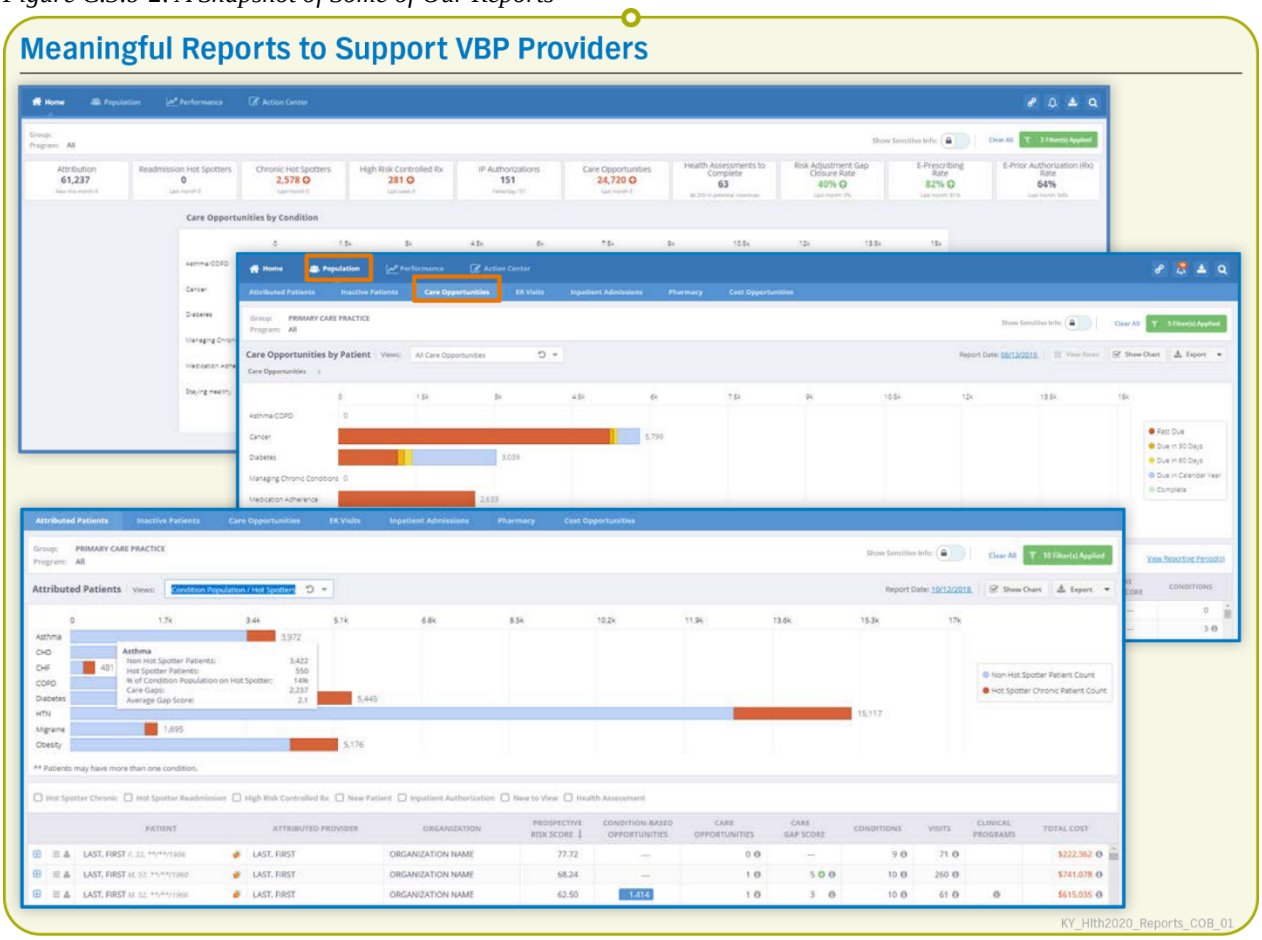
- *"The personal touch is the piece that distinguishes Anthem from others."*
- *"Anthem is typically willing to collaborate and work together as a team. There is a certain rapport that is built with these relationships that allows this type of teamwork to exist. The support and guidance are excellent with the right Anthem employee."*

Additionally, as part of our program model, we encourage large groups and health systems to pass through incentive dollars earned to the Providers delivering the care. This best practice has been adopted by Kentucky Primary Care Association (KPCA) and we are promoting this best practice with all Physician Incentive Plan participating Providers.

After launching a Physician Incentive Program, it is critical to provide hands-on support and education to newly participating PCPs, particularly smaller and less sophisticated practices, on how to use our data analytic tools and interpret our reports, which have been designed and streamlined to appeal to busy Provider practices. Screenshots of some of the reports we use are provided in Figure C.3.b-2. In addition, we learned we must (on an ongoing basis) make sure our participating physician practices are satisfied with our technical support and feel incentivized to continue their investment in the program.

Challenge. Providers struggle to achieve performance goals when programs are not designed to meet them where they are and do not deliver custom support based on their unique challenges and needs. Providers often lack the expertise and analytic resources to truly assess drivers of program performance.

Figure C.3.b-2. A Snapshot of Some of Our Reports



Lesson Learned. It is imperative for MCOs to identify upfront the appropriate measures, data sources, and reporting strategies necessary to monitor established arrangements and drive administrative simplicity. We are aware there cannot be a one-size-fits-all approach to incent Providers because their business models, goals, and patient profiles can differ significantly. In addition, Providers' needs and experiences can vary by geographic region in the state. We know the value of gathering feedback from our VBP-participating Providers on improving our portals, data visualization, content organization, and embedded reports, as well as the importance of enhancing our reports based on that feedback. We have also learned that physicians are competitive and by seeing their performance measured against their colleagues, they are more inclined to improve their performance and standing.

Above all, we have come to understand the importance of providing expert technical support to our VBP-participating Providers — support that is provided at the onset of the program and consistently throughout and at a level that meets their capabilities and needs. With this awareness, we have developed our CDT program. Our CDT Consultants are highly skilled professionals who provide practice consultation services to help Providers optimize their performance under VBP arrangements. They analyze performance based on quality metrics, utilization trends, and Provider profile tools to help VBP participants identify practice-centric solutions and improvement opportunities. They also guide Providers in the development of

performance improvement action plans to improve cost, quality, and Member experience. Through Provider feedback and the notable improvements in quality outcomes by those who have been coached by CDT Consultants (as evidenced by the performance of participating Providers in Table C.3.b-1), we are confident our CDT program is a significant contributing factor in the success of our Physician Incentive Programs.

Value of Physician Incentives

Anthem is at the forefront of VBPs within the Commonwealth. In 2019, 45% of our claims costs were tied to Providers participating in our value-based payment programs. Because not all Provider practices are the same, we have developed programs for different size practices and different Provider types, including PCP, BH, and OB/GYN. We will also introduce incentives to encourage Providers to address SDOH in their practices. To increase adoption of and success with our VBP programs, we have a team of individuals who offer support to Providers and help them effectively use the reports and tools we make available for them to enhance their quality of care.

We believe Providers want to do what is right for their patients. Through our VBP programs, our staff, and our robust tools we will continue to collaborate with our Providers and offer incentives for improved quality of care as we strive to more fully achieve the Triple Aim of health care — improving quality, enhancing the Member experience, and reducing the overall cost of care.

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Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

C.4. Financial Security Obligations

C.4.a. Compliance with Net Worth, Solvency, and Surplus Requirements

a. Describe how the Vendor will comply with net worth, solvency, and surplus requirements.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) has been a stable and financially dependable partner to the Commonwealth since we began our Medicaid operations in 2014, and we currently meet and exceed the statutory net worth requirements.

Anthem has demonstrated strong financial performance during the past term of our Contract with DMS with operating margins that exceeded the target margins set by the Commonwealth's actuary in the Premium Rates. This financial performance demonstrates our continuous efforts to monitor and manage our Enrollee (Member) benefit expense and operate the business in accordance with our Contract and DMS expectations.

Following our Ultimate Parent Company, Anthem, Inc.'s, initial capital contribution in 2014 during incorporation of Anthem Kentucky Managed Care Plan, Inc., we have successfully funded increases in capital requirements through income from operations, and we anticipate funding any future capital requirements during the term of the new Contract through income from operations. Anthem has maintained capital levels exceeding the required levels set by the Kentucky Department of Insurance (DOI) throughout the term of our Contract with DMS.

As of December 31, 2018, our statutory net worth and risk-based capital (RBC) ratio of 619.4% was more than three times the required level set by the DOI. Our December 31, 2019 statutory financial statements will be filed timely with the DOI by March 1, 2020. We are projecting that our RBC ratio will remain significantly higher than the required capital level. This not only demonstrates our strong financial position but also our commitment to the program as we are maintaining capital in the Commonwealth that exceeds DOI requirements thereby allowing us to adapt to the changing needs of the program and our Members.

As shown in our net worth analysis in Table C.4.a-1, Anthem had $111.4 million more than the State's requirement of 200% of authorized control level (ACL) at the end of 2018. In other terms, ***Anthem held three times the required capital***. This clearly demonstrates the strong financial capacity of Anthem to continue to serve Kentucky Members as a Medicaid MCO.

Table C.4.a-1. Anthem Continues to Exceed State Statutory Net Worth Requirements

Net Worth Analysis – Measure	Anthem Value	Description
Values as of 12/31/2018		
Total Adjusted Capital — 12/31/2018	$ 164,602,189	Per 2018 Annual NAIC filing
ACL RBC	$ 26,574,532	Per 2018 Annual NAIC filing
RBC Ratio Against ACL	619.4%	Total Adjusted Capital — 12/31/2018 divided by ACL RBC
200% of ACL (State adopted RBC)	$ 53,149,064	State adopted RBC = 2 times ACL RBC
Excess over 200% of ACL Requirement	$ 111,453,125	Total Adjusted Capital minus 200% of ACL

Additionally, Anthem, Inc., provides Anthem with any necessary financial backing through access to capital markets, and we are able to leverage Anthem, Inc.'s vast financial strength and resources. In 2018, Anthem, Inc.'s combined authorized control level risk-based capital ratio

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across its insurance and HMO operating subsidiaries was on average approximately 523%, which is 2.6 times the federal and State requirements. As of September 30, 2019, Anthem, Inc. held $3.0 billion in cash and investments.

In addition, we currently maintain the required $25 million Performance Bond for our existing operations and will maintain a bond of $30 million for the upcoming Contract as evidenced in Attachment J by the commitment letter from our surety carrier, Liberty Mutual Insurance Company.

Upon execution of the Contract, as required, we will continue to provide DMS with proof of the net worth requirements. On an ongoing basis, we will make sure our net worth continues to meet DMS requirements.

C.4.b. Documentation of Available Lines of Credit

b. Provide documentation of lines of credit that are available, including maximum credit amounts and available credit amount.

As noted previously, Anthem, Inc. is the Ultimate Parent Company of Anthem. Anthem, Inc., one of the nation's leading health benefits companies, provides Anthem with the ability to leverage its financial resources through access to its capital markets. In addition to its own available funds and investments, Anthem, Inc. has two senior revolving credit facilities totaling $3.5 billion. In June 2019, Anthem, Inc. amended and restated the credit agreement for the 5-Year Facility to extend its maturity date from August 2020 to June 2024 and decreased the amount of credit available under it from $3.5 billion to $2.5 billion. In June 2019, Anthem, Inc. also entered into a 364-day senior revolving credit facility, or 364-Day Credit Facility, with a group of lenders for general corporate purposes, which provides credit in the amount of $1.0 billion and matures in June 2020. There were no amounts outstanding under the 5-Year Credit Facility or the 364-Day Credit Facility at any time during 2019. These credit lines could be used, if necessary, to help provide liquidity to the Kentucky Medicaid programs.

Anthem, Inc. is a member, through certain subsidiaries, known as the Subsidiary Credit Facilities, with separate lenders for general corporate purposes. These Subsidiary Credit Facilities provide combined credit up to $600 million. As of September 30, 2019 and December 31, 2018, $150 and $500 million, respectively, were outstanding under the Subsidiary Credit Facilities.

Table C.4.b-1. Anthem Credit Facility Details

	Credit Line Description	Credit Amount [i]	Outstanding [i][ii]	Available [i]
1	Senior Revolving: 5-Year Credit Facility	$3.5	$0.0	$3.5
2	Senior Revolving: 364-Day Credit Facility	$1.0	$0.0	$1.0
3	Subsidiary Credit Facilities: 364-Day	$0.6	$0.2	$0.5
Total		***$5.1***	***$0.2***	***$5.0***

[i] Amounts in billions

[ii] Amounts outstanding on credit lines as of September 30, 2019

Additionally, Anthem, Inc. is a member, through certain subsidiaries, of the Federal Home Loan Bank of Indianapolis, the Federal Home Loan Bank of Cincinnati, and the Federal Home Loan Bank of Atlanta, or collectively, the FHLBs. As a member, Anthem, Inc. has the ability to obtain short-term cash advances, subject to certain minimum collateral requirements. As of September 30, 2019 and December 31, 2018, $560 and $645 million, with fixed interest rates of 1.990% and 2.458%, respectively, were outstanding under the short-term FHLB borrowings.

Documentation of available credit lines can be found in Attachment C.4.b-1, excerpted from Anthem, Inc.'s 2019 3rd Quarter 10-Q filing.

C.4.c. Risk Arrangements and Oversight of Arrangements

c. Describe any risk arrangements the Vendor proposes to have with providers for contracted services and describe oversight of such arrangements.

Anthem is committed to ensuring Providers are successful in our value-based payment (VBP) programs so that they are able to deliver high quality care to our Members. As such, we make sure Providers have established the capabilities necessary to bear risk before moving them into a risk arrangement. Our VBP strategy meets Providers where they are and through our dedicated Care Delivery Transformation approach, we offer resources, tools, and supports that will ultimately enable Providers to advance along the VBP continuum toward risk agreements as they mature and build appropriate capabilities. Anthem affiliates include an orientation to shared risk models with the Provider community upon introduction of these programs. We have found that the Commonwealth Provider community has become accustomed to the more typical fee-for-service reimbursement models and is hesitant to move to downside risk. To facilitate the move along the VBP continuum toward advanced risk models, we are have created a new Value Based Concierge team consisting of the Anthem Care Delivery Transformation (CDT) Consultant and Patient Centered Care Consultants (PCCCs), to provide consultation, coaching, and training to our Provider community on how to monitor their panels of Members, the reports available to them, and ways to close care gaps to optimize their performance. These Provider teams will also encourage Providers and support DMS in moving more Providers to a shared risk contracting model.

Figure C.4.c-1. Anthem and Its Affiliates Advancing Providers to Risk Agreements as of January 2019

Medicaid		
	Membership	Provider Groups
PQIP	1,383,731	4,338
PQIP Essentials	256,642	464
Shared Savings	1,142,100	280
Non Delegated Risk	369,735	39
Delegated Risk	1,211,915	64
Total	**4,364,423**	**1,285**

KY_Hlth2020_Medicaid_COB_02

We continue to partner with our top Providers to facilitate their progress down the VBP continuum towards risk-based arrangements. Our Ultimate Parent Company's experience advancing Providers to risk agreements, as of January 2019, is highlighted in Figure C.4.c-1.

Anthem is currently in negotiations with a major Kentucky Provider to advance them along our VBP continuum from our HCP-LAN Category 3 Physician Quality Incentive Program (PQIP) to a Negotiated Risk Agreement in the coming year. The agreement will include a per Member per month (PMPM) payment for Care Coordination and associated risk for outcomes. Out of deference for our partner, we will disclose the details of this Negotiated Risk Agreement to DMS upon finalization.

Anthem's Experience with Risk Agreements

Across the country, our Medicaid affiliates currently have risk agreements with 104 Medicaid Provider groups that account for more than 1.5 million Members in Medicaid. These agreements include Negotiated Risk and Shared Savings agreements, as well as Delegated Risk agreements where Providers are paid a global capitation rate (percent of premium or PMPM); this covers

administrative costs and medical expense where claims functions are delegated with a combination of other functions delegated (credentialing, Utilization Management, case management, Network, and call center). Types of Delegated Risk agreements include:

- Pro-Capitation: physician group delegated for credentialing and all Utilization Management (UM) but only professional claims
  - One group (physician)
  - One type of claim — Professional
- Dual Risk: physician group delegated for credentialing, all UM, and professional claims; hospital partner pays institutional claims
  - Two groups — One physician and one hospital partner
  - Two types of claims — Professional and Institutional
- Full Risk: physician group delegated for credentialing, all UM, and both professional and institutional claims
  - One group (physician)
  - Two types of claims — Professional and Institutional

We recognize that some Providers may not be ready or technically capable of assuming risk, so for those Providers we focus on rewarding continued performance improvement and accountability to ensure they deliver a standard of care consistent with our vision. Our dedicated Care Delivery Transformation Consultants, who collaborate with Providers to develop their capabilities and improve program performance, facilitate Provider progress along the Alternative Payment Model continuum.

Our CDT Consultants confirm Providers have established the capabilities necessary to bear risk before moving them into a risk arrangement. Our VBP strategy meets Providers where they are, and through our dedicated Care Delivery Transformation approach, we offer resources, tools, and supports that will ultimately enable Providers to advance along the VBP continuum toward risk agreements as they mature and build the appropriate capabilities. Our Ultimate Parent Company's experience advancing Providers to risk agreements, as of January 2020 is highlighted in Figure C.4.c-1.

Proposed Risk Agreement Models for Commonwealth Providers

We will seek DMS approval on our risk models before we introduce them in Kentucky. Our Accountable Reimbursement portfolio includes the following risk arrangements.

Negotiated Risk or Shared Savings

Our negotiated Risk or Shared Savings (R/SS) arrangements for Primary Care Providers (PCPs), Hospitals with affiliated PCPs, Patient Centered Medical Homes (PCMHs), and IPAs use quality metrics as a gate to shared savings eligibility to encourage efficient, preventive, and cost-effective health care practices. The Provider can accept either upside-only risk or upside and downside exposure. When Providers accept downside risk, we require financial solvency and assess financial statements beforehand.

Reporting

- Monthly Care Opportunity View reports through Provider Care Management Solutions (PCMS)
- Monthly Medical Cost Management (MCM) reports including claims, membership, pharmacy, and adjustment data is used to identify cost drivers to manage spend

- Quarterly reports listing premium, total medical expenses, calculated program year medical loss ratio (MLR) performance against the target MLR, and earned shared savings or deficits minus withholds

Payment

- Interim quarterly reconciliation and payments available
- Annual reconciled payment six months following the close of the measurement period

Delegated Risk and Capitation

Our Delegated Risk and Capitation (DR/C) program for hospitals with affiliated PCPs, PCMHs, and IPAs globally capitates Providers, delegates administrative functions to the Provider, and incents Providers to manage costs effectively within allowed budget via the capitation payment. Program objectives include decreased medical and administrative spend, increased quality, and improved Provider and Member satisfaction. Delegated functions include credentialing, claims, and Utilization Management. Additional functions include Care Coordination, case management, disease management, Network development, and Provider servicing.

Reporting

- Access to Provider Portal and PCMS (in most cases)
- Information from functional data exchanges (via SFTP) on eligibility (834), encounters (837), authorizations, maximum out-of-pocket (MOOP) accumulator as needed, NCPDP (pharmacy), and medication adherence

Payment

- Monthly prospective global capitation payment supported by suite of reports with reconciling detail

Assessing Provider Capacity for Risk

Anthem employs a disciplined approach to identifying potential Providers to advance to risk agreements. Our formal process includes an assessment of Provider solvency, technical capabilities, and infrastructure necessary for successful performance in a risk agreement. Additionally, this process yields detail on capabilities or infrastructure the Provider will need to enhance to be successful.

To achieve our goal to move Providers along our VBP continuum, our Provider Solutions leaders identify potential partners for risk agreements and engage our Delegated Risk team to request a formal Pre-Contract Assessment of Provider maturity and capacity to engage in a risk agreement. Our comprehensive Pre-Contract Assessment process results in a Pre-qualification Risk Score that we use as the basis for rendering a risk contracting decision.

We stratify Providers, using the determinations highlighted in Figure C.4.c-2, based on their final Pre-qualification Risk Score, and we seek to establish risk agreements with those Providers determined to be the lowest risk level. For Providers who are determined to be medium risk, we will meet them where they are and establish a development plan to prepare them to engage in risk agreements in the future. Providers determined to be of the highest risk will be eligible for re-assessment following three years of sustained performance in their current VBP program, at which time we will evaluate their growth during the preceding two years and will reconsider their capacity for engaging a risk agreement at that time.

Figure C.4.c-2. Stratifying Providers

Assessing Our Providers' Ability and Desire to Accept Risk

Pre-Qualification Risk Score	Determination	Action Taken
Risk Score 1-149	LOW	Complete delegated risk agreement
Risk Score 150-299	MEDIUM	Complete deeper evaluation with provider to: • Understand Provider limitation/needs for improvement • Develop capability action plan with milestones for progress/goals for improvements needed to engage in risk agreement at future date • Establish timeline for re-assessment
Risk Score 300-450	HIGH	Complete deeper discussion with provider to: • Communicate limitations identified that preclude Provider from participating in a delegated risk agreement • Develop recommendations for Provider improvements needed to engage in risk at a future date to be determined

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Maintaining Oversight for Risk Agreements

Anthem's Delegated Risk Oversight team is responsible for oversight of all Providers in risk agreements and collaborates with Anthem's internal department leaders, such as Quality Management, Case and Utilization Management, and Operations for support. Their responsibilities include:

- Joint Operations Committee Facilitation
- Performance analysis
- Contract management
- Annual auditing
- Complex and cross-functional issue management
- Manage changes and modifications to contracts

Additionally, our Delegated Risk Oversight team is focused on the operational oversight of all of our delegated risk arrangements. The Oversight team works in conjunction with our national Implementation Management Office (IMO), the Enterprise Delegation Oversight Management (EDOM) team, and Provider Services department to ensure that our delegated arrangements are successfully implemented and managed effectively. The Implementation team oversees the full implementation of all new deals through the first 90 days of the deal. After that phase is complete, the Delegated Risk Oversight team takes over with a focus on the following:

- Complex and cross-functional issue management including root cause analysis of all identified issues
- Outbound file feed compliance and timeliness
- Proactive prevention of issues including configuration reviews, claim processing reviews, and Provider data reconciliations
- Performance analysis reviews

The Enterprise Delegation Oversight Management team performs annual audits of our delegates and also receives monthly performance reports from our delegates which include operational metrics. The EDOM Team is focused on a delegate's compliance with Anthem's delegated risk standards. A corrective action plan is implemented when a delegate fails to meet Anthem's internal standards.

Anthem Medicaid

C.4. Financial Security Obligations Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

Anthem Medicaid

Attachment C.4.b-1. Documentation of Lines of Credit that Are Available

Committed to the *Future* of **Kentucky Medicaid**

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

Attachment C.4.b-1. Documentation of Lines of Credit that Are Available

We have an unsecured surplus note with an outstanding principal balance of $25 at both September 30, 2019 and December 31, 2018.

We have a senior revolving credit facility, or the 5-Year Facility, with a group of lenders for general corporate purposes. In June 2019, we amended and restated the credit agreement for the 5-Year Facility to, among other things, extend the maturity date of the 5-Year Facility from August 2020 to June 2024 and decreased the amount of credit available under the 5-Year Facility from $3,500 to $2,500. In June 2019, we also entered into a 364-day senior revolving credit facility, or 364-Day Facility, with a group of lenders for general corporate purposes, which provides for credit in the amount of $1,000 and matures in June 2020. There were no amounts outstanding under the 5-Year Facility or the 364-Day Facility at any time during the nine months ended September 30, 2019 or under the 5-Year Facility at December 31, 2018.

Through certain subsidiaries, we have entered into multiple 364-day lines of credit, or the Subsidiary Credit Facilities, with separate lenders for general corporate purposes. The Subsidiary Credit Facilities provide combined credit of up to $600. At September 30, 2019 and December 31, 2018, $150 and $500, respectively, were outstanding under our Subsidiary Credit Facilities.

We have an authorized commercial paper program of up to $3,500, the proceeds of which may be used for general corporate purposes. In August 2019, we increased the amount available under the commercial paper program from $2,500 to $3,500. At September 30, 2019 and December 31, 2018, we had $500 and $697, respectively, outstanding under this program.

We have outstanding senior unsecured convertible debentures due 2042, or the Debentures, which are governed by an indenture between us and The Bank of New York Mellon Trust Company, N.A., as trustee, or the indenture. We have accounted for the Debentures in accordance with the FASB cash conversion guidance for debt with conversion and other options. As a result, the value of the embedded conversion option (net of deferred taxes and equity issuance costs) has been bifurcated from its debt host and recorded as a component of additional paid-in capital in our consolidated balance sheets. During the nine months ended September 30, 2019, $20 aggregate principal amount of the Debentures were surrendered for conversion by certain holders in accordance with the terms and provisions of the indenture. We elected to settle the excess of the principal amount of the conversions with cash for total payments of $73. We recognized a gain of $1 on the extinguishment of debt related to the Debentures, based on the fair values of the debt on the conversion settlement dates.

The following table summarizes at September 30, 2019 the related balances, conversion rate and conversion price of the Debentures:

Outstanding principal amount	$	267
Unamortized debt discount	$	85
Net debt carrying amount	$	179
Equity component carrying amount	$	97
Conversion rate (shares of common stock per $1,000 of principal amount)		13.9250
Effective conversion price (per $1,000 of principal amount)	$	71.8129

We are a member, through certain subsidiaries, of the Federal Home Loan Bank of Indianapolis, the Federal Home Loan Bank of Cincinnati and the Federal Home Loan Bank of Atlanta, or collectively, the FHLBs. As a member we have the ability to obtain short-term cash advances, subject to certain minimum collateral requirements. We had $560 and $645 in outstanding short-term borrowings from FHLBs, at September 30, 2019 and December 31, 2018 with fixed interest rates of 1.990% and 2.458% respectively.

All debt is a direct obligation of Anthem, Inc., except for the surplus note, the FHLB borrowings, and the Subsidiary Credit Facilities.

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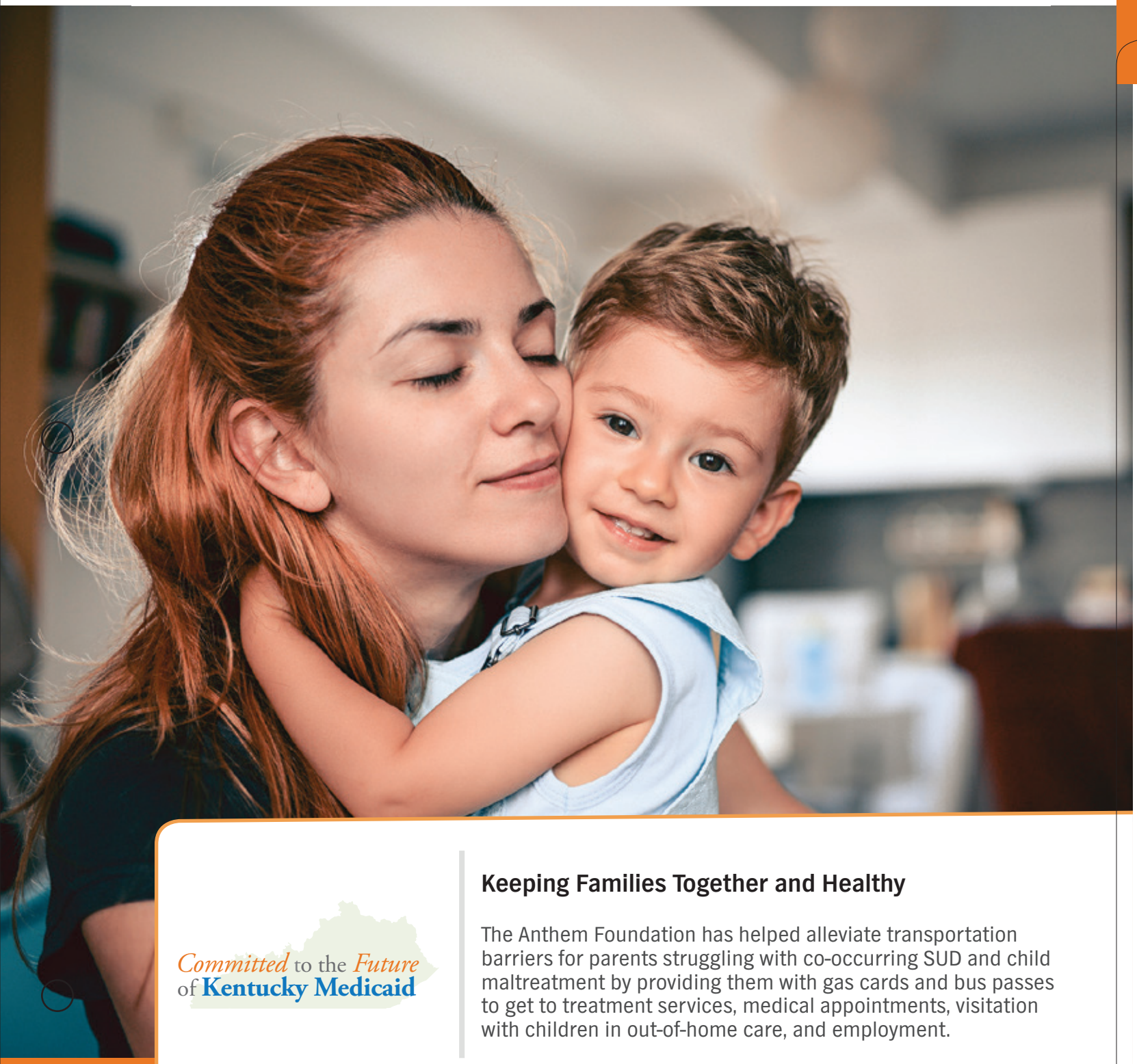
Anthem Medicaid

5. Third Party Resources



Committed to the *Future* of **Kentucky Medicaid**

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

C.5. Third Party Resources

A strong Third-Party Liability (TPL) program is critical for assuring the appropriate use of taxpayer dollars for the Kentucky Medicaid program. Medicaid beneficiaries may have one or more additional sources of coverage for health care services. Anthem Kentucky Managed Care Plan, Inc. (Anthem) is committed to providing current and timely TPL/Coordination of Benefits information for our Enrollees (Members). Anthem leverages its experience, and the experience our affiliates have operating Medicaid plans in other markets, as well as the national resources of our Ultimate Parent Company, Anthem, Inc., to continually evolve our robust TPL program for Kentucky with the lessons learned and best practices from across the country.

Approach to Third-Party Resources and Liability

Our TPL program currently complies with all contractual requirements of the Kentucky Medicaid Contract. We will continue to comply with the requirements in Section 14, Third Party Resources, located in the draft Contract; and Appendix F – Third Party Payments/Coordination of Benefits requirements. Our TPL program uses resources, systems, and processes to confirm that Medicaid is the payer of last resort. Through a variety of sources, State files, CAQH partnership, self-identified other coverage, and other coverage provided on claim information, we proactively identify third-party coverage, coordinate benefits, and pursue post-payment recovery from liable third parties. We have integrated this approach throughout our operations: claims adjudication, Provider education, system configuration, and partnership with our Subcontractors. In 2019, our efforts resulted in more than $33.8 million in cost avoidance and more than $5 million in post-payment recovery.

Identifying Third-Party Coverage

Throughout a Member's relationship with us, we use a number of methods to determine whether that individual has other insurance, and we comply with 42 CFR 433.138 and 42 CFR 433.139 requirements and State regulations. We know it is our fiduciary responsibility to make sure Medicaid is the payer of last resort, and we cooperate with the Department for Medicaid Services (DMS) in any manner necessary. We also assist DMS with the identification of Members with access to other insurance. Our methods are outlined in Table C.5-1.

Table C.5-1. Methods and Approach to Determining Insurance Coverage

Third-Party Coverage Methods of Insurance Determination	Indicator
Information from DMS	We accept information on Member third-party coverage on the enrollment file we receive from DMS and load it into our Core Services System.
Provider Claims	We realize that an individual has third-party coverage when the Provider submits a claim that lists other insurance information or indicates payment from another insurer.
Member Contact	We contact Members for the opportunity to ask them if they have other insurance coverage or if any of their other insurance coverage has changed. Care Managers also ask Members about other coverage during routine communications.
External Sources	Through national resources provided by our Ultimate Parent Company and affiliates, we use external partners to supplement our internal third-party coverage identification activities. Using more than one source maximizes opportunities and promotes cost avoidance. Sources include:

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Third-Party Coverage Methods of Insurance Determination	Indicator
	Council for Affordable Quality Healthcare (CAQH), a non-profit alliance, is a leader in creating shared initiatives to streamline the business of health care. We will use the CAQH COB Smart Solution to gain access to instances of new or overlapping Member coverage. • Health Management Systems, a partner specializing in identifying Members with other commercial coverage, will help us locate other valid Member coverage with its proven data mining techniques. • Cotiviti, a data mining and recovery partner, will help us find Medicare coverage for our Members when not already identified.

Third-Party Liability Processes and Procedures

In accordance with Attachment C, Section 14.2 of this RFP, Anthem has guiding procedures which outline Anthem's responsibility in pursuing cases in which another party has been determined to have legal liability for the services rendered to our Members as a result of said incident and for which Anthem has made claims payments. In addition, we comply with all 42 CFR 433.138 and 42 CFR 433.139 requirements for Third-Party Resources. We maintain a current TPL Resource File that contains Members' current TPL information including coverage that has ended for the Member. We add validated third-party coverage information to the Member's record in our Core Services System, including the policy issuer and number, effective and termination dates, and last date verified. Our Core Services System also stores the name of the policyholder, which is important if the Member is a child and the insurance coverage is through an absent parent. For Members with such information noted in their record, COB is automatically incorporated into the claim adjudication process. We do not consider cost-sharing or patient liability responsibilities as TPL, and if we deny a claim to a Provider based on TPL, we provide the TPL data to the Provider. We share this TPL information with our Subcontractors that are responsible for payment of Covered Services for Members and provide DMS with a monthly TPL reporting file.

Our Kentucky Medicaid TPL program complies and will continue to comply with State and federal requirements and focus on:

- Identification of Member third-party coverage
- Cost avoidance through COB prior to claim payment
- Post-payment recovery and maintenance of complete records regarding TPL collection
- Sharing information and cooperating with DMS

In an effort to minimize the need for more difficult and costly post-payment recoveries, we will emphasize and prefer prospective cost avoidance versus retrospective pay and chase by identifying third-party coverage and TPL claims prior to claims payment, ultimately minimizing the need for more difficult and costly post-payment recoveries. When allowed by regulations, we pay specific claims (for example, Early and Periodic Screening, Diagnostic and Treatment) at the time they are presented for payment, and we bill the responsible third party.

We will continue to employ a number of cost avoidance strategies, including capturing third-party coverage data from all available sources, validating third-party coverage leads, storing third-party coverage information on a Member's electronic record in our Core Services System, and applying extensive edits in our claims processing system. We provide monthly documentation, including payment information, collection, or recoveries for services provided to

enrolled Members, as required by DMS. We report all TPL activity to DMS. For urgent Member and Provider requests for COB or TPL updates, we respond to DMS within 48 hours, and within three Business Days for routine requests.

Coordination of Benefits

In accordance with Attachment C, Section 14.1 of this RFP, Anthem actively pursues, collects, and retains all monies available from all available resources for services to Members under the Kentucky Medicaid Contract, except where the amount of reimbursement we can reasonably expect to receive is less than estimated cost of recovery.

Our COB, cost avoidance, and post-pay recovery guidelines are in compliance with NAIC COB practices, State regulations, and contractual terms to properly coordinate claims in post-pay status, and we pursue reimbursement from liable third parties. Our policies and procedures have been approved by DMS.

When a claim is presented with other known coverage in our claims system, our claims processes properly coordinate the claim in accordance with standard COB rules. Our configuration has been updated to reflect recent rule changes to include services, such as EPSDT, that were previously exempt from these edits

In all post-pay COB cases (other than COB with Medicare), we pursue collections directly through the responsible party (that is, third-party payers). Anthem does not pursue recovery against a Member. In the instance of a COB claim with Medicare, we pursue recovery through the Provider, requiring them to submit the claim to Medicare for primary payment. We maintain records of all COB recoveries for documentation of proper coordination of benefits. On a monthly basis, we submit detailed COB information and recovery reports to DMS. In addition, we monitor and oversee our Subcontractors to make sure they follow all third-party requirements, rules, and regulations for COB collections. Subcontractors also submit monthly COB recovery and information. Members are not restricted from access to Covered Services due to COB collection.

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Anthem Medicaid

6. Management Information System

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

C.6. Management Information System

C.6.a. Information Systems Designed to Support Managed Care

a. Provide a detailed description, diagrams and flowcharts of the Management Information System (MIS) the Vendor will use to support all aspects of Kentucky's Medicaid managed care program including the following subsystems:

i. Enrollee Subsystem;

ii. Third Party Liability (TPL);

iii. Provider Subsystem;

iv. Reference Subsystem;

v. Claims Processing Subsystem (to include Encounter Data);

vi. Financial Subsystem;

vii. Utilization/Quality Improvement Subsystem; and

viii. Surveillance Utilization Review Subsystem (SURS).

As part of the response, include information about the following:

i. Required interfaces, how the system will share and receive information with the Department, how the Vendor's system will use files provided by the Department, Subcontractors, providers, and other supporting entities.

ii. Capability to store and use large amounts of data, to support data analyses, and to create standard and ad hoc reports.

iii. Extent to which these systems are currently implemented and integrated with other systems, internal and external, and the Vendor's approach for assuring systems that are not fully implemented and integrated will be ready to begin operations on required timeframes.

Diagrams and flowcharts should show each component of the MIS and the interfacing support systems used to ensure compliance with Contract requirements.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) recognizes that Management Information Systems (MIS) provide critical support for our health care operations and effective management of clinical and health care services data. ***We maintain the systems, processes, and staffing necessary to comply with all contractual requirements.***

Our MIS enables us to collect and process data from all relevant sources and share it with all stakeholders for actionable execution. We continuously enhance our MIS, incorporating the latest from our State partners. Recent investments include:

- Lifetime Patient Record and Family Health Record via My Family Health Record (myFHR™) mobile application
- Enhanced Enrollee (Member) Website functionality (for example, Click to Call, Secure Messaging, and eDelivery/new ID card request and print on demand)

As an experienced and trusted partner to the Department for Medicaid Services (DMS) for more than six years, our operations are supported by a highly effective, ***HITRUST-certified***, and ***HIPAA-compliant MIS***. Using Service Oriented Architecture (SOA) component integration, our MIS has been customized specifically for the Kentucky Medicaid program in accordance with the provisions in Appendix G: Management Information System Requirements. It is designed on the principle that all

A System with a Proven Record in Kentucky

Our MIS currently supports over **7 million** Medicaid Members nationwide with **more than 132,000** Members in the KY Medicaid programs

For 2018-2019, our Core Services System has achieved **99.5%** uptime availability and our websites have **achieved 100% uptime availability.**

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Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

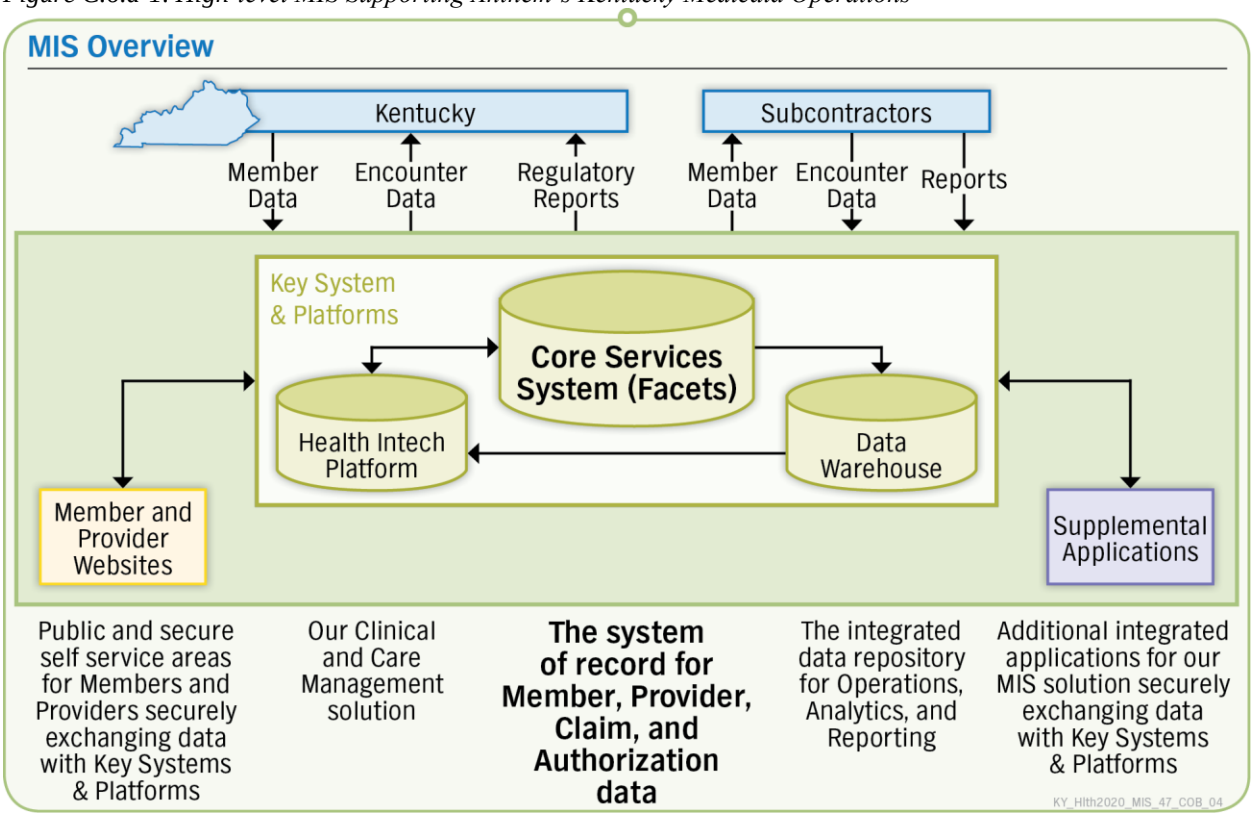
data originates from a single system of record, with all changes being made within the system then replicated to surrounding systems and applications. This integrated system is built on a managed Medicaid model with a design and configuration based on our ultimate parent company's (Anthem, Inc.'s) experience supporting managed care programs in 24 markets nationwide, including Kentucky. ***The system accommodates State-specific needs and innovations, enabling unique capabilities implemented for one affiliate to be leveraged for another. This ability to customize allows us to remain agile and efficiently implement innovative functionality that meets the specific needs of Kentucky.***

Our MIS is managed internally through combined health plan accountability and support from Anthem, Inc.'s Technology Services team, comprising of highly skilled and committed professionals who are experienced in managed health care technology and committed to delivering real solutions to the Commonwealth.

Highly Effective System Design

Modular integration among components is a key design premise of our MIS. The components interoperate where needed but are independent enough to provide specialized functionality to fulfill Contract requirements. This approach protects data integrity and prevents inconsistencies between systems.

Figure C.6.a-1. High-level MIS Supporting Anthem's Kentucky Medicaid Operations



The MIS, as shown in Figure C.6.a-1 above, comprises the following five primary components:

Core Services System. Our core administrative platform serves as the authoritative host, or system of record, for data about Providers, Members (including demographics, enrollment, and

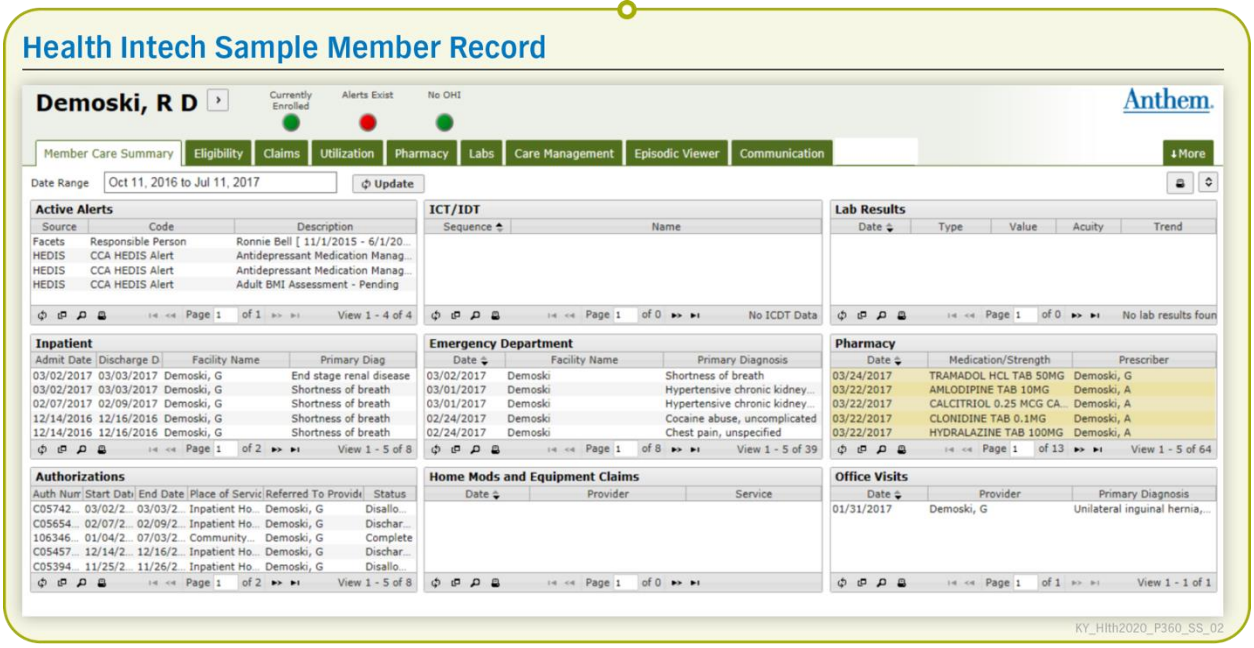
other insurance coverage), claims and encounters, and service authorizations. It collects and tracks data on utilization, Grievances and Appeals, Provider contracts, Member benefits, finance, and more in support of program operations and quality assessment and improvement activities. For example:

- Provider data is used across multiple functions, including Provider Network management, PCP assignment, claims, utilization and quality management, and Care Coordination.
- The Core Services Systems stores Provider data including Provider type, specialty, payment information, contract status, affiliations, and exclusion status as well as Provider capacity, locations, specialties, hours, accessibility, languages, age/gender, cultural competency training completion, and web address.

We maintain data quality through interfacing applications that apply rules-based standardization, verification, and validation logic to data elements. ***In 2018 to 2019, our Core Services System achieved 99.5% uptime availability and in 2019 processed over 89 million claims across all Medicaid markets.***

Health Intech. Our care and clinical management technology platform is the system of record for Member Care Coordination and management information, and integrates seamlessly with our Core Services System and data warehouse. Member utilization data, such as claims history, authorizations, immunization records, lab results, and care and chronic condition management data, are readily available in an organized format, delivering a holistic picture of each individual's service utilization, care plan, and gaps in care. These systems provide the tools for Care Managers and Providers to identify and manage Members' needs, and support the development, management, coordination, and communication of the person-centered care plan. A sample Member profile from our Health Intech platform is shown in Figure C.6.a-2.

Figure C.6.a-2. Health Intech Sample Member Record



Data Warehouse. Our data warehouse platform uses SQL Server and supports operational processes, analytics, quality management/improvement, and reporting. Fed directly from the

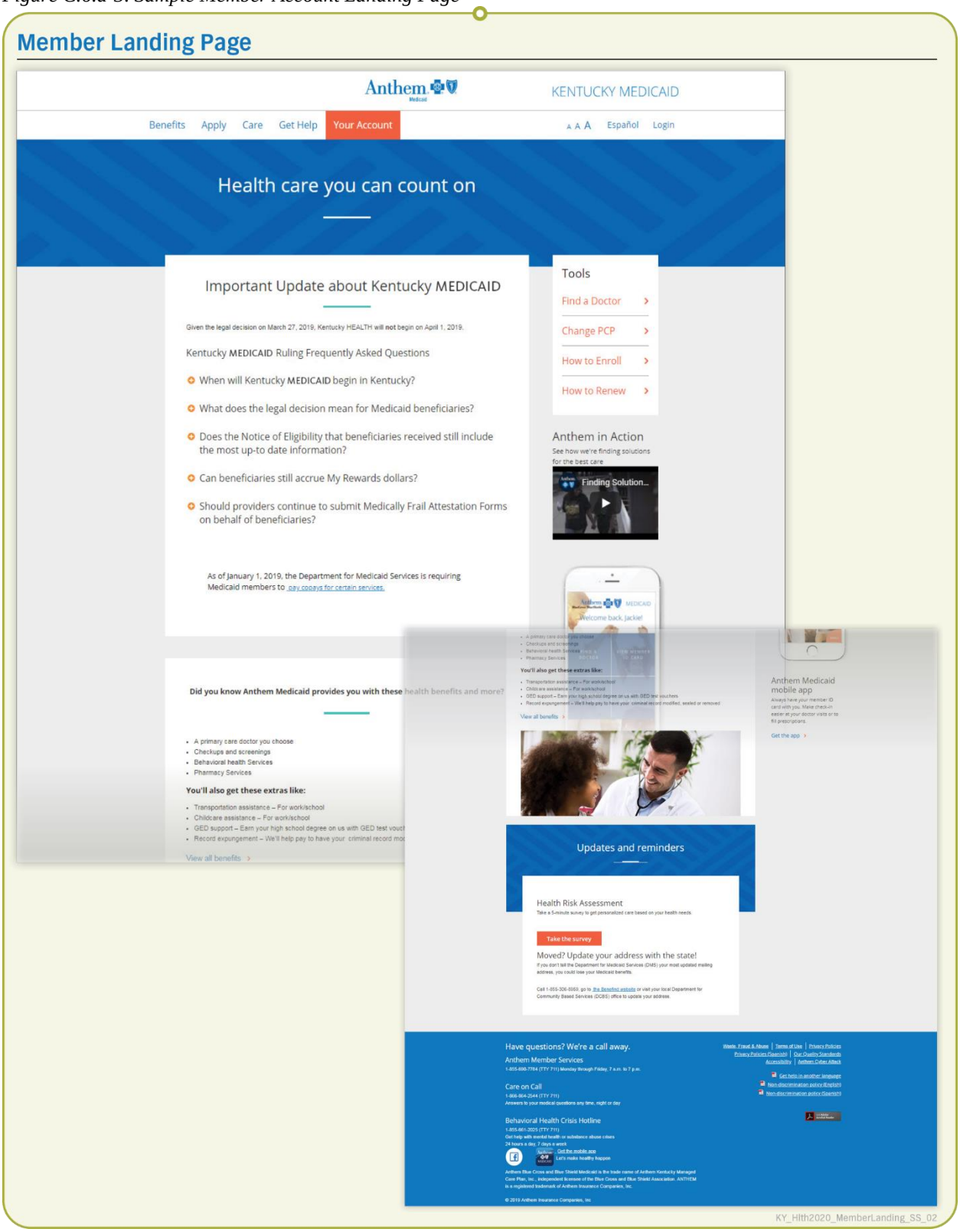
system of record to promote data quality, control, and consistency, the data warehouse delivers a comprehensive source of health information about our Members and includes encounter claims data for medical, Behavioral Health (BH), pharmacy, dental, vision, and transportation services they receive. We integrate additional information into the data warehouse to support other processes, including lab results and immunization, prescription, and clinical data for our Members to be used for utilization and care management. The data warehouse supports access to integrated Member health information through our Health Intech platform; advanced analytics, including our predictive modeling system to identify Members for care management; and our operational, management, and regulatory reporting process information.

Our ability to query data from multiple sources through a centralized warehouse allows Anthem to see a holistic view of a Member's health. This 360-degree view is available to both Anthem Care Management staff and Providers. For example, our predictive modeling tool, Chronic Illness Intensity Index (CI^3), helps us proactively monitor and mine utilization data to identify Members with high rates of utilization who may be at risk for Emergency Room (ER) visits, inpatient admission, medication adherence issues, or other problems that might be preventable. We are notified and can act on when a Member has three ER visits within a 60-day period because our data are continuously renewed and reviewed to spot individual or cohort patterns that can be corrected with intervention.

Member and Provider Websites. Our Member and Provider websites are available 24/7/365 and are designed for ease of navigation, as well as to minimize download and wait time. Both websites have public and secure self-service areas, and use industry-standard web services, as well as content management system technologies. We recognize that users who come to the website want to complete the transaction on the website, and not be referred to our call center. Our website is designed to help Members and Providers easily navigate to the tools that enable self-services. Our websites feature responsive design, affording users access to all content, features, and functionality regardless of the device they use (desktop/laptop, tablet, and smartphone). Frequently, this is important for Members who only have internet access via a mobile device and not a computer. A sample Member account is demonstrated in Figure C.6.a-3.

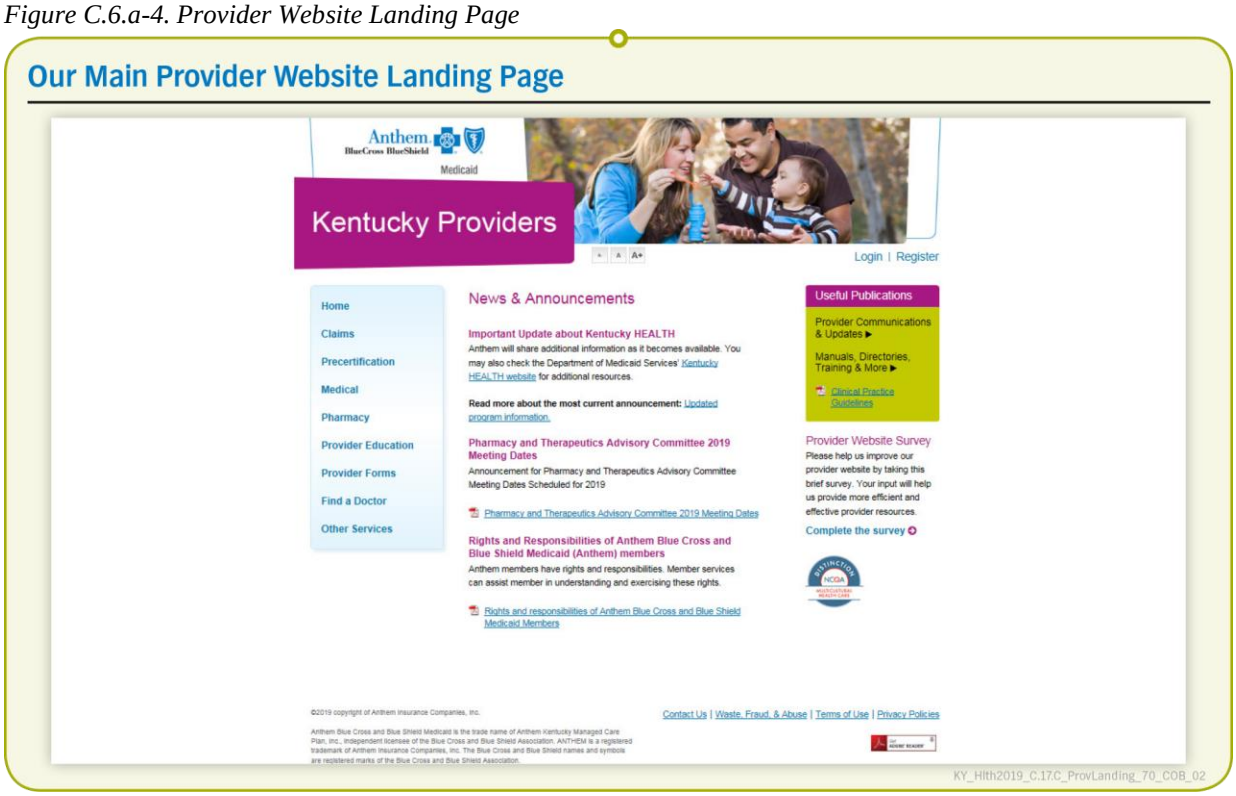
Through the Member website, Members can select or change their PCP, securely message Member Services, access a calendar of Member and community events, select a communication preference (text, email, or regular mail), access our Provider Directory, and request a call from Member Services (Click to Call). We also feature on our website a Member Engagement Platform, which offers health information, custom campaigns and challenges, and user activity and input to deliver a personalized experience and tools that promote healthy behaviors. The website offers access to our Community Resource Link, which provides Members with access to a searchable and customizable (by ZIP code) directory of community resources (such as food, housing, and transportation) to address identified needs related to the social determinants of health.

Figure C.6.a-3. Sample Member Account Landing Page



Anthem's Provider website offers the latest Provider communication, toolkits designed to make the Provider's job easier, formularies, and reimbursement policies, and a link to our Prior Authorization Look-Up Tool (PLUTO). The website delivers timely and relevant information, announcements, alerts, forms, and a listing of Customer Care Representatives by region for Providers, their staff, and other stakeholders. Our Provider landing page is demonstrated in Figure C.6.a-4.

Figure C.6.a-4. Provider Website Landing Page



Our 2019 metrics indicate that 57.5% of our web traffic comes from mobile devices. We also offer a mobile app for our Members, which gives them quick access to their account management options (for example, username and password), the online Provider Directory, Health A to Z symptom checker, and a mobile ID card. ***The Member website and mobile app share a registration, so our Members need only register for one to be able to access both.***

In 2020, we will be implementing myFHR, a digital longitudinal patient record available to all Members. myFHR will allow Members to download their Electronic Medical Record (EMR) data to give them a holistic view of their health history, helping to increase engagement. myFHR will also allow Members to share their health data with family, caregivers, Providers, or anyone else they choose.

Supplemental Applications. Additional integrated applications support overall functionality, including Provider payment, Member ID cards, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), HEDIS® scores, and document imaging. We also support Providers in value-based care arrangements through our Provider Care Management System (PCMS), which offers real-time, Member-specific data. Dashboards, business intelligence, analytic reporting, and other supplemental applications maximize functionality, efficiency, security, and data analytics.

In addition, Anthem offers Providers 24/7 access to our Interactive Care Reviewer (ICR) tool. ICR provides a means for Providers to submit their Utilization Management (UM) requests for auto-approval or standard UM review through a comprehensive, fully automated web-based tool. Providers enter or transmit necessary Member and authorization request information, attach, or provide pertinent clinical detail, and can receive a real-time immediate authorization response and authorization number. Providers can sign up for email notification at the time of submission which will result in automated notification. At any time, Providers can go back into ICR to view the decision from their ICR dashboard.

Compliance with Enterprise Information Technology Policies and Standards

As an incumbent Managed Care Organization (MCO), our systems comply with the Commonwealth Office of Technology (COT) and the Kentucky Cabinet for Health and Family Services (CHFS) IT Enterprise Policies and Standards as specified in Appendix Q.

i. Member Eligibility and Enrollment Management

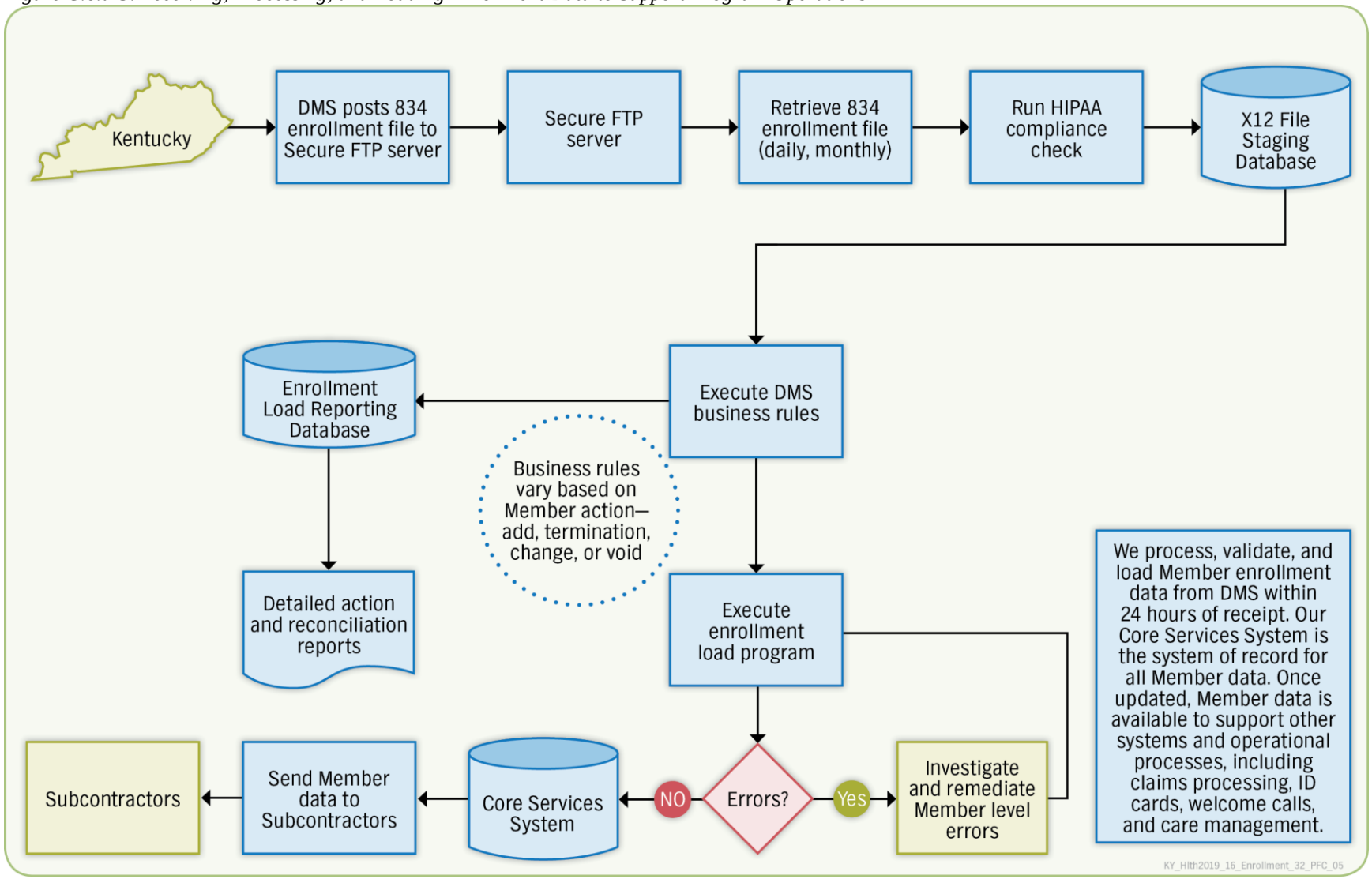
i. Enrollee Subsystem

Anthem recognizes that complete, timely, and accurate Member data is critical for major operational functions, including service, UM, and claims processing. Our Core Services System has been fully configured to accept and maintain accurate current and historical demographic and eligibility information for all Members in Kentucky Medicaid and is the system of record for all their data. We control updates via role-based password access to the user interface or application-specific data loads, such as DMS' enrollment files, maintaining an audit trail of all changes made to each Member record. Applications interfacing with our Core Services System map to its data structures for consistency in naming, formatting, and validation, and drive data quality and reliability. A process flow diagram for enrollment processing is provided as Figure C.6.a-5.

Member Load. We have established a comprehensive enrollment load process that adds or updates Member demographic and eligibility information using data from the daily and monthly X12 834 files, as well as monthly X12 820 capitation files received from DMS' Medicaid Management Information System (MMIS) Vendor. ***This is completed within 24 hours of receipt of the file via a secure transfer method; we achieved 100% compliance for 2019.*** We maintain complete eligibility history for all Members, using uniquely dated spans to manage variation in each individual's benefit category and product — maintaining a complete timeline of participation in the Kentucky Medicaid program.

Member Identification. As we are notified of new Members through receipt of the 834 files, Anthem assigns each a unique ID to track and manage the individual throughout all systems within our span of control, including our relationship with Subcontractors. This number stays with Members even as they move between benefit plans and products. In addition to tracking a Member by the uniquely assigned number, Anthem also maintains the individual's Social Security number and 10-digit State-assigned Medicaid ID. We track family relationships using information provided in the enrollment data, linking family members together to make it easier for them to coordinate their care even in different Anthem programs.

Figure C.6.a-5. Receiving, Processing, and Loading Enrollment Data to Support Program Operations



The automated load process also allows us to flag suspected duplicate records for review prior to updating or creating any Member records, preventing potential Member service disruption, Provider claim issues, and accumulator reconciliation issues. Anthem's Enrollment team works with DMS to make a final determination on disposition of records identified as potential duplicates.

Member Data. After the eligibility load process is completed, Member data is shared with other systems to support additional operational needs, including:

- Welcome Calls and Initial Health Screenings
- ID Card generation and mailing
- Claims processing
- Care management services
- Pharmacy lock-in
- PCP assignment
- Lifeline Phone Benefit
- Prior Authorization support for New Members

Member Reconciliation. Anthem performs several reconciliations for our Kentucky Medicaid Member eligibility each month, including the following information exchanges:

- **Member Mismatch.** Each week, a listing of all active Members is sent to the MMIS Vendor as input for the DMS Member Mismatch process. Upon receipt of the weekly report, our Kentucky Enrollment Operations team researches any discrepancies and provides feedback to DMS in the appropriate format each Friday.
- **Report 200.** Each day, after processing the daily enrollment files, we create a listing of any Members who cannot be mapped to a configured benefit plan and send it to the COT for further clarification.
- **Capitation Reconciliation.** After processing the monthly 820 file, we identify Members and any months where no capitation payment has been received and send this to the COT via the Report 230 file. This file is also sent with details for any Member for whom we believe we received an incorrect or duplicate capitation payment. Response files from the COT are then used to make the necessary adjustments to Member data stored in our MIS.

Our Enrollment team carefully reviews all reports generated by reconciliation processes and, when data corrections are necessary, we update the designated Member record to address any noted discrepancies.

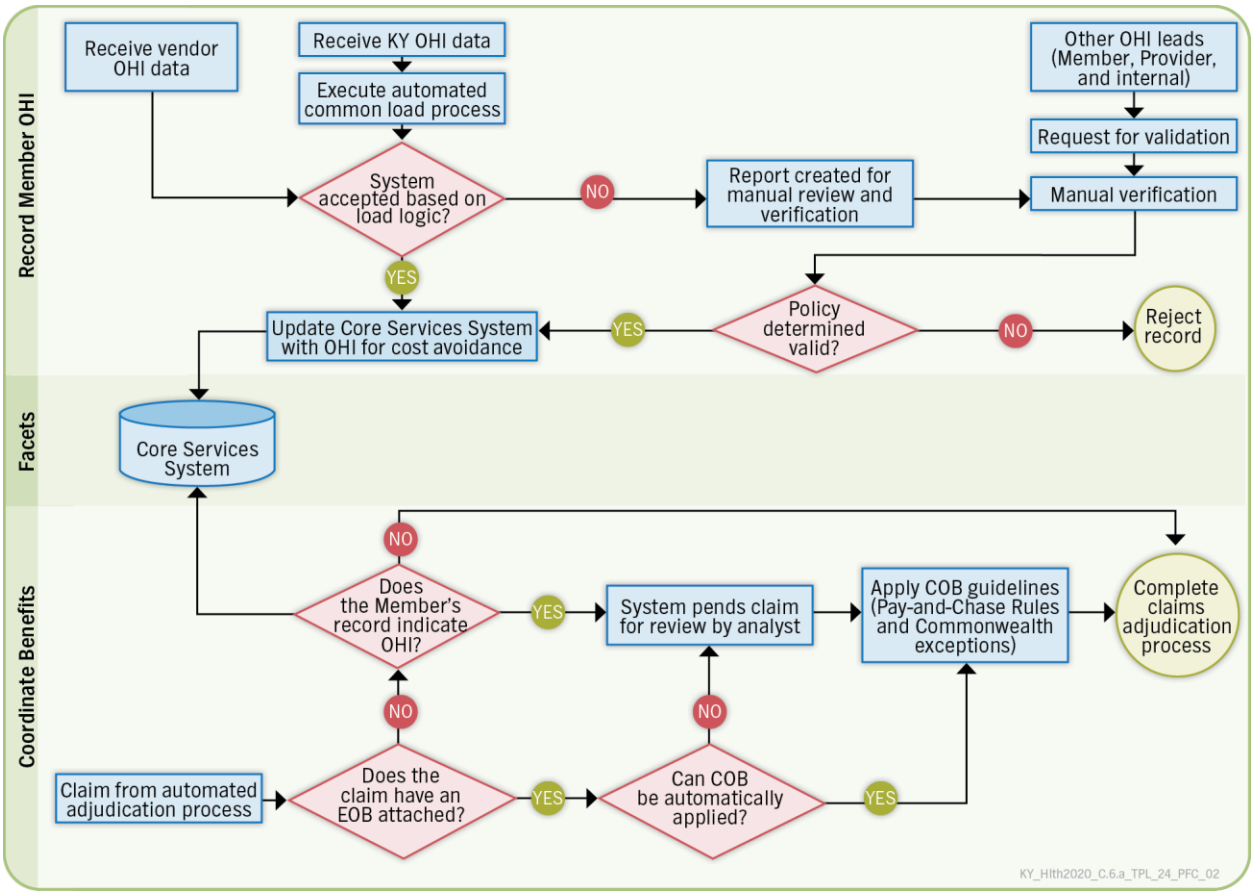
ii. Third Party Liability Administration

ii. Third Party Liability (TPL)

Anthem confirms our adherence to the Commonwealth's requirements for managing Third Party Liability (TPL) as described in Appendix G. We are committed to actively seeking and identifying third-party resources, including Medicare coverage, other health insurance (OHI) coverage, and other liable third parties. We understand federal and State laws require Medicaid programs to be the payer of last resort and will exhaust all other available third-party resources before using Medicaid funds to pay for the care of an eligible individual. Process flow diagrams for Coordination of Benefits (COB) and TPL processes are provided as Figure C.6.a-6.

Anthem's TPL processes are HIPAA-compliant with strong administrative, technical, and physical safeguards to maintain Member privacy. We will inform Providers of Anthem's policies and requirements related to OHI coverage and coordination with primary insurance through the Anthem Kentucky Provider Manual and training programs.

Figure C.6.a-6. Anthem Coordination of Benefits and Third-party Liability Processes



Establishing Seamless Cost Containment Processes

Anthem identifies Medicare and OHI coverage for Members through multiple avenues, such as:

- Initial third-party information and ongoing electronic data files from the Department for Community Based Services (DCBS), as well as quarterly information from the Labor Cabinet
- Claims data mining processes performed on all inbound claims
- Providers indicating this information on or with claim submissions
- Vendor partnerships for acquisition of Medicare and OHI information
- Medicare or Dual Eligible status information available on the eligibility file
- Daily Medicare, OHI, and TPL leads received throughout the company from Members, Providers, and internal Member Services and Service Management staff
- Daily automated Centers for Medicare and Medicaid Services (CMS) Coordination of Benefits Agreement (COBA) files that identify Medicare primary payments for our Members in Kentucky Medicaid. By using the information provided by the CMS COBA file, Providers only submit one claim

Anthem uses a sophisticated review, validation, and update process to be sure Member information is consistently updated. All potential OHI leads will be submitted to the Claims Payment Integrity team for validation. This team will conduct daily reviews of all potential OHI and TPL leads received throughout the company from Members, Providers, and others. All available data regarding alternate insurance, including policy number, policy holder's name, group policy number, group policy name, Member's relationship to policy holder (including non-custodial parent flag), and insurance coverage dates, is stored on the Member's electronic record.

If a Member contacts Anthem with changes to the Member's TPL/OHI information on file, our MIS is updated in real time and any impacted claims are adjusted proactively. Once the OHI/TPL information is loaded into our MIS, it is immediately available via our website and our call center, allowing Members to verify coverage and Providers to verify payment and adjust claims, if necessary, against up-to-date information, lessening the Provider administrative burden associated with adjusting a claim or submitting a dispute.

Integrating Cost Avoidance with Claims Adjudication

Anthem stores in each Member's electronic record any available data regarding alternate insurance carriers, such as Medicare, a commercial health care insurer or HMO, TRICARE, or an employer-administered Employee Retirement Income Security Act of 1974 (ERISA) plan. Sources for this information include DMS, Anthem's recovery Vendor, Providers indicating this information on or with claim submissions, and Anthem Customer Care Representatives. Our Vendor partnerships provide us access to extensive data repositories to identify Member OHI information that may be new or modified, as well as any that has been terminated.

Anthem's claims processing system is fully integrated with our TPL process to capture OHI information contained on the claim and evaluate OHI information stored on the Member's electronic record. We report TPL indicator and payment information on encounter data submitted to DMS.

Our claims process effectively supports cost avoidance by automatically applying edits during adjudication to prospectively identify potential overpayments based on current alternate insurance information on file for a Member. When alternate insurance is noted with the claim or we have alternate coverage information on file, the information is included in the Member record as noted previously. Table C.6.a-1 provides a high-level summary of our 2019 COB/TPL efforts results.

Table C.6.a-1. Anthem Kentucky COB/TPL Through November 2019 Performance

KPI	YTD Savings
Prevention — Medical COB	$36,392,608.83
Recovery — Medical TPL	$15,822,127.60
Grand Total	$52,214,736.43

iii. Provider Data Management

iii. Provider Subsystem

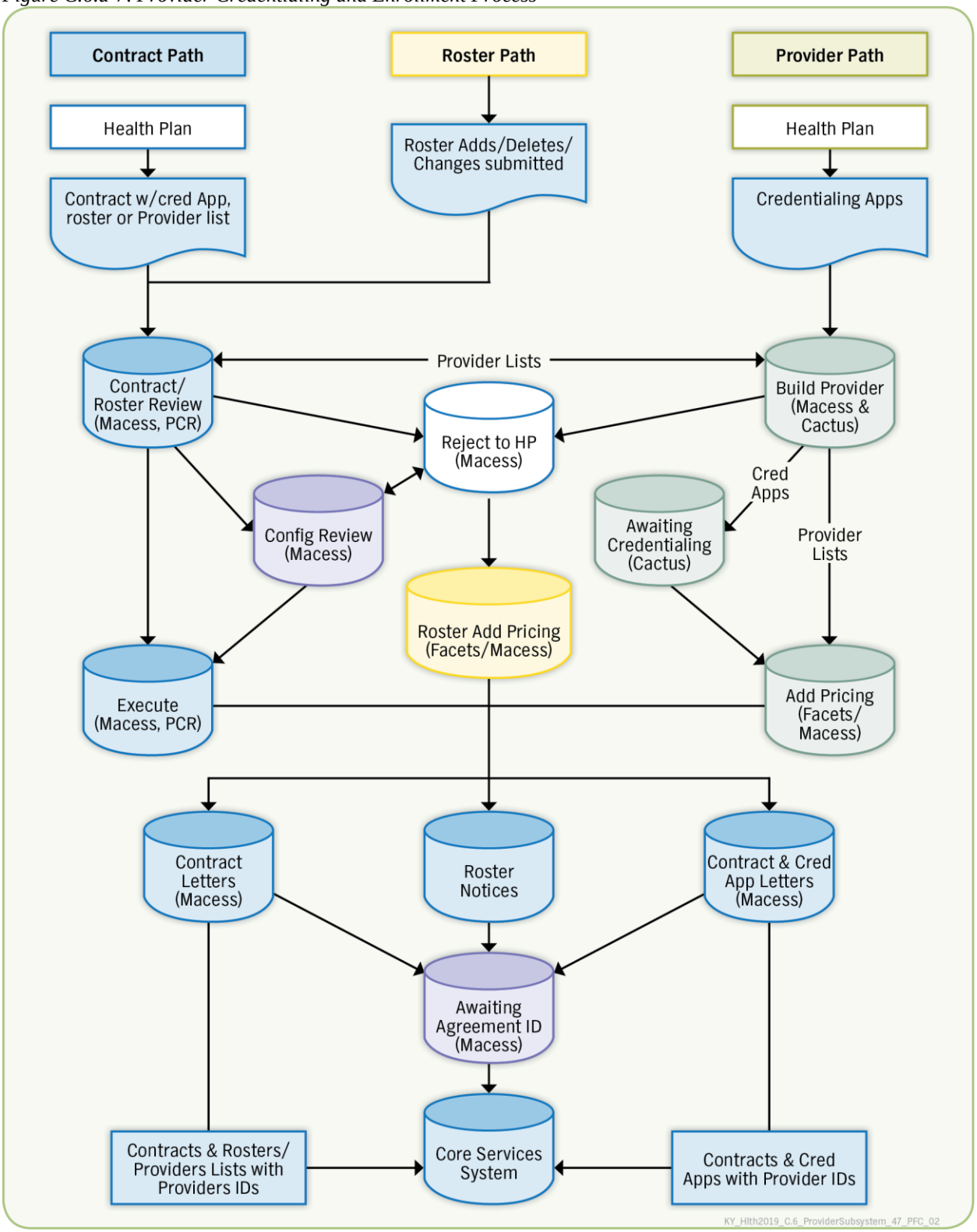
Anthem maintains all Provider data necessary to support our Kentucky Medicaid operations, including service delivery, UM, claims processing, encounter data submission, quality improvement, and reporting. Provider data is stored in our Core Services System, including demographic data, Provider type, specialty codes, licensing and credentialing information, PCP capacity, reimbursement rates, fee schedules and other payment information, as well as all data

necessary to publish the Provider Directory. Provider data is collected during our Provider credentialing and enrollment processes as shown in Figure C.6.a-7.

We validate all data for format and consistency and edit against specific functional business rules, controlling updates via role-based password access to the user interface. We maintain an audit trail of all changes made to each Provider record, including effective start and end dates for Provider credentialing, licensing, registration, and Network status.

Providers are also contractually required to provide timely updates for any demographic changes. To simplify this process, we have created an Internet-accessible Provider Maintenance Form (PMF) that Providers can use to update their information. We have provided a copy of the documentation given to Providers about the PMF in Attachment C.6.a-1.

Figure C.6.a-7. Provider Credentialing and Enrollment Process



PCP Assignment

Our Core Services System tracks PCP assignments and selections, and include a discrete field, "Accepting New Patients," as well as a patient counter. We use these fields to determine the number of Members assigned to each PCP at any given time and whether a PCP is accepting new patients. We continuously update Member enrollment information, and monitor practices with closed panels to identify opportunities for re-opening panels. Additionally, during the contracting and credentialing process or through communication with our Provider Relations team, PCPs designate when they are open to accept new Members or are limiting enrollment to current patients.

If a Member has not exercised their PCP selection within 90 days of enrollment we use our intelligent SMART Assignment algorithm to make sure our Members are assigned to high quality Providers who are also geographically convenient to the Member. The algorithm creates a personalized match for Members that incorporates their predicted health needs, Provider quality and efficiency, real-world access experience, and real-world geographic data using a priority Provider hierarchy as the basis for PCP assignment. Our SMART Assignment logic consists of two stages to be implemented following Member assignment:

- The first stage uses proprietary algorithms and market contractual requirements to assess Kentucky-specific criteria such as if a Member self-selects a PCP, has a prior history with a PCP, has a family member assigned to a PCP, or is determined to be high-risk requiring intensive care management.
- The second stage will be activated only when a PCP is not assigned in the first stage, or there is more than one PCP meeting the first stage assignment logic for a Member. The second stage will evaluate the overall quality score for all remaining PCPs and assign the Member to the Provider with the highest score. If there are multiple Providers with the highest quality score, the Member will be assigned to the PCP with the shortest distance to the Member's home.

Provider Billing and Claims Support

Specific Provider data elements are used to edit and process claims according to DMS requirements, including Provider type, National Provider Identifier (NPI), taxonomy, location, and category of service. We also use the DMS Provider Master File to validate that the Provider has an active Medicaid ID number at the time of claims adjudication.

Provider Restrictions and Certifications

We track information on the Provider record that is used during adjudication to prevent claims payment, including:

- **Sanction Status.** Upon notification by DMS or other regulatory bodies, we flag Providers who have been sanctioned to prevent claims payment.
- **Medicaid ID Termination or Expiration.** If a Provider's Medicaid ID has been terminated or expired, the Provider record will be updated to reflect status and will prevent claim payment, until such time as the Medicaid ID is updated and active on the Commonwealth's Provider Master File.
- **Clinical Laboratory Improvements Amendments (CLIA) Certificate of Compliance.** We also maintain a flag in our system to verify that we only pay claims for clinical laboratory services when the Provider has attained a CLIA Certificate of Compliance.

Required Reporting

We maintain Provider data necessary to support our Medicaid operations and comply with all reporting requirements specified in the Draft Contract, including:

- Provider Credentialing and Contracting Status Report
- MCO Provider Network File
- Provider Network Status Report
- Primary Care Provider Assignment Report
- Timely Access Reports
- Provider Compliance with Access Requirements Report

In addition to required reporting, we have tools, such as access to a Member's personal health record via the secure Provider website, for providing extensive data sharing and performance reporting for Providers to support their ability to monitor and improve their performance. Our strategy is to provide relevant, actionable information that can be used effectively to improve performance.

Provider Data in Action

Anthem uses the information gathered and stored in this system to generate reports that help is assess and expand our Provider Network. We use geographic access reporting features to evaluate Network adequacy for physical and geographic access, including:

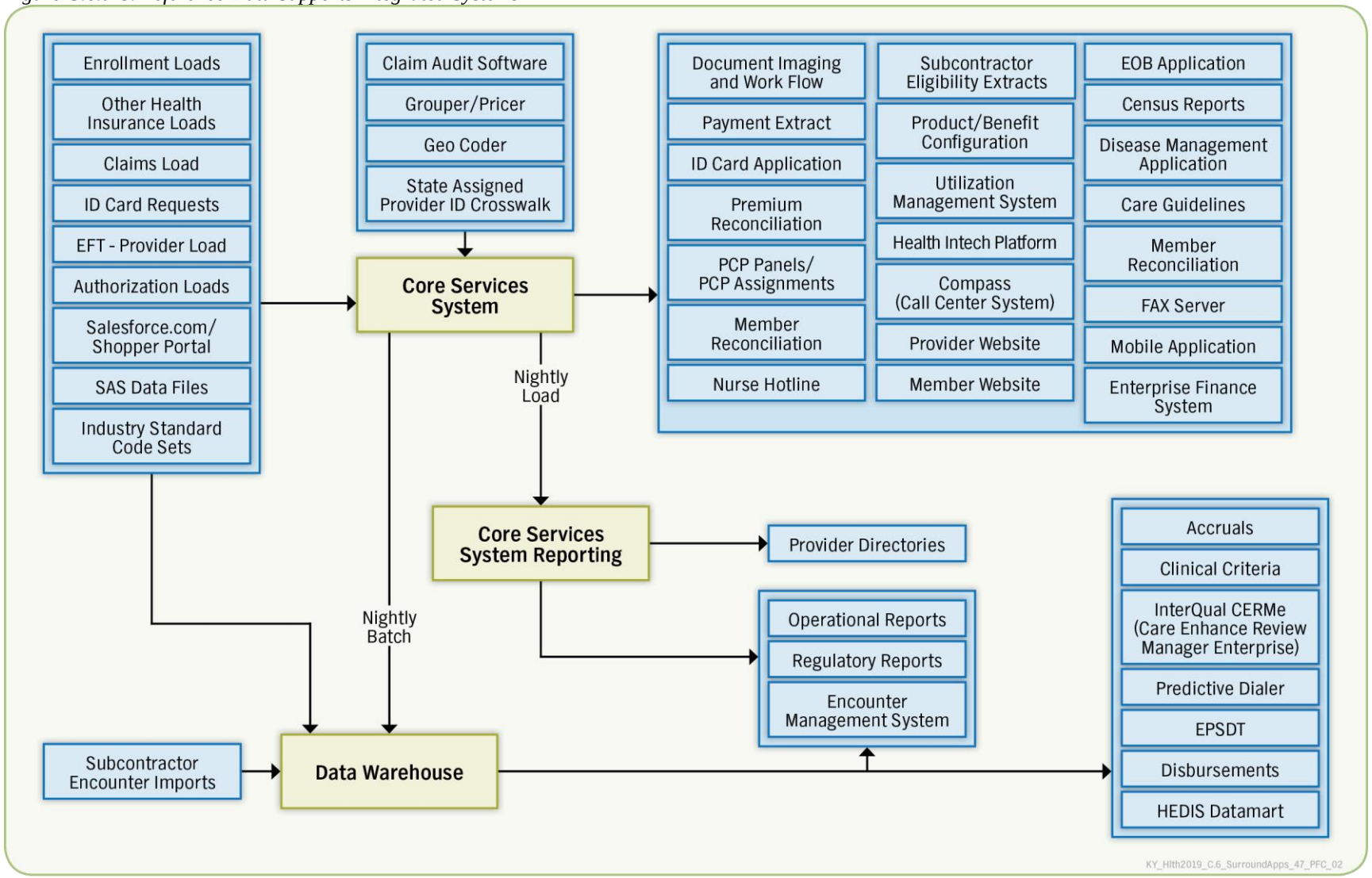
- **Geographic Overview Maps.** Displays the Provider locations by geographic area.
- **Provider and Member Location Maps.** Plots Members and Providers of any or all specialty/specialties — or combinations of both. These maps overlay the Provider Network against the membership base with the appropriate radius encompassing each Provider to identify geographic coverage in a particular area.
- **Member Accessibility Summary.** Provides an overview of the entire analysis displayed in each report. It details the number and percentage of Members with and without access.
- **Access Comparison.** Provides a comparison graph that demonstrates the point at which the percentage of Members attains compliant status with the specified Provider type and defined access standard.
- **Accessibility Detail.** Presents counts of Members with and without access to care under the defined access standards. The detail provides the total number of Members, Providers, and a Member-to-Provider ratio for the specified demographic or geographic area. There is also a detailed analysis of a Member's choice of up to five Providers and the average distance to achieve that access.

iv. Reference Data and Code Maintenance

iv. Reference Subsystem

Our Core Services System maintains the reference data to support all integrated systems as noted in Figure C.6.a-8, including all required code sets, such as NDC, HPCPS codes and modifiers, ICD-9/ICD-10-CM, DSM III, Revenue, DRG, and ADA codes. We maintain current and historical reference data, including effective start and end dates, assuring historical information is accessible for no less than 36 months to support claims adjudication or adjustments for applicable service dates and to support historical research. Anthem has industry-standard coding and reimbursement experts who monitor any changes from both DMS and CMS, as well as updates to standard code sets.

Figure C.6.a-8. Reference Data Supports Integrated Systems



We have an established process and team to support continued compliance with DMS requirements. When a regulatory change impacts claims processing, our team documents the necessary change, submits an intake form to the Configuration team, and develops and implements a testing strategy. This team also coordinates appropriate communications to DMS, Network Providers, and other partners that may be affected.

Audit Trails

Anthem's integrated system maintains an audit history of data updates, including time and source of change. Supplemental applications are interfaced with our Core Services System and data warehouses to leverage this integrated data. These supplemental applications provide extended functionality, such as complaints, Appeals, and Grievances tracking; eligibility, claims, and authorization status lookup; reporting; service tracking; and support for health education.

Our integrated system maintains audit trails for any subsystem used to store and maintain systems-critical information. Whenever an authorized user makes a change to one of the database tables, the application automatically creates a history of the update transaction. The data maintained is stored in an Audit Table that can be used to generate reports that detail the before-and-after picture of the update, along with other pertinent data such as:

- The unique log-on or terminal identification number of the person who made the change
- The subsystem used to generate the change
- The time and date of the change

Audit trail reports can be generated to facilitate auditing of individual claim records as well as batch audits. For integrity purposes, the system also keeps transaction logs (used for commit and rollback of transactions) and error logs (recording failed operations). All these logs can be used to create comprehensive reports of system and user activity.

v. Claims Processing and Encounter Data

v. Claims Processing Subsystem (to include Encounter Data)

Anthem leverages best-in-class technology and skilled employees who specialize in Medicaid managed care to consistently deliver prompt and accurate claims payment and encounter data submission. As an incumbent Kentucky MCO, our MIS and supported claims and encounters processes will continue to comply with all federal and DMS Contract requirements, including those specified in the Draft Contract. We have an established relationship with DMS and are ready to discuss issues and pose questions about policy and program changes that affect our systems.

A Configurable and Compliant Claims Management System

As part of our Core Services System, our claims processing subsystem collects, processes, and stores data on all health services delivered, including medical supplies, using standard HCPCS, ICD-9-CM/ICD-10-CM, and Revenue codes. Our system complies with all DMS claims processing requirements and accepts standard paper and electronic claim formats used for the Medicaid fee-for-service (FFS) programs as well as a variety of electronic claims submission options through three nationally recognized electronic data interchange (EDI) clearinghouses: Change HealthCare (formerly known as Emdeon), Availity, and Smart Data Solutions, to facilitate more accurate, timely, and efficient processing. Providers can also submit claims directly online, as well as check claims status and submit payment disputes, when appropriate.

Our claims processing system — from claims intake through payment — includes controls that validate and account for all claims submitted. We maintain an image of each electronic claim in our document management system, and real-time access to images facilitates adjudication and research tasks. We quickly capture and adjudicate claims with minimum manual intervention by combining our core claims transaction platform with electronic document imaging, a workflow management system, and electronic claims solutions. This leads to faster, more accurate claims turnaround and Provider payment, and supports complete and accurate encounters reporting. ***In 2019, 85.4% of claims were auto-adjudicated.***

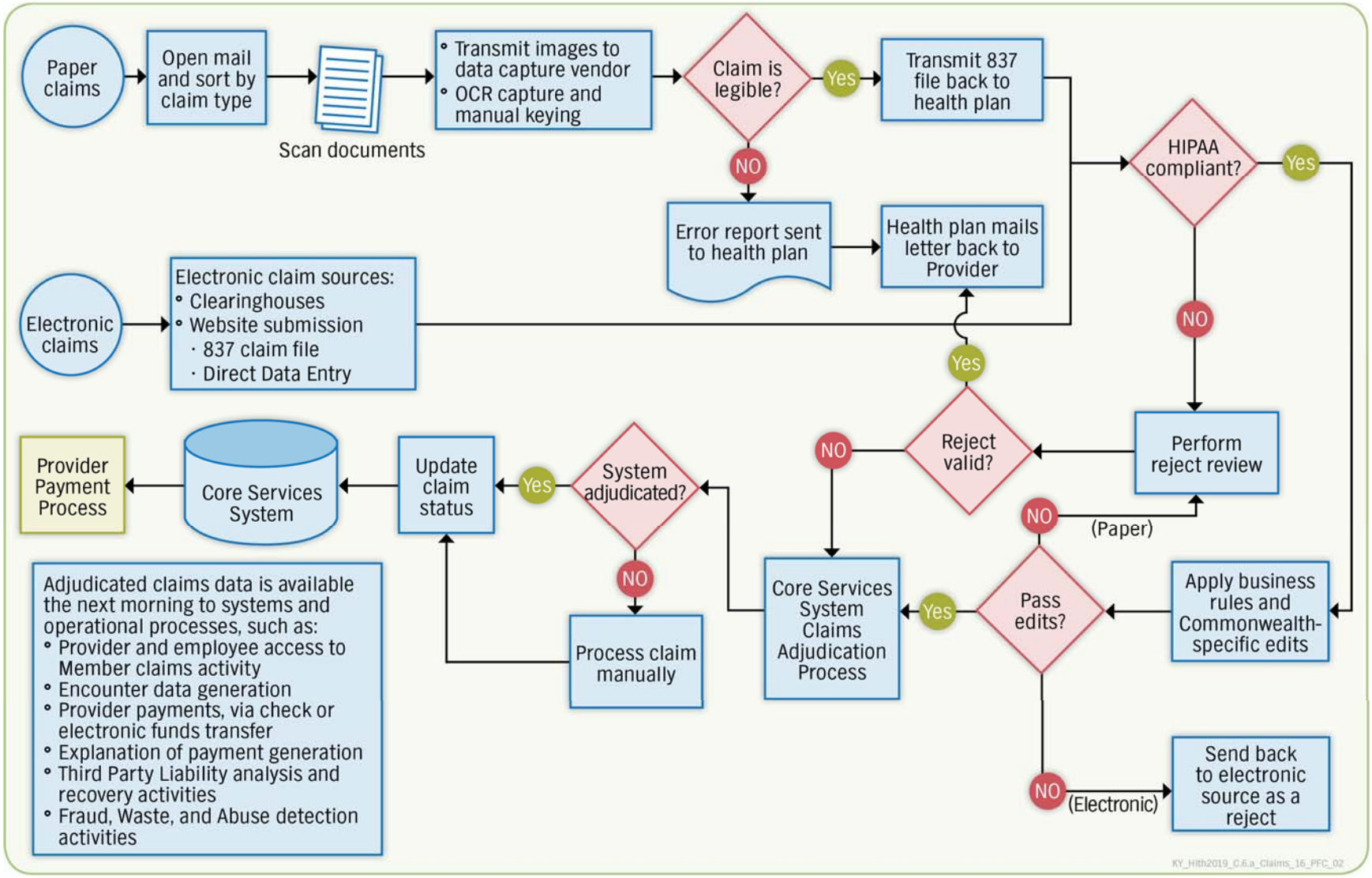
A process flow diagram for claims processing is provided as Figure C.6.a-9.

Anthem's Claims Edits Are Comprehensive

- Member Eligibility
- Utilization Management Rules
- Coding Edits
- Clinical Edits
- Pricing
- Member Benefits
- Specialized (Commonwealth or Customized) Claims Rules

KY_Hlth2020_ClaimsEdits_COB_01

Figure C.6.a-9. Claims Processing Flow Chart



With automated workflows to manage the steps required to auto-adjudicate a claim, the system applies the parameters of Prompt Pay standards set by CMS and the American Recovery and Reinvestment Act (ARRA). It assigns each claim a unique internal control number to track its progress from initial entry into our system to final adjudication and online storage. The process includes initial HIPAA compliance and completeness validation prior to adjudication. We reject claims that fail compliance or completeness validation and notify the Provider of the reason. To maintain compliance with claims payment timeliness, leadership reviews detailed dashboards of key program metrics to track our performance, including clean and non-clean claims percentage paid within 30, 45, and 90 days of receipt. Diligent monitoring helps quickly identify any opportunities for improvement.

We currently comply with Kentucky Medicaid claim timeliness standards. Clean claims are processed in an average of less than 9 days, with 99.4% of clean claims processed within 30 days and 99% within 90 days. Despite high levels of satisfaction with our claims processing turnaround time and accuracy, Providers were interested in learning more about coding accuracy to improve claims processing. In response, we created a focused webinar series, delivered through our Medical Anthem Training Academy in 2019, that educated Providers and resulted in a decrease of average days to pay claims. ***Our auto-adjudication rates also improved by 6% since December 31, 2017 to 85.4%.***

In 2019, we processed over three million medical claims with a claims payment value of over $500 million. Key Kentucky Medicaid performance indicators for claims processing are summarized in Table C.6.a-2.

Table C.6.a-2. 2019 Kentucky Claims Processing Key Performance Indicators

Claims KPI	Performance
Claims paid in 14 days	91.03%
Claims paid in 30 days	99.48%
Claims paid in 90 days	99.00%
Claims received electronically	92.87%

Comprehensive Claim Edits

Our highly configurable system supports comprehensive claim edits including enhanced clinical edits, National Correct Coding Initiative (NCCI) edits, and edits that support DMS program requirements, including edits that verify timely, accurate, and complete encounter records. As part of our Core Services System, our claims process has access to all the required data, including Member, Provider, OHI, and reference data.

System claim editing capabilities include:

- Validating required data elements are present and match to allowable values
- Verifying Member eligibility, service coverage, and required attachments and Prior Authorization
- Flexibility to require or not require the claim to be submitted with an authorization reference number and denying automatically as appropriate
- Resolving discrepancies between billed versus authorized units and amounts, cutting back units or dollars as appropriate
- When it can be reasonably done, applying all edits associated with the claim type and not suspending the editing process when an edit failure is encountered
- Allowing editing or suspending of individual lines on a multi-line claim — so that Providers can receive payment for those service lines that passed all edits
- Tracking all edits posted to the claim from suspense through adjudication

Claims Pricing

The claims pricing function calculates the payment amount for each service according to the rules and limitations applicable to each claim type, category of service, type of Provider, and Provider reimbursement structure, including support for various methodologies, such as per diem, variable percentages, capitation, percentage of charge allowance, maximum allowable cost pricing, and contract amounts for specific services.

As Anthem continues to look for innovative ways to contract and reimburse Providers, our claims pricing function allows us to offer and execute a multitude of agreements, including multiple alternative payment (VBP) models. As an example of an Alternative Payment Model, our new pay-for-quality (P4Q) HEDIS program will include a claims based incremental increase on the claim for a qualified Member or service when paid. This requires configuration changes to accommodate.

Pay-for-Quality (P4Q) HEDIS Highlights	
Description	P4Q HEDIS offers Providers an annual financial reward for HEDIS gaps closed for their attributed membership during the measurement period. • Comprehensive Diabetes Care - HbA1c control (<8.0) • Adult BMI – ABA • Adolescent well-child visits
Provider Type	• PCPs • FQHCs
Reporting	Monthly gaps in care report
Payment	Claims based – Incremental increase on claim for qualified Member/service when paid

KY_Hlth2020_P4QHighlights_COB_03

Our pharmacy claims processing system supports State or Federal Maximum Allowable Cost and Estimated Acquisition Cost pricing.

Claims Operations Management

We maintain online access to all claims data required to support health plan operations and reporting, including a record of all submitted data, claims adjudication details and corresponding edits, related authorizations, and TPL and Member liability amounts. Claims data is available regardless of where the claim is in the adjudication process — from intake to final adjudication.

We generate daily, weekly, monthly, and ad hoc reports that enable management to gauge processing performance, identify problem areas, and monitor quality performance. These reports detail the number of pended claims by aging category and enable us to react quickly to any fluctuations in claims submission and pended volumes. By working pended claims in order of receipt, we pay Providers efficiently and achieve processing goals. We post resolved claims to the next payment cycle automatically. Adjudication cycles are completed nightly. In the last quarter of 2019, we began executing two payment cycles each week.

Claims Reporting

Anthem will continue to comply with all reporting requirements specified in Appendix D of the Draft Contract, including the following claims processing reports which are available 15 days after the end of each month:

- Total of claims received, paid, denied, and suspended for the previous month by Provider type with a reason for denial/suspension

- Number and type of services prior authorized for the previous month (with approved/denied status)
- Amount paid to Providers for the previous month by Provider type
- Number of claims by Provider type for the previous month, which exceed processing timelines standards as defined by DMS; Claim Prompt Pay reports as defined by ARRA

Subcontractor Claims

Anthem delegates claims processing for pharmacy, vision, and dental services to our Pharmacy Benefit Manager (PBM) and to our DMS-approved Subcontractors. All entities to which Anthem delegates claim payment are required to comply with the statutory claims processing requirements as well as the requirements of the Kentucky Medicaid Contract, including timeframes for processing clean claims. When Anthem delegates claims payment, Anthem maintains its responsibility for ensuring claims processing is conducted in compliance with the Kentucky Medicaid Contract. For this reason, Anthem requires the following of all entities to which we have delegated claims payment:

- We require submission of all adjudicated claims data within a condensed time frame to allow for review and consolidation with claims processed internally in Anthem's MIS
- We require our delegates to submit monthly Encounter Data and claims processing performance metrics that demonstrate compliance with all plan, State, and federal requirements

Under the new Contract, we will use the following Subcontractors to process and pay claims for ancillary services: IngenioRx (pharmacy), DentaQuest (dental), and EyeQuest (vision).

Pharmacy Claims

Anthem assures pharmacy claims are processed in compliance with Section 31 of the Draft Contract. Through the Point of Sale pharmacy claims processing system, all pharmacy claims adjudicate in real time. Network pharmacies transmit claims electronically, following NCPDP D.0 telecommunication standards. The online claims processing system operates 24/7 and runs a series of edits before adjudicating a claim, including the following:

- Member eligibility
- Drug coverage
- Rejection edits for TPL and COB
- Step therapy, therapy duplication, and other clinical edits, as applicable
- Prospective Drug Utilization Review edits
- Formulary and preferred drug list compliance
- Benefit design edits (quantity, day supply, and refill-too-soon)

In 2019, more than two million pharmacy claims were paid for our Kentucky Members. In addition, over 72% of claims for Kentucky Members went through e-Prescribing.

Dental Claims

DentaQuest accepts dental claims via paper, electronically through EDI, or using the DentaQuest web portal. DentaQuest's system automatically auto-adjudicates clean claims and authorizations that are submitted electronically and provides claim status determination and payment amounts online the following Business Day. Once a week, DentaQuest processes payment for claims adjudicated as of 5 p.m. that day, and their customer service agents can provide data on these real-time events immediately. DentaQuest's Audit department compiles a monthly tracking and trending report, inclusive of claims payment accuracy percentage. These are the reports that DentaQuest uses in conjunction with Anthem to identify any salient trends that might need addressing or a Corrective Action Plan. The monthly report to the client details dollar and procedural accuracy rates, overall accuracy rate and claims payment accuracy. Among other attributes, each audited claim in the monthly report will be reviewed for correct claim data entry, proper authorization, Member eligibility on the processing date, proper benefit limits, non-existing duplicate payment, appropriate denial, correct application of modifier codes, and the proper review of other insurance. In 2019, DentaQuest processed more than 89,000 claims. Key Kentucky Medicaid performance indicators for dental claims processing are summarized in Table C.6.a-3.

Table C.6.a-3. 2019 Kentucky Dental Claims Processing Key Performance Indicators

Kentucky Dental Claims (Medicaid and CHIP Populations)	
Total Medicaid $ Paid for Kentucky Medicaid	$11,674,832.58
Total Medicaid Claims Volume	89,681
Auto-adjudication Rate	84.28%
Paid in 14 days	98.71%
Paid in 30 days	100%
Received electronic	88.16%

Vision Claims

EyeQuest has experience using HIPAA-compliant health information exchanges that are related to delivery of care and payment and processing of claims, including both inbound 837 electronic claim submission uploaded to their secure Trading Partner Portal. Files are run through a HIPAA translator and claims are directed into the claim processing system where they are subject to appropriate validation. EyeQuest tracks claim processing timeliness and accuracy through multiple reporting mechanisms. Age of claims and queue reports are reviewed daily to verify the system functionality is effectively prioritizing claims in queue. Turnaround time reporting is reviewed at a minimum monthly. EyeQuest's Quality Assurance team audits claims to assure processing accuracy.

Subcontractors submit encounter data and monthly reports with detailed timeliness and accuracy metrics to Anthem. We then aggregate this information with other claims data to produce all DMS required reports. In 2019, EyeQuest processed over 79,000 claims. Key Kentucky Medicaid performance indicators for vision claims processing are summarized in Table C.6.a-4.

Table C.6.a-4. 2019 Kentucky Vision Claims Processing Key Performance Indicators

Kentucky Vision Claims (Medicaid and CHIP Populations)	
Total Medicaid $ Paid for Kentucky Medicaid	$3,596,353.76
Total Medicaid Claims Volume	79,679
Auto-adjudication Rate	94.30%
Paid in 14 days	98.76%
Paid in 30 days	100%
Received electronic	96.88%

Encounter Data Submission

Through our encounter data submission process, we validate and deliver a comprehensive set of encounter data to DMS, including claims data from our Core Services System and Subcontractor encounter data from our data warehouse.

As shown in Figure C.6.a-10, our encounter data process combines claims and claims adjustment data processed since the last submission with encounter claim data from our Subcontractors and loads the data into our Encounters Management System. Controls validate that all retrieved claims and Subcontractor encounter claim records load properly for subsequent processing. We use procedure codes, diagnosis codes, MS-DRG, and other codes for reporting encounter data in accordance with guidelines and versions of all code sets defined by DMS. We also use the NPI and Provider numbers for encounters directed by DMS.

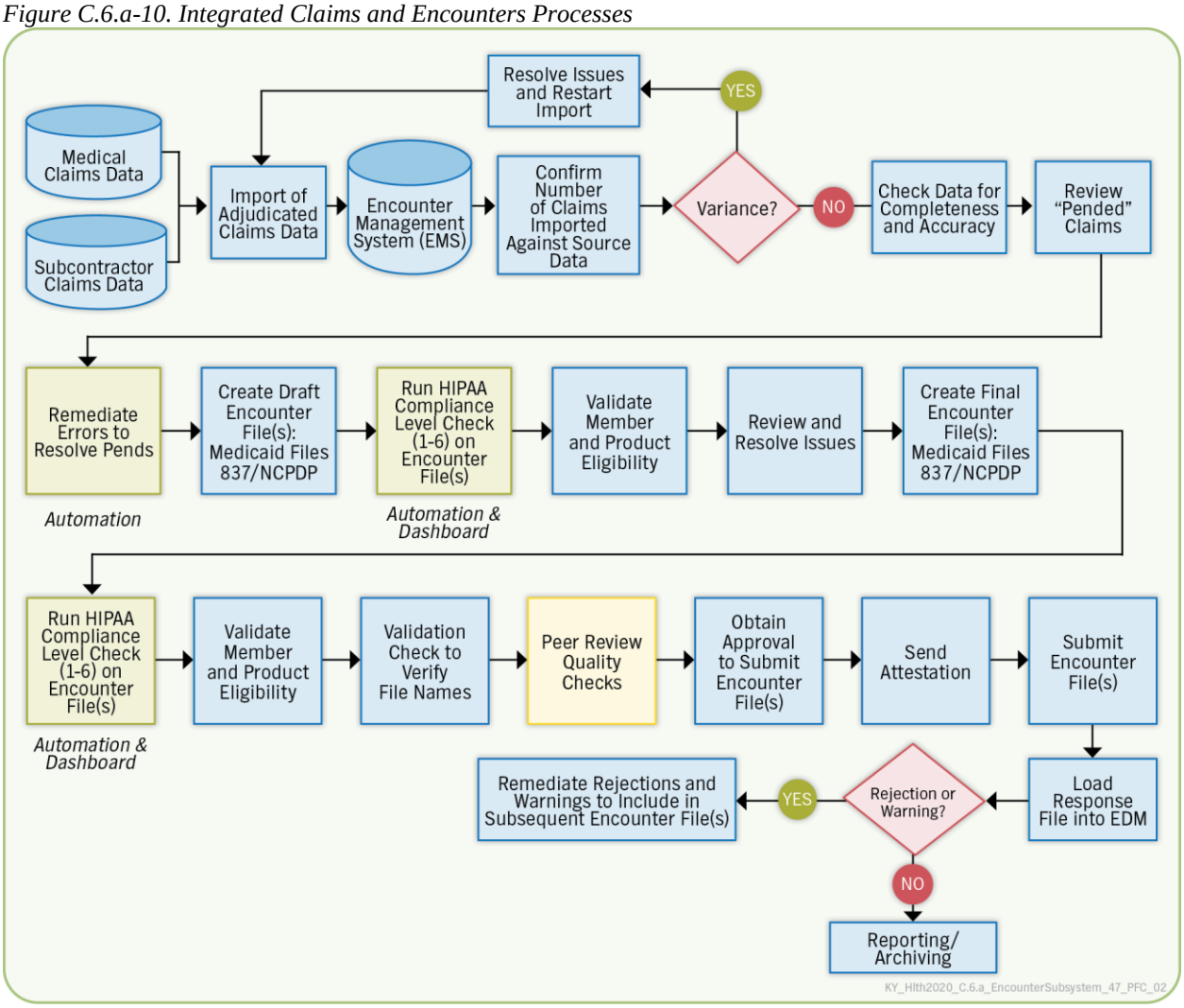
We have several checkpoints during our process to prevent encounter data submission problems, including:

- Logging details of each submission and capturing source claim information such as claim number, type (original, adjustment, void), file name, path, and creation date
- Checking for and removing duplicate records
- Reconciling the queued encounter data to claims processed for eligible services during the matching time period (including paid, denied, and voided claims), and verifying compliance with the DMS Encounter Data Manual and Encounter Submission Companion Guide reporting requirements
- Checking for HIPAA-compliant standards

We continuously monitor our encounter data processes, and if we identify gaps or errors, we use a systematic approach to investigate and resolve them. This includes implementing business process improvements, systems enhancements, staffing changes, or any and all these efforts as needed. We have the capacity to track all erred encounter records and provide a report detailing transmission reconciliation of each failed transaction or file within 30 days of the error, and we resubmit encounter records within 30 days of the date we receive the record returned to us.

We submit HIPAA-compliant codes and adhere to submission policies for modifiers and codes in the DMS Encounter Data Manual and Encounter Submission Companion Guide. We use our EDI gateway to verify that files we receive comply with standard HIPAA transaction standards and code sets. We monitor changes and adjust accordingly for HIPAA and DMS updates.

Figure C.6.a-10. Integrated Claims and Encounters Processes

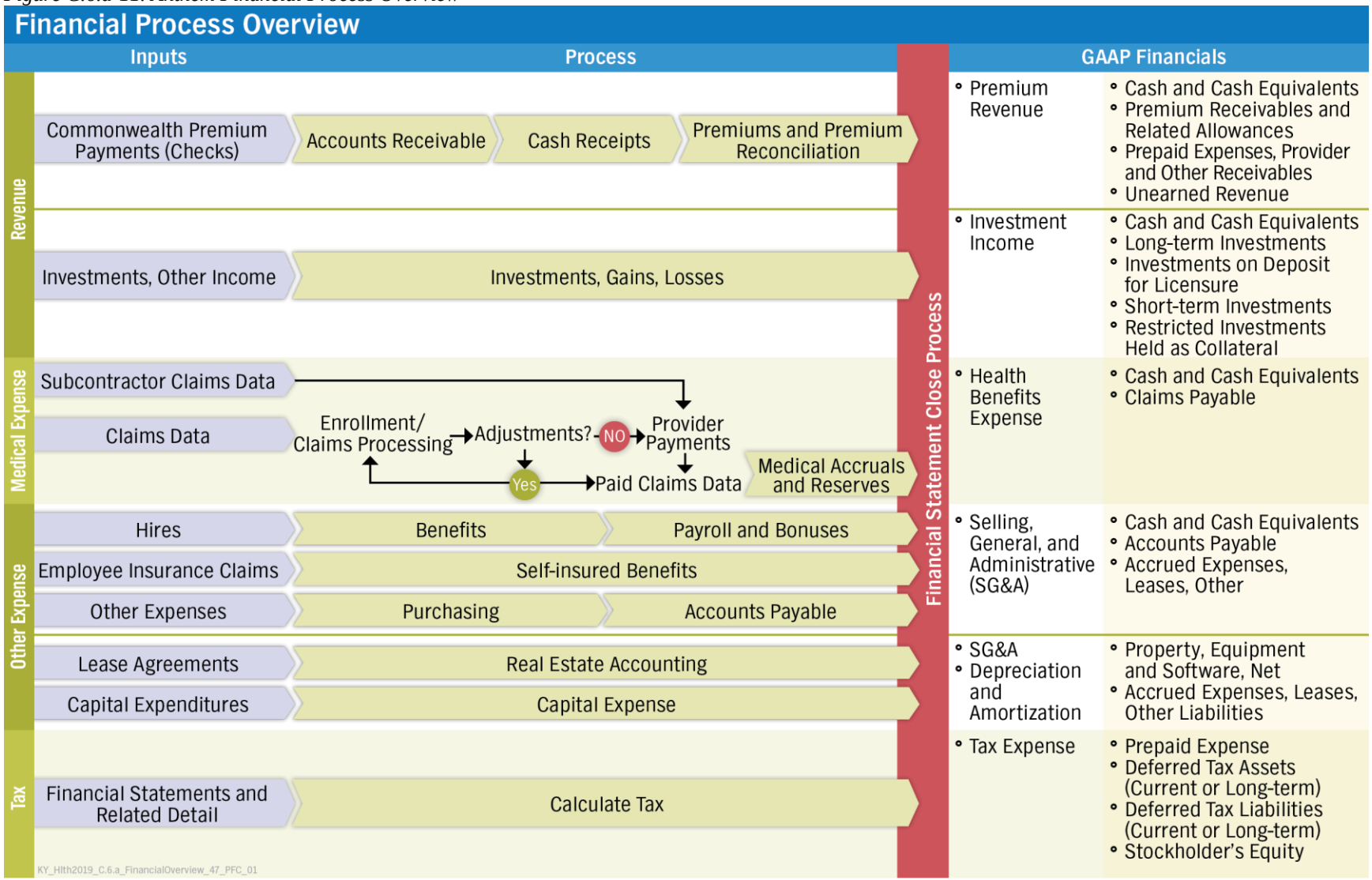


vi. Financial Management Functions

vi. Financial Subsystem

As an incumbent Kentucky Medicaid MCO, our Core Services System currently supports financial functions required for managed care service delivery like tracking of all financial transactions by program, source, and fiscal year, seeing that all funds are appropriately disbursed for claim payments, and assuring all post-payment transactions are applied accurately. We maintain all data required to support all financial reports documented in Appendix D of the Draft Contract, as well as controls to track all financial functions, including batch balancing, audit trails, and claims history. Figure C.6.a-11 provides an overview of Anthem's financial processes.

Figure C.6.a-11. Anthem Financial Process Overview



Anthem's Core Services System supports the following financial functions:

Claims Adjudication

While financial processing is the last step in adjudication, correct claims payment requires substantial front-end configuration and edits, including:

- Complete and accurate information about Covered Services and fee schedules
- Provider-specific payment information
- Validation edits and process rules such as duplicate claim check, code edits, and TPL verification

Provider Payment and Remittance Advice

Claims payment processing produces remittance advice (RA) statements, explanation of benefits (EOBs) (as applicable), and financial reports.

Paying Providers quickly and efficiently is a priority, and we encourage them to take advantage of our free electronic funds transfer (EFT) program. We give Providers several options for receiving RAs:

- View the electronic RA online and print it at their offices
- Download a HIPAA-compliant 835 data file to load into their system
- Receive paper RAs by mail

Electronic payments and RAs are available the day of payment, and paper copies (checks or RAs) are mailed within two business days.

Third-party Liability

Our Core Services System supports the collection and use of TPL data for the purpose of COB and cost avoidance.

Voids, Reissues, Manual Checks, Cost Settlements, Recoupments

Our claims and financial systems support recouping payments for voided or adjusted claims, as well as processing manual or reissued checks. Settlements are handled outside of the claims system, but claims covered by the settlement are marked accordingly so they cannot be processed for payment via claims process.

Reconciliation

Anthem performs several reconciliations for Member eligibility each month, including capitation reconciliation. After processing the monthly 820 file, we will identify Members and any months where no capitation payment has been received and send this to DMS in a Report 230 file. This file will also be sent with details for any Member for whom we believe we received an incorrect or duplicate capitation payment. Response files from DMS will then be used to make the necessary adjustments to Member data stored in our MIS.

Our Enrollment team carefully reviews all reports generated by reconciliation processes and, when data corrections are necessary, update the designated Member record to address any noted discrepancies.

Research and Reporting

Anthem collects all payment detail and financial process data required to comply with DMS reporting requirements, including those specified in the Draft Contract. Through both the Core

Services System and the data warehouse, we support online inquiry for current and historical payment information that is searchable by individual Providers or Provider groups. Information includes claims payment detail, as well as adjustments and recoupments.

vii. Data-driven Utilization Management and Quality Improvement Processes

vii. Utilization /Quality Improvement Subsystem

Since 2014, Anthem's Kentucky Medicaid UM and Quality Improvement (QI) programs have established policies and procedures to assure the integration and delivery of the care and services that support Members in achieving optimal health while following DMS policy and industry-standard guidelines. These programs are supported by sophisticated systems that capture and integrate comprehensive data to strategically design programs and staff resources based on population needs.

Using Data to Support and Improve Members' Access to Care

Health Intech is Anthem's web-based health care management platform that streamlines workflows and provides timely, accurate information to the care management teams serving Medicaid managed care Members. This fully integrated health care management platform incorporates information from the care and UM systems, as well as information collected from referrals, screenings, and assessments conducted by our Care Management team and interactions with all internal clinical teams. Through seamless systems integration we have access to the full spectrum of health care data to support person-centered care, including Health Risk Assessments, comprehensive assessments, medical history, past and current care plans and authorizations, care management contacts and interventions, and referrals for social determinants of health (SDOH).

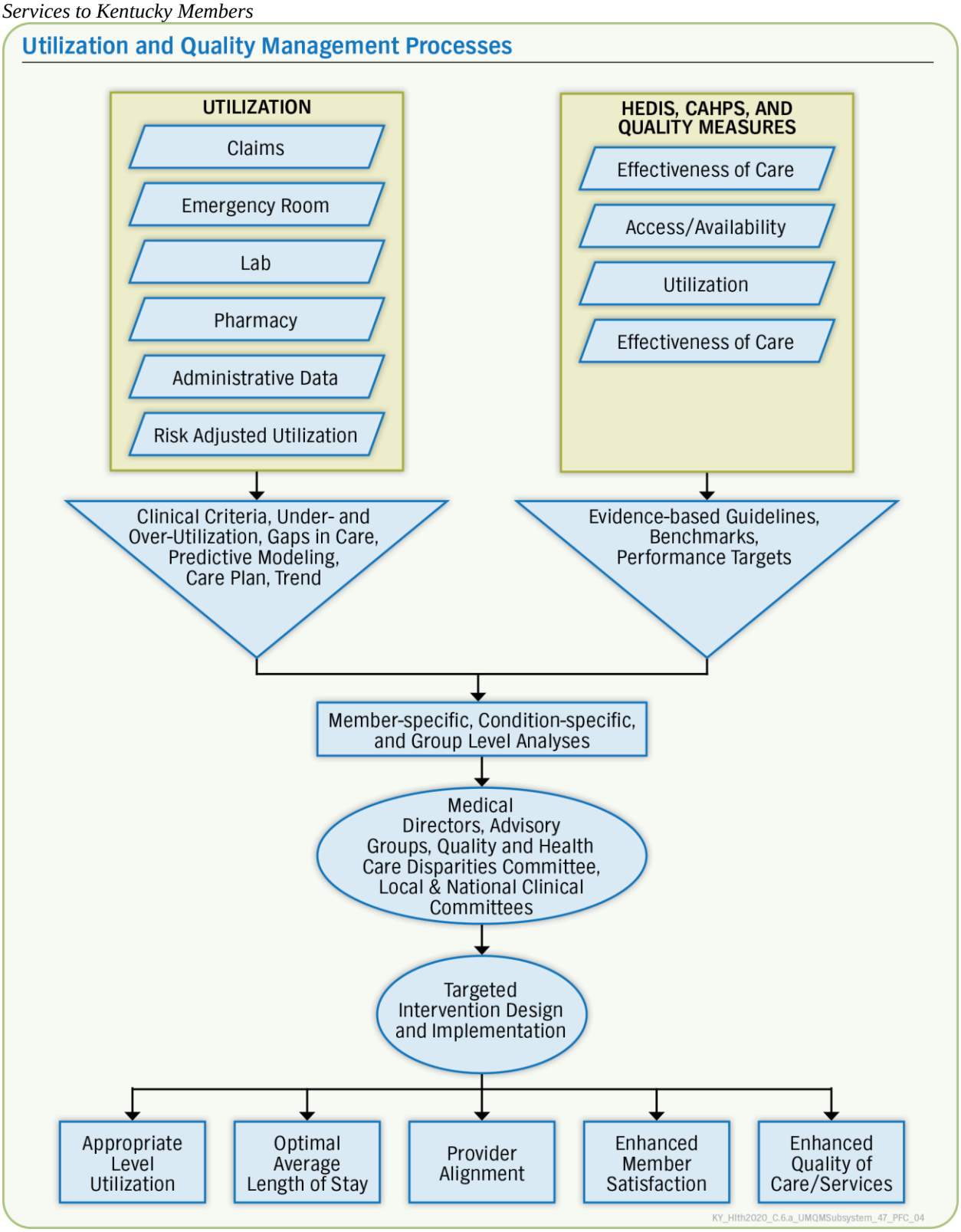
The following data-driven initiatives have been incorporated into our comprehensive model of care to support continued improvement of outcomes and quality of care, decreased overall cost of care, and improved Member experience:

- **Service Validation.** In compliance with 42 CFR 455.20 (a), Anthem employs a sample method approved by CMS and DMS to verify that Members received services that were billed by Providers.
- **Predictive Modeling.** The care management program proactively identifies Members who may need medical care management. Using predictive modeling tools, Members with the highest risk levels are identified monthly, and offered intensive care management services focused on meeting their needs through a mix of standardized and individualized approaches to care.
- **Continuous Case Finding.** Through the Continuous Case Finding process, data is mined monthly to identify and prioritize candidates for care management. This process begins with a review of all eligible Members with claims from the previous month. A running 12 months of past claims data is used. Additionally, the system considers Member historical information, including diagnosis and demographics, to predict future outcomes. The Continuous Case Finding process monitors each Member's health status. The process incorporates a sophisticated predictive modeling system that continuously synthesizes Member data, such as diagnoses, prescriptions, hospitalizations, and ER encounters. This information is reported back to the Care Management team for appropriate action, as necessary.

- **Targeted Utilization Management.** Targeted efforts in our UM programs support efficient, evidence-based care delivery through detection and amelioration of unnecessary or wasteful practices or fraudulent activities. The result is higher quality care and better health outcomes for less per-Member cost. These UM programs and processes include:
  - **Prior Authorization.** This process applies evidence-based criteria to Members' medical history and symptoms to determine medical necessity.
  - **Concurrent Review.** This process monitors potential overuse of inpatient services and supports connecting with hospital staff, the Member, family, and discharge planning team to safely transition the Member to a lower level of care.
  - **Over- and Under-utilization Analysis.** This analysis improves access to needed services by identifying gaps in care via HEDIS measures, monitoring local and national trends, and establishing thresholds that suggest potential under-utilization, and reaching out to Providers, Members, and their families to address the gap. We have also established protocols for over-utilization which facilitate quick identification of services delivered or reported above expected or targeted thresholds.
- **Population Health and Chronic Condition Management.** Anthem's Population Health Management and Chronic Condition Management programs use predictive modeling tools to identify Members with the highest risk levels and offer intensive care management services. They may include a combination of telephonic and field-based services delivered by a multidisciplinary care team to make sure all medical, behavioral, and social service needs are defined and addressed in a personalized care plan, as well as provide an opportunity to participate in healthy behavior programs, such as Asthma Support.

As demonstrated in Figure C.6.a-12, established Utilization and Quality Management Processes assure integration and delivery of care and services to our Kentucky Members.

Figure C.6.a-12. Utilization and Quality Management Processes Assure Integration and Delivery of Care and Services to Kentucky Members



Providing Measurable, Positive Quality Results

All data tracked within our Core Services System is used as a potential measure. Anthem conducts formal evaluation of the effectiveness of the UM program annually. Evaluation enables the health plan to make sure program objectives and requirements of State and federal authorities and accreditation authorities are met. The UM program evaluation is presented, reviewed, and approved by Anthem's Oversight Committee and Board of Directors annually. Methods for gathering information on program effectiveness include the following mechanisms:

- Investigation and analysis of customer Grievances, complaints, and Appeals
- Analysis, reporting, and work plan development regarding Member and practitioner satisfaction survey results
- Audits of clinician decision-making to measure compliance with regulatory and performance standards, case documentation, and quality of UM program delivery
- Analysis of consistency of clinician decision-making is performed annually
- Analyses of UM program processes, policies, and procedures, which are reviewed annually and as needed

UM reports are generated to assure compliance with State and federal regulations, along with NCQA standards, and inform stakeholders regarding program performance. Staff from relevant functional areas, delegate representatives, and our Government Markets Trend Committee review cost and utilization trend and claim cost data quarterly. The analysis incorporates environmental, membership, Provider, and Network changes within data.

In addition, data used to identify over- and under-utilization are compiled and reviewed quarterly, while HEDIS data is reviewed throughout the year and annually for refinement of activities and programs, new goals and objectives, and additional opportunities. Strategies to achieve utilization targets are designed for clinical and non-clinical measures, quality indicators, and to assist in the identification of fraud and abuse.

By gathering this information, we are better positioned to determine what programs are most effective at improving clinical and non-clinical measures, and in which cohorts of the population programs are most effective. It also helps determine the most effective mix of programs to achieve maximal compliance and desired quality outcomes. These analyses display potential barriers to accessing needed care for different cohorts of the population and solutions to improve program effectiveness, leading to better targeting and tailoring of health plan strategies, and improved Member experience and outcomes.

Our tools contribute to better health outcomes by increasing the number of Members receiving recommended health care services through: better understanding of what is driving noncompliance, and improved Member experience through improved targeting and tailoring of program outreaches.

To verify the successes of our programs and initiatives, we use an NCQA accredited robust quality infrastructure that incorporates the full spectrum of managed care data, including enrollment information, Member assessments and care plans, claims and encounters, authorizations, chronic condition and care management documentation, Member medical records and focus groups, Provider audits, and QI studies. Monthly, we monitor and trend utilization reports to identify patterns in over- and under-utilization and glean insights into the effectiveness

of our interventions on care delivery and payment. We also consult clinical data sources, including HEDIS, pharmacy, and claims data, to identify potential opportunities for improvement.

viii. Surveillance Utilization Review Function

viii. Surveillance Utilization Review Subsystem (SURS)

Anthem has an established Surveillance Utilization Review Subsystem (SURS) function that supports an effective fraud, waste, and abuse (FWA) program. Our program complies with all State and federal laws, the RFP requirements, and the Draft Contract. Anthem has an established SURS function that supports an effective FWA program. Our program complies with all State and federal laws, the RFP requirements, and the Draft Contract. In 2019, Anthem's program prevented and recovered a total $52,214,736.43 for Kentucky.

Our MIS provides comprehensive data to support our SURS functions including profiling, random sampling, groupers, and ad hoc and targeted queries. Over the last six years our FWA efforts have grown and evolved as new trends and schemes have emerged, investigative units have expanded, and technology has improved. We review and update our FWA plan each year to incorporate new DMS requirements, confirm alignment with Medicaid regulations, and integrate policies and procedures addressing the detection and prevention of FWA. We will continue to deploy a wide array of proven strategies and tactics ranging from "feet on the ground" local insight to industry-leading, high-tech systems and analyses to combat FWA.

Employing Multiple Strategies to Prevent, Detect, and Correct FWA

As shown in Table C.6.a-5, our program employs a variety of tools and processes to make sure services delivered to eligible Members are effective, efficient, and provided by, and associated payments made to, legitimate Providers.

Table C.6.a-5. Comprehensive Processes to Prevent, Detect, and Correct FWA

Key Processes to Prevent, Detect, and Correct FWA	
Prevent	• Train employees, Subcontractors, Providers, and Members about FWA • Confirm that credentialed Providers have necessary licensure and monitor to make sure excluded Providers are not credentialed or paid • Maintain clear Provider billing policies and rules and adjudicate claims accurately (clinical and policy coding edits, COB and TPL identification and processing, and pre-payment review) • Maintain effective claims processor training and quality audit programs
Detect	• Promote a culture of vigilance among all employees and awareness of our compliance hotline and other FWA reporting mechanisms • Use advanced analytics and data algorithms to identify membership, Provider billing, and payment errors • Maintain a quality and compliance review program for Providers • Provide EOBs to a random sample of Members to verify receipt of services billed
Correct	• Resolve over- and under-payments • Report suspected cases to DMS and CHFS promptly, in accordance with the Draft Contract • Conduct preliminary investigations promptly and provide updates to DMS or the appropriate agency • Implement actions to change behavior, such as education, pre-payment review, and record audits • Flag Providers and suspend payment when the Commonwealth determines a credible allegation of fraud • Apply lock-in for pharmacy benefits • Terminate non-compliant Providers, if necessary

Data Analytics Support Pre-payment and Post-payment Activities

Prevention activities — those prior to claim payment — are highly efficient since they avoid suspect payments, rather than attempting to recoup overpayments. In our experience, these upstream activities account for three times the savings of downstream post-payment recoveries. Prevention processes include adjudication edits, review of identified Provider claims, executing algorithms to look for specific situations, and other prevention tools.

Spotlight On

Fraud & Abuse

Through data mining, we identified a Kentucky Behavioral Health Provider with spikes in billing specific lab codes for all patients on the same date of service. The Provider's average billing was $30K per month for urine drug screens, then billing spiked to an average of $75K per month.

Efforts to change behavior through an on-site visit, followed by post payment and prepayment review, were not successful. The Provider continued ordering both definitive and presumptive testing on every patient. Concurrently, the Anthem Program Integrity Unity identified additional billing issues and referred the case to DMS. Medicaid Fraud Control Unit is investigating the Provider.

This case provided solid evidence for another federal health care fraud case in which the lab running and billing the definitive tests for this Provider was pass through billing the claims to a third party lab. Anthem's SIU continues to support federal and Commonwealth agencies on this case and other related cases.

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When claims enter the processing system, our custom-built internal review and validation tool scans those from identified Providers that contain specific CPT® codes billed during a particular period. The tool routes applicable claims to a Payment Integrity department-specific queue for review, including attached medical records. After review, claims are either paid, partially denied, or denied, and a notice to the Provider is generated with the status or request for additional detail.

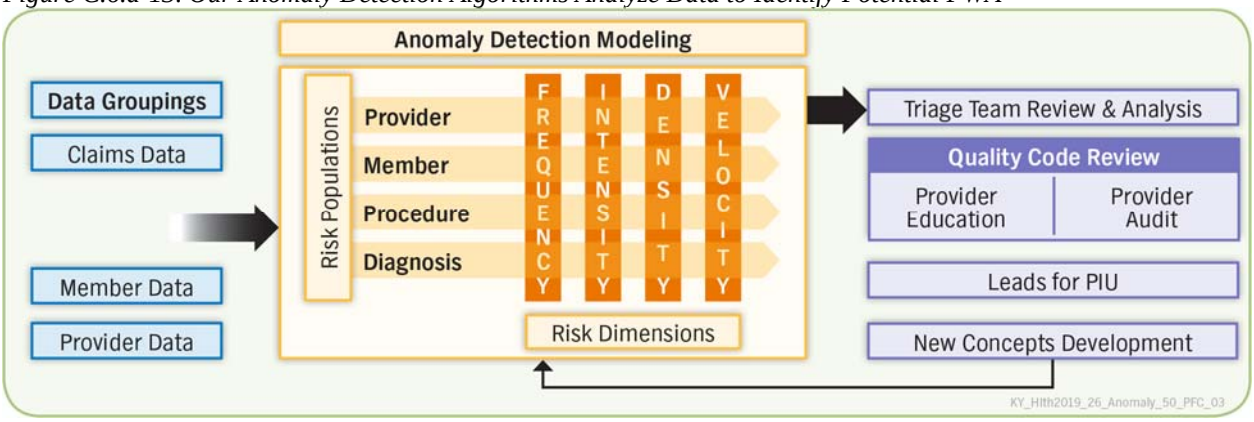
After adjudication and prior to payment, we execute a series of more than 120 algorithms that search claims for identified concepts. As an example, Providers on Payment Integrity department pre-payment review is an algorithmic concept checked. Query output goes to a Pre-pay Claims team for validation and correction and may be routed to other specialists for further review and potential investigation.

Anomaly Detection is a suite of proprietary advanced models that predict and flag suspicious trends in Provider billing patterns. Models access large amounts of data to identify high-risk areas that were previously undetected. Model algorithms look for abnormal trends, sudden spikes, or longer surges of payments, patients, or visits. They also observe peer comparison to flag specific procedures billed by specific Providers across several dimensions. Anomaly Detection models include algorithm learning techniques that enable the analyst to select a confirmed suspect and identify other Providers with similar behavior for further investigation. Insights generate leads for formal investigation and Provider education, as well as opportunities for development of new concepts for detection.

Models use industry-leading technology and business intelligence software, including Tableau®, Cloudera Impala, Python, Apache Hive, and Apache Spark. These tools support the ability to quickly access data and present it through an interface that supports data visualization and enables users to sort, filter, and drill down into the data to spot trends and identify areas that require further investigation. A key design premise of Anomaly Detection is the ability to quickly modify existing models or parameters and implement new ones responsive to emerging and changing FWA threats.

Shown in Figure C.6.a-13, Anomaly Detection models are tools used to review and analyze data and support decision-making. For example, the Triage team, staffed with Registered Nurses, certified professional coders, and employees with investigative experience, uses Anomaly Detection models, along with other sources, to generate Provider and concept-based leads to the Payment Integrity department. Similarly, within the Quality Code Review team, Provider Education uses Anomaly Detection models as one of the sources to identify Providers with aberrant billing trends and teach correct usage of coding guidelines, billing policies, and claim editing logic.

Figure C.6.a-13. Our Anomaly Detection Algorithms Analyze Data to Identify Potential FWA



Models include a series of data analytic algorithms that analyze risk populations (Provider, Member, procedure, and diagnosis) against risk dimensions (frequency, intensity, density, and velocity). Specific models are:

- **Abnormal Procedure Profile.** Uses peer comparison to identify abnormal patterns in procedure code usage by Providers relative to groups across 12 key cost, density, and frequency metrics
- **Treatment Frequency and Trending.** Identifies over-treatments based on the frequencies and time intervals of the same procedure performed on the same Member, including flagging claims at the Provider level to identify practitioners with a tendency toward consistent overtreatment
- **Provider Trend.** Uses a time series and peer comparison-based framework to identify abnormal Provider trends, including sudden spikes (month-to-month outliers) or longer surges (outlier trends over a four-month window) of payments, patients, or visits
- **Procedure Trend.** Identifies procedure codes that show sudden or unusual changes in usage (spikes or surges) across payments, patients, or visits
- **Provider Procedure Trend.** Identifies Provider and procedure combinations that show abnormal change in usage across payments, patients, or visits
- **Provider Network.** Identifies potentially suspect relationships or collaborations between Providers, including shared patients, procedures, or payments
- **Provider Peer Scoring Engine.** Identifies Providers consistently driving risk across multiple dimensions by combining risk scores from other models into a single, unified score and reason code for identified Providers
- **Cluster Analysis.** Provides a holistic view of Providers across multiple dimensions of risk behaviors

- **Abnormal Outpatient Facility.** Identifies abnormally high procedure code usage by facilities through peer comparison on 12 key cost, density, and frequency metrics
- **Transportation.** Uses a peer comparison on nine cost, frequency, and density metrics to identify abnormally high transportation usage by Members or transportation Providers

Monthly reporting and analysis also support the generation and verification of leads related to potential Provider fraud and abuse. The Payment Integrity Dashboard displays a rolling 13 months of data and supports sorting, filtering, and drill-down analysis on several elements, including county or city, Provider tax ID, and top procedure codes. Showing a summary of a Provider's billing history, including changes and peer comparisons, represents a key part of the investigative process and a strategy to detect and prevent fraud and abuse.

In addition to data mining algorithms, we conduct retrospective clinical reviews during the claims process.

i. Supporting Medicaid Managed Care Data Exchange

As part of the response, include information about the following:

i. Required interfaces, how the system will share and receive information with the Department, how the Vendor's system will use files provided by the Department, Subcontractors, providers, and other supporting entities.

Sharing and Receiving Information

Supported by flexible data exchange systems and procedures, as well as Anthem Inc.'s experienced data exchange team, we can readily work with DMS, Subcontractors, Providers, and other supporting entities to establish mutually agreed-upon data exchange protocols to exchange data to support day-to-day operations or provide seamless transition for Members transferring between MCOs.

We currently have connectivity with DMS and its fiscal agents, MAXIMUS and DXC Technology, and support all electronic standard health care transactions mandated by DMS, including X12, NCPDP, XML, and JSON formats. Batch and real-time data exchanges are fully automated with internal procedures and system-based controls to monitor the timing, format, and integrity of all data exchanges.

Technology Services uses encrypted file transfer protocols to secure protected health information (PHI) exchanged both within and outside of Anthem. We take full responsibility for the transfer of information in the required format(s) and will verify that DMS or the designated recipient receives and verifies the information. We will provide data layouts, reference tables, and other supporting documentation, as necessary.

Required DMS Interfaces

As an experienced and trusted partner to DMS, we maintain the systems, processes, and staffing necessary to fully comply with all Kentucky Medicaid requirements listed in the Draft Contract, specifically Section 37.0 Contractor Reporting Requirements, Appendix D Reporting Requirements and Reporting Deliverables, and Appendix G Management Information Requirements.

The data file exchange team places all files created in a subscription folder for the business owner to review prior to submitting the file to the State. Files are run through a HIPAA compliance checker prior to sending them to the State.

Current Data Exchanges

Today, Anthem supports the exchange of all required DMS interface files, conforming to HIPAA compliance standards as well as all State and federal standards for data management and information exchange. We use a system job scheduler to generate data extracts. The process includes regular monitoring of status notifications, extract files, and error logs to verify that each job executes correctly and results are consistent with expected record counts and transaction formats. Data extract changes required and outlined in the Contract are configured and implemented promptly as defined by DMS.

Table C.6.a-6 provides a listing of several key inbound and outbound data exchanges currently supported by Anthem for the Kentucky Medicaid program.

Table C.6.a-6. Anthem's Key Kentucky Medicaid Data Exchanges

Transaction Files	Inbound/Outbound	Frequency
Enrollment Data. Anthem uses enrollment files received from DMS to assure our Member demographic data is accurate to support Member outreach.		
Enrollment (834)	Inbound	Daily
Enrollment (MCO Member Mismatch)	Inbound	Weekly
Enrollment (834)	Inbound	Monthly
Enrollment (834 Recon)	Inbound	Monthly
Enrollment (271 Eligibility Response)	Inbound	Monthly
Enrollment (MCO Member Count File)	Outbound	Weekly
Enrollment (Member Mismatch Response File)	Outbound	Weekly
Enrollment (Report 200)	Outbound	Monthly
Member Data. Anthem uses Member data to support specific MCO functions as required in the Contract. For example, Managed Care Lock-In data is used to identify high utilizers that need to be managed more carefully.		
Member (MCO Member File)	Inbound	Daily
Member (Cost Share Response)	Inbound	Daily
Member (Authorized Representative)	Inbound	Weekly
Member (MCO Member File)	Inbound	Monthly
Member (Managed Care Lock-In)	Inbound	Monthly
Member (MCO Member File)	Outbound	Daily
Member (Cost Share)	Outbound	Daily
Member (MCO Member File)	Outbound	Monthly
Claims Data. Anthem uses claims data in many ways. For example, we use the claims history file to incorporate information on the care the Member received while with another MCO. We use the claims COBA file to process Medicaid claims for Dual Eligibles directly from CMS, lessening Provider administrative burden.		
Claims History	Inbound	Daily
Claims COBA	Inbound	Daily

Transaction Files	Inbound/Outbound	Frequency
Cost Containment Data. Anthem uses cost containment data to assure the correct entity is being held responsible for the health care cost associated with the Member, keeping overall costs down in Kentucky.		
Cost Containment (TPL Resource)	Inbound	Daily
Cost Containment (TPL Resource)	Inbound	Monthly
Cost Containment (TPL Carrier)	Inbound	Monthly
Cost Containment (TPL Resource Data Match — 618,619,620)	Inbound	Monthly
Cost Containment (TPL Worker's Comp)	Inbound	Quarterly
Cost Containment (TPL Resource Data Match)	Outbound	Monthly
Encounter Data. Anthem uses the encounter submission process to make sure we accurately reflect all the care Members are receiving.		
Encounters (DXC Response File — 999 P/I/D)	Inbound	Weekly
Encounters (DXC Response File — ACK NCPDP)	Inbound	Weekly
Encounters (DXC Response File — 277U, 277UESC, 277U NCPDP)	Inbound	Weekly
Encounters (Submission Statistics Detail Report)	Inbound	Weekly
Encounters (Submission Statistics Summary Report)	Inbound	Weekly
Encounters (837 P/I/D/NCPDP)	Outbound	Weekly
Finance Data. Anthem uses finance reports to reconcile payment and identify overpayments, to assure payments are made in accordance with the Contract.		
Finance (820 Capitation Payment)	Inbound	Monthly
Finance (820 — Reconciliation 230 Response Report)	Inbound	Monthly
Finance (820 — Reconciliation 250 Response Report)	Inbound	Monthly
Finance (820 — Reconciliation 230 Report)	Outbound	Monthly
Finance (820 — Reconciliation 250 Report)	Outbound	Monthly
Provider Data. Anthem uses Provider files to assure our Network includes only Medicaid eligible Providers and that Medicaid funds are not issued to ineligible entities.		
Provider (Master File)	Inbound	Daily
Provider (270 Eligibility Inquiry)	Inbound	Ad Hoc
Provider (Network File)	Outbound	Bi-weekly
Provider (271 Eligibility Response)	Outbound	Ad Hoc
Quality — EPSDT. Anthem uses immunization data to support various reporting needs including HEDIS, State requirements, and to inform reminders sent to Members and Providers.		
Quality — EPSDT	Inbound	Monthly
Quality — EPSDT	Outbound	Monthly
Regulatory Reports. Anthem uses Regulatory Reports to monitor operations, from call center performance to Member population statistics.		
Regulatory Reports	Outbound	Monthly
Regulatory Reports	Outbound	Quarterly
Regulatory Reports	Outbound	Annually

Subcontractor Data Exchanges

Several Subcontractors deliver critical services to our Members in Kentucky Medicaid for pharmacy, dental, and vision, and we integrate data we receive from them into our MIS. By integrating Subcontractor data with our own medical and BH service information, we can deliver a holistic view of utilization to Providers and Care Managers, and support reporting, data analytics, and other processes that promote a population health approach to maximize our Members' health.

Anthem maintains scheduled data interfaces with each of our Subcontractors. We send and receive Subcontractor data on Providers, Members, claims history, and encounters. File exchanges are monitored by the business owners and the MMIS point of contact. Once a file exchange occurs, the business owner receives notification of the status of the file transfer. In cases where a file does not transfer successfully, the MMIS point of contact will work with the impacted Technology Services team, the file exchange team, and the business owner to determine what caused the file transfer failure and resend the file.

Provider Data Exchanges

Anthem supports various X12 data exchanges with Providers, including 837 claims and 835 RA files as well as 270/271 eligibility verification. In addition, there are more than a dozen certified electronic health record (EHR) systems for which Anthem can establish data exchanges.

ii. Robust Data that Supports Analysis and Actionable Management Reports

ii. Capability to store and use large amounts of data, to support data analyses, and to create standard and ad hoc reports.

Anthem's MIS has the capacity to store large amounts of complex data, which is used to generate management and operational reports, and support all program analytics. Part of that capability is being able to project the storage function forecasts required by infrastructure demand for up to 24 months in the future. The forecast is developed based on IT strategy and plans, and analysis of historical infrastructure utilization. The forecast is used to determine what augmentation is needed to current capacity to meet the future demand. Currently our forecast is based on demand from:

- Transformation Initiatives (assumptions made based on IT non-labor cost estimates)
- Infrastructure Life Cycle Management (Refresh) plans
- Dynamic Data Center Strategy — Anthem's holistic strategy for data management

Our servers are monitored for factors such as disc utilization, disc time utilization, server log events, Windows services, CPU, and memory allocation thresholds. For example, we will expand capacity if usage approaches established thresholds of 75% for our CPU and memory utilization. In preparation for this proposal, we confirmed the ability of our current systems, processing, storage, and communications infrastructure to maintain performance levels for existing operations while accommodating growth in membership. In fact, we can scale and sustain more than double the current membership across all Anthem affiliates on our current hardware footprint.

We apply rigorous edits and controls to preserve data integrity, knowing that accurate operational systems provide a solid foundation for accurate reporting. Our integrated data warehouse consolidates data from internal and external sources to support the ongoing requirement for scheduled and specialized ad hoc reporting. Internal data include claims, Member, Provider, care management, and authorization information. Data from external sources include items such as historical claims data, laboratory results, and Subcontractor encounters. The data warehouse is fed directly from source systems to drive accuracy. Within our MIS, we electronically update data between components on a schedule designed to preserve consistency across systems and support business needs.

We use various programs such as Tableau to aggregate and organize data in a manner that allows Anthem leadership to understand trends in the market. These programs offer a customizable, interactive view into the data where filters can be easily applied to capture subsets of a much larger dataset. This allows us to narrow our focus when needed but maintain a view into overall market trends. We also generate an Executive Dashboard monthly that tracks key performance metrics and allows the leadership team to monitor internal performance against contractual standards.

Anthem has collected and maintained 100% of the data required by DMS in compliance with the current Contract and reporting requirements. We attest that our MIS captures and reports all data elements necessary to produce required management reports in the format, transmission method, and schedule specified in the Draft Contract.

Integrating Subcontractor and DMS Information

We generate a series of operational reports against Subcontractor data to help us confirm their compliance with program requirements. In addition, we receive and review other information and reports from Subcontractors to monitor performance against Anthem and DMS standards in areas such as Network adequacy, call center, and Provider Appeals. Anthem reviews this information as part of our Subcontractor Oversight program, and we include it in our regulatory report submissions to DMS. Through our oversight program, we will continue to confirm the ability of our material Subcontractors to deliver data to Anthem that enables us to meet DMS reporting requirements.

We have numerous local and national resources available to support reporting, including:

- **Local Resources.** Experienced Kentucky-based analysts adept at multiple reporting languages and tools
- **Reporting and Analytics.** A team of analysts that is flexible and able to quickly deliver reports to the business in response to a request from the Commonwealth or to support a business segment within the plan. This team also audits the regulatory reports delivered by other departments and provides monthly and weekly dashboards to the plan to help provide oversight (for example, claim denial trends)
- **Regulatory and Compliance Reporting.** This team specializes in automation and regulatory report generation

We will devote skilled and experienced analysts to report development and data analysis to satisfy not only DMS requirements, but also the needs of operations and management employees throughout our organization. Our data analytics environment relies on:

- On-site Data Analysts and subject matter experts
- Technical employees embedded in functional departments at Anthem and our national support areas
- Designated Enterprise Reporting team within our Information Technology department

iii. Current System Readiness and Timely Implementation of Systems and Data Exchanges

iii. Extent to which these systems are currently implemented and integrated with other systems, internal and external, and the Vendor's approach for assuring systems that are not fully implemented and integrated will be ready to begin operations on required timeframes.

As an incumbent Kentucky Medicaid MCO, Anthem's MIS currently supports all required subsystems, reporting, and data exchanges as described in our response to RFP Sections C.6.a. ***We recognize that a new contract cycle affords DMS and the MCOs with an opportunity to implement changes and innovations to enhance program operations as well as challenging all involved to maintain continuity for Members with a seamless transition.***

Timely Implementation of Systems and Data Exchanges

Anthem recognizes the critical importance of meticulous planning to successfully implement the Kentucky Medicaid program. We are fully prepared and committed to delivering a seamless transition for Members, Providers, and other stakeholders.

Planning for Implementation Success

Our Anthem leadership team will manage the overall implementation of this Contract and will maintain an implementation plan identifying and tracking all tasks and activities, including systems integration and data exchanges. Throughout the implementation, we will monitor the plan to verify all tasks are completed on time. Leveraging our successful process from previous Kentucky implementations, we will thoroughly review all Contract documents and conduct an internal kick-off meeting after Kentucky Medicaid Contract award to finalize details of the plan, including detailed timelines for all required system enhancements.

Experienced Technical Support

Anthem leadership, along with Anthem, Inc.'s experienced Technology Services team, have reviewed the Draft Contract to assess current capabilities and identify potential system changes. Based on this initial review, we expect to be able to continue operations for the new Contract with only minor adjustments to existing systems to support any new data exchanges or reporting requirements.

With an average tenure of more than 10 years, Anthem, Inc.'s Technology Services team has the deep knowledge, experience, and skills required to build, support, modify, or enhance data exchanges and systems as needed to meet requirements for interfaces with DMS and its vendors. A standard software development life cycle (SDLC) methodology governs the development and testing of all interfaces, including internal unit and user acceptance testing, followed by interface testing with DMS and its vendors.

As a best practice to support continuity and streamline solutions, Technology Services has assigned a designated Management Information Systems Director to work with DMS, our Kentucky

Medicaid operations, and other Technology Services staff actively supporting the program. The Management Information Systems Director is an integral part of all technology-based implementations and ongoing operations and is the single technical point of contact for DMS and its vendors — both during the implementation and afterwards to support day-to-day operations.

As a seasoned professional with experience in Medicaid managed care systems, the Management Information Systems Director will collaborate with DMS on the development of new system interfaces and facilitate resolution of operational or system issues. The Management Information Systems Director will review all data exchange requirements and will meet with DMS and other MCOs as needed to discuss technical details, including format, transfer method, development timeline, and testing.

Supporting Seamless Transition

During the implementation phase, Anthem will collaborate with other MCOs and DMS support teams to maintain continuity of care and avoid gaps in care for Members in Kentucky Medicaid transitioning to or from Anthem. Our policies and procedures detail specific steps to assure continuity of care during a Member's transition. We will develop a transition plan that will include tasks and deliverables to support timely planning and service management for transitioning Members. As applicable, our transition plan will identify the staffing, training, systems, policies, processes, and communications necessary to:

- Accept and process prospective eligibility files from DMS
- Accept and process existing Prior Authorization files and claims history for prospective Members from DMS
- Accept and review existing care or Service Plans from prospective Members' current MCOs
- Identify potential Member transition risks related to specific conditions, services, and chronic condition management programs that may require outreach
- Verify that agreements are in place with out-of-Network Providers, as necessary, to support individual Member transitions and assure appropriate payments to them

In addition to planning for and supporting batch data exchanges, we also have processes for exchanging transition information with other MCOs on a Member-by-Member basis. As a standard practice, upon receiving notification that a new Member is transitioning from another MCO, we contact the prior plan to request salient information — including active authorizations with approved units, recent assessments, care or Service Plans (if applicable), cost-sharing maximums, and benefit utilization related to annual or lifetime benefit limitations. We incorporate data from the other MCO's electronic files, including authorizations and assessments, into our systems upon receipt.

C.6.b. Management of System Changes to Support Operations

b. Provide a description for and list of potential risks and mitigation strategies for implementing new information systems and changes to existing systems to support the Kentucky Medicaid managed care program.

Since 2014, Anthem has been committed to delivering best-in-class technology solutions that meet Kentucky Medicaid's unique requirements. We have configured our systems and processes to meet DMS' operational and regulatory requirements and continue to modify existing systems and processes, creating new ones as necessary to maintain full Contract compliance. We have

reviewed the Draft Contract and we do not see any specific risks or concerns regarding the systems needed to support these requirements.

Identifying and Managing Risk

We recognize the importance of meticulous planning to successfully implement the systems and processes that are the backbone of the Kentucky Medicaid program. System enhancements are made both to support specific Contract requirements and to facilitate streamlined and effective operations. Anticipating and managing risk is vital to the success of implementing new systems and making changes to existing systems. While we do not anticipate any specific risks related to the system updates for this implementation, we know from experience that there are several universal risks that are common to information system implementations:

Incomplete Requirements. Changes to requirements after system design or programming is underway will cause rework and may impact the ability to meet established project deadlines. Defining complete requirements early in the project lifecycle is critical to achieving project success and meeting project deadlines.

Inadequate Timeline. The early stage of any project is critical, with all stakeholders coming together to determine the project objectives and establish a project timeline that supports these. When the timeline is not adequate to support the work that is needed to accomplish the objectives, tasks may be left incomplete and errors may be introduced. A sufficient timeline is a significant component of a successful implementation.

System Updates. Day-to-day system changes and routine system updates in the middle of a project can be challenging and may cause resource or timeline issues that impact project deliverables. These are managed through use of a rigorous, cross-functional change management process that incorporates all stakeholders in review and deployment of all system changes.

Anthem employs several strategies to mitigate these risks, including:

- Establishing strong implementation and project management leads
- Using agile system development methodology to incorporate more flexibility into the software development process
- Maintaining open channels of communication with DMS and other stakeholders
- Fostering a “can-do” attitude within our team; doing whatever it takes in challenging situations to make things happen when we do not have the option of additional time or resources

System Changes to Support Contract Requirements

Our system change methodology centers on extensive review of contractual program requirements in collaboration with DMS, establishing checkpoints and integration testing protocols as appropriate.

Since we are currently operating as a Medicaid MCO in Kentucky, we have already configured our systems to support Kentucky Medicaid operations under the current Contract requirements. Anthem leadership, along with Anthem, Inc.’s experienced Technology Services team, have already begun to review the Draft Contract to assess current capabilities and identify potential system changes. Based on this initial review, we expect to be able to continue operations under the Draft for the new Contract with only minor adjustments to existing systems to support any new

data exchanges or reporting requirements. Following Contract award, we will refine our requirements assessment and initiate high-level design discussions for any required system changes.

Anthem's ability to quickly respond to policy or other changes is exemplified by our response to the recent substance use disorder (SUD) program requirements:

- Performed significant system configuration updates to support the SUD requirement
- Updated the Kentucky Provider Master File to accommodate the new tier structure effective June 20, 2019
- Revised Anthem's automated fee schedule process to support program updates and changes to the fee schedule and its format
- Enhanced the encounter process to assure accurate reporting of appropriate modifiers on SUD claims

Anthem is currently waiting for guidance on the Kentucky SUD Phase II supplemental file and we are prepared to quickly make changes to our internal process to allow consumption of this file. Our Configuration team is reviewing requirements to assure understanding and will be meeting with the Anthem Kentucky health plan in January 2020 to discuss required changes. Once the layout of the new file is available, our Encounters team will make the changes to support reporting the MAID ID on the encounter file.

System Changes to Support Effective Operations

We have documented processes for implementing any system change or modification and maintain separate development and testing environments as part of our change management protocol, verifying we release only the systems and programs tested and approved into production. Systems availability is critical to efficient operations, and we schedule all maintenance that may result in systems unavailability during times that do not compromise critical business operations. Our usual practice is to schedule system downtime on maintenance weekends. If we must schedule maintenance during normal systems operational hours, we will coordinate with DMS for scheduling and approval. If we identify a system modification that would result in system unavailability to critical business processes, we have documented protocols that we follow. We create and maintain a project plan with key dates for configuration, testing, end user validation, and go-live target. As our State partner, DMS receives notification before major changes to these core processes: 1) claims processing; 2) eligibility and enrollment processing; 3) service authorization management; and 4) Provider enrollment and data management. When we execute a major conversion of a core transaction system, we will notify DMS at least 10 days in advance.

Risk Mitigation and System Change Management Process

All changes follow a structured change management process that facilitates identifying and managing risk. The system change management process is designed to mitigate risk and maintain business continuity. This process follows a multi-level governance model with well-defined roles, responsibilities, and checkpoints and is designed according to the following guiding principles:

- All changes in scope to the production IT environment are submitted and approved using an enterprise change management tool
- An owner is defined for each change request

- Change requests must be consistent, detailed, and contain timely information that is appropriately communicated and accessible
- Change requests are approved based on change content, risk, and schedule
- Changes are scheduled to minimize business impact
- Implementation and back-out plans are required for each documented change request
- Separate workflows are defined to accommodate emergency and urgent changes
- The change management process includes a protocol for resolving conflicting change requests
- Any document that is attached to requests in the change management process tool may not contain PHI

Technology Services safeguards all systems from unauthorized modifications with systems tools and strict procedures that require a Production Code Move Sheet for every change or maintenance request, as well as an appropriate review meeting prior to deployment.

Prior to the review meeting, the development group notifies the change control group that new production code is ready for promotion. For routine maintenance requests (low risk), Technology Services conducts a desk-check procedure. For all high-risk requests, we conduct a Pre-deployment review meeting. Each of these reviews certifies that the change being requested has been completed according to the requirements and design documents. It validates that appropriate documentation updates have been made, testing has occurred, and business owners for the areas affected by the change have reviewed and approved the test results and agreed to implement the change.

Technology Services maintains a separate group of individuals who can promote code changes or new code to production libraries. The development group develops and tests the code, obtains approval for the completed product, and plans the implementation strategy. The change control group moves the approved code into a designated staging area. We use a release management tool to monitor and control the entire process.

Once approval is obtained from the desk-check or the Pre-deployment review meeting, Data Center Operations follows the instructions on the Production Code Move Sheet. This document covers promotion of code changes and detailed instructions for the introduction of new code to an application. Data Center Operations does not permit any code to be placed into a production environment without the appropriate documentation and required approvals.

A Case Study: Edifecs System Migration

This structured change management process plays a key role in the success of major system upgrades or complete system migrations, such as the recent migration to Edifecs, a new encounter processing system. The cross-functional team for the migration to Edifecs included key business leaders as well as system, process, and data experts who participated in all phases of the project, including planning, execution, testing, implementation, and validation. Some keys to the success of the project include:

- A comprehensive business management plan that outlined resources, activities, tools, and timeline required for a complete operational transition to the new system
- Regularly scheduled governance calls
- Documentation of current and future state system and process design

- Comprehensive training for all impacted functional areas, including specific details system capabilities, preparing for user acceptance testing and operational readiness
- Three full weeks of parallel processing and validation of encounter data against data pulled from the former system, assuring the new system meets or exceeds the former system on accuracy, timeliness, and completeness metrics
- Built in system reporting that supports validation of data completeness and financial accuracy

The migration team followed established change management protocols and used the following approaches to mitigate any issues that came up during the migration:

- Maintained risk register to identify migration and contingency strategies if issues arise
- Established a triage/prioritization process to address identified defects
- Conducted joint business and IT (or SWAT) workgroups to resolve identified critical 1 and 2 system issues
- Conducted detailed design sessions to validate the planned approach for resolving each issue
- Maintained metrics to analyze performance and gaps

C.6.c. Leveraging Technology to Support Health Information Exchange

c. Describe the Vendor's current and planned use and support of new and existing technology in health information exchange (HIE), electronic health records (EHR), and personal health records (PHR).

Anthem views health information exchange (HIE)-enabled communication flow as a catalyst in our efforts to improve Member and Provider communication and collaboration strategies, and to provide other ways to work with Members and Providers to achieve high quality, comprehensive, cost-effective health care. As a Kentucky Medicaid MCO, we will continue to leverage our knowledge, experience, best practices, and lessons learned to continue the advancement of Health Information Technology (HIT) and HIE efforts in Kentucky, in collaboration with the Kentucky Regional Health Information Organization (KY RHIO), Providers, the Commonwealth, MCOs, and other stakeholders.

Information exchange through HIE, EHR, and personal health records (PHR) is a key component of our care management process, fostering collaboration between Care Managers, the multidisciplinary care team (MDT), and our Network Providers. Through the sharing of information and using proven approaches and innovative technologies that address the unique public health, BH, and social support needs of each of our Members, team members can develop and implement comprehensive solutions and interventions including UM, care management, Population Health Management, and chronic condition management.

Supporting State or Regional HIE

Anthem, Inc. and its affiliates are currently connected to eight state-based HIEs around the country and is receiving admission, discharge, and transfer data (ADT), Continuity of Care Document Architecture, and other HL7 transactions. This data is used for care management and quality measures. Anthem, Inc. is currently receiving EHR data on our Members from an EMR Vendor, Athena, as well as via direct connections to Providers.

We are a founding member of Da Vinci, an HL7 industry work group dedicated to promoting Application Program Interface (API) and interoperability for health care data exchange and administrative use cases. Anthem, Inc. is currently in development with three national EHR vendors to push patient insights, care gaps, and formulary changes to Providers in their preferred workflow. In addition, we are receiving SDOH for our Members from a predominant Vendor in this space. Our Members in Medicaid can use our Member portal as well as myFHR to access their personal health record.

As a partner to the Commonwealth, we fully support the continued growth of the Kentucky Health Information Exchange (KHIE). Prior to the KHIE enhancement project, Anthem was connected to KHIE to assist with our Care Coordination and QI efforts. We have experienced a temporary disconnection to KHIE due to the enhancement project; however, Anthem continues to communicate with our KHIE coordinator on a monthly basis, and we also attended the KHIE Summit in August 2019 to collaborate on best practices related to KHIE connectivity.

In November 2019, Anthem was notified by our KHIE coordinator that our connectivity to the upgraded KHIE system will be deferred to early 2020. We will continue to collaborate with KHIE to facilitate the advancement of HIT and HIE efforts in Kentucky.

All HIE implementation work is supported by Anthem, Inc.'s Technology Services team. This team has experience developing data exchanges and data integration for state HIE in multiple markets, including:

Georgia. Work is currently underway to establish bidirectional interoperability between our Anthem affiliate and the Georgia Health Information Network (GaHIN), implementing data exchanges supporting 387,000 beneficiaries. Care Managers in Georgia use the GaHIN's web-based clinical viewer to access Member health records for their TANF and CHIP Members, as well as children, youth, and young adults in Foster Care or receiving Adoption Assistance, and select youth involved with the Department of Juvenile Justice.

Washington and West Virginia. Anthem's Washington and West Virginia affiliates use the PreManage tool to assist in the timely identification of Members who have accessed ER services or are admitted or discharged from an inpatient setting. PreManage allows facilities, PCPs, and clinical teams to exchange, update, and verify treatment for each individual Member, supporting data exchanges including shared Member assessment data. Features include immediate identification of Members over-utilizing the ER with real-time notification as well as Care Manager notification of a Member's admission.

Anthem, Inc.'s highly skilled technical team, continues to identify ways to facilitate the appropriate and timely sharing of clinical information through technology. This includes not only the effective exchange of information between Anthem and Network Providers, but within the Provider community to optimize Care Coordination. Our flexible approach and commitment to building upon our Kentucky-based experience enables us to work with DMS in designing protocols to facilitate information exchanges that serve Members in Kentucky Medicaid by breaking down barriers and improving coordination and delivery of services.

We will leverage our relationship with our affiliates for future KHIE planning and implementation in Kentucky.

Facilitating Provider Adoption of EHR and Participation in HIE

Anthem understands that EHR systems are tools that allow Providers to achieve better outcomes and quality for our Members, as well as being an essential component of a comprehensive State HIE system. Like all technological advances, only effective adoption and integration into the way Providers manage their patients will create transformative results. EHR adoption in Kentucky is already strong — ***with 96% of acute care hospitals and 73% of office-based physicians having already adopted certified EHRs***[1]. To encourage further adoption, Anthem requires our VBP Providers to adopt and employ EHRs as a condition of participation and eligibility to earn incentives. Currently, VBP Providers across Kentucky and our affiliate markets use 19 different EHRs including eClinicalWorks, Allscripts, GE Centricity, and NextGen.

Anthem is committed to advancing the objectives of the KHIE. We will establish quarterly meetings with KHIE leaders to discuss the best approach to maximize access to real-time data across Kentucky. Our Provider Solutions team will work in concert with KHIE consultants and Regional Extension Centers Implementation Specialists to inform and educate Providers about the benefits of the KHIE. We will provide the following targeted support:

- Focus the agenda on KHIE for our quarterly town hall meeting in the third quarter of 2020 with reminders about the benefits of KHIE during all subsequent town hall meetings.
- Focus on Provider enablement as part of our 2020 Provider Education Workshops in each Region. We will include KHIE Outreach Coordinators to provide targeted education about KHIE.
- Schedule a web-based training on KHIE for launch during third quarter of 2020.
- Execute on an outreach campaign in February 2020 to inform Anthem's rural Providers about the Provider Assistance program, which provides grants to critical Providers in rural areas to build the IT infrastructure needed to exchange data. Anthem is aware that grant applications are due by June 30, 2020, so we understand the urgency to get this information out to Providers. In addition, our Provider Solutions team will provide support to Providers that may need assistance in completing applications.

To maximize adoption of EHR or KHIE among our Providers, Anthem will offer a $2,000 grant to mitigate costs associated with EHRs or connecting to the KHIE. Grants will be available on a first come first serve basis until all grant funds of $100,000 are depleted.

In support of the Commonwealth's vision and strategy for HIE, we will include language in each Provider contract that requires registration with the KHIE. As we visit with existing Providers, we continue to promote the benefits of the KHIE connection. To promote Provider education, understanding, and use of the KHIE, Anthem will incorporate discussion and presentations about the KHIE into our quarterly town hall Provider meetings. Town hall meetings will include in-person sessions held at multiple locations across the Commonwealth and web-based sessions delivered multiple times.

[1] https://dashboard.healthit.gov/apps/health-information-technology-data-summaries.php?state=Kentucky&cat9=all+data&cat1=ehr+adoption

We have the experience to provide support and technical assistance that can effectively meet the needs of all Providers and partners, wherever they are on the continuum, with use of the EHR, HIT, HIE, or other data and reporting solutions. We understand the unique technical challenges non-traditional Providers face in establishing data exchange capabilities and will provide additional support and resources during this implementation process.

Supporting Whole-person Care Using Integrated Care Management Technology and PHR Access

Anthem understands that access to current and historical Member health information is crucial to coordinated, targeted, and expedient communication, Care Coordination, and service delivery and will use information technology to link services and facilitate communication between the health team, Member, family, caregivers, and Providers, as feasible and appropriate. Leveraging existing systems and processes that currently support Kentucky and our 23 affiliate markets, our integrated care management platform, Health Intech, is designed to facilitate Care Coordination and communication both internally and externally. This enables data sharing between Anthem, Providers, Members, and caregivers, providing access to screening results, comprehensive assessments, care plans, care needs, and other care management documentation.

Improving Access to Member Health Records

Our Health Intech platform aggregates patient data from all available sources and presents a single PHR that provides a complete picture of a patient's medical history to all team members and helps Members engage in their health care. Member utilization data, such as claims history, authorizations, immunization records, lab results, and care and chronic condition management data, are readily available in an organized format, delivering a holistic picture of each individual's service utilization and care plan. Improved data sharing can lead to identification of gaps in care as well as improved continuity of care and reduction in duplication and fragmentation of care. Health Intech is fully compliant with all applicable State and federal laws, including HIPAA and the HITECH Act, and supports role-based access to essential information and functionality.

A consolidated PHR also supports longitudinal, population-based reporting which is used for evaluating and optimizing the delivery of care. The Health Intech platform includes available data from the following:

- Anthem's care management and claims processing systems
- Public health systems
- Continuity of care data (claims history or other information from DMS or other MCOs)
- Other payers and Providers (including pharmacy, lab, diagnostic, and EMR data)

Upon integration with the KHIE, we will also source data for Health Intech from that platform as well. Health Intech provides full visibility of the entire Member record for all physical health (PH), BH, pharmacy, clinical review, and care management activities, including SDOH necessary services. We collaborate with Providers and other stakeholders, including MDT members, to inform our UM decision-making efforts and coordinate care. UM staff, Medical Directors, and Care Management teams, including Chronic Condition Management, will collaborate to identify and address gaps in care and issues with adherence to a holistic approach encompassing whole health and the single episode of care.

Work is underway to enhance Health Intech functionality as we migrate to our Healthy Innovations Platform (HIP) in 2020. HIP is an internally developed, highly configurable, multi-tenant cloud-based care management platform that allows for customization, including workflow and task management, without extensive programming. This platform will also support the integration of HIE and EHR systems.

Additionally, in 2020, we will be implementing My Family Health Record (myFHR), a digital longitudinal patient record available to all Members. myFHR will allow Members to download their EMR data to give them a holistic view of their health history, helping to increase engagement. myFHR will also allow Members to share their health data with family, caregivers, Providers, or anyone else they choose. The implementation of myFHR™ will follow our structured change management process that is designed to mitigate risk and maintain business continuity. More detail on our change management and system enhancement processes can be found in Section C.6.f.

Efficiencies for Providers

Health Intech's unique capabilities create several efficiencies for Providers, including a streamlined authorization request process. By integrating data from the claims system and applying Anthem's medical policy and clinical guidelines, Health Intech requires the minimum amount of information from Providers and can advise Providers if Prior Authorization is required or strongly recommended via the Prior Authorization Look-Up Tool (PLUTO). PLUTO supports Providers in identifying services that require Prior Authorization. Providers can select the service from a drop-down box and access our criteria and clinical practice guidelines, directions for completing the request, and the types of information needed to support an approval. We also provide information on how to reach Anthem for assistance.

Security Protocols

Anthem Inc.'s Technology Services team has expertise regarding laws and regulations governing data exchange and protected health care information privacy and confidentiality, including HIPAA regulations, 42 CFR Part 2, and the HITECH Act. In accordance with these and other applicable State and federal requirements, our Technology Services team uses well established data exchange systems and protocols. We recognize the complexity of data sharing for Medicaid managed care and will adhere to guidance provided by the State regarding the sharing of information.

C.6.d. Assessing Integrity, Accuracy, and Completeness of Data

d. Describe the Vendor's approach to assessing integrity, accuracy, and completeness of data submitted by providers and Subcontractors.

We understand that complete and accurate data is critical to the continued success of the Kentucky Medicaid program and have established policies and procedures that facilitate the collection of complete, accurate, and timely claims and encounter data, including:

- Claims Data Validation
- Provider Training
- Audits and Analytics
- Verifying Subcontractor Compliance

Collecting and Verifying Complete and Accurate Claims Data

To support our health care operations and effective management of clinical and health care services, and to support submission of comprehensive encounter data to DMS, Anthem has

established policies and procedures regarding the collection and validation of complete and accurate claims and encounter data from Providers. We base our edits on DMS program requirements, which verifies the presence and validity of all required data elements, including Member demographic data, rendering/billing Provider NPI and Medicaid ID (as appropriate for service), Provider service address, date of service, diagnosis, procedure, revenue code, date of claim processing, date of payment, and amount paid for the service.

Our claims processing system uses automated workflows to manage the steps required to auto-adjudicate a claim. The process includes initial HIPAA compliance and completeness validation as well as claims validation software that automatically and comprehensively audits codes before each claim is paid. The claims processing system uses enhanced clinical and NCCI edits to check each claim for codes subject to unbundling or Medically Unlikely Edits for codes on a claim that may be incompatible. We base the criteria on industry standards and internal reimbursement policies, identifying the appropriate relationship between thousands of medical, surgical, radiology, laboratory, pathology, and anesthesiology procedures identified by CPT-4®, HCPCS, and CDT codes.

We also apply an additional pre-payment auditing step as a final filter to catch improperly billed claims. This specialized analytical decision engine validates services across Providers, taking claim modifiers and Provider specialty into consideration, as well as how often the service can be performed. Prior to final adjudication, we use a series of sophisticated edits to evaluate the claim against processed claims data to identify duplicate claims. We automatically deny claims that we definitively identify as duplicates and pend claims for review when we cannot make a positive determination.

We reject claims that fail compliance, completeness, or billing rules validation and notify the Provider of the reason. Regardless of entry source (paper or electronic) or Provider type (Network or out-of-Network), all claims pass through the same edits and adjudication processes.

Provider Training

Anthem educates Providers on the requirement to submit complete and accurate claims and encounter data for every service delivered to a Member within 365 days after the date of service or discharge. Training is an important element in supporting Providers and making sure they submit claims that include required information for encounters reporting. Our onboarding process includes a new Provider orientation within 30 days of the Provider joining our Network, delivered through our Anthem Training Academy. This comprehensive initial training provides the tools and knowledge to accurately report the services Providers deliver to our Members and receive timely reimbursement for those services. The claim specific training includes education on:

- Claims submission methods, including paper, Provider website, and EDI clearinghouse
- How to complete a paper claim including specific field values and common errors
- Benefits of electronic claims submission
- Entry of a claim through our Provider website
- Proper coding and common claims submission errors, avoidance, and problem resolution
- Key fields needed to identify services

At initial training, we also distribute copies of our Provider Manual which outlines billing procedures and instructions on how to use our Provider website where Providers can access key Provider education information.

Education Focuses on Provider Behavior Change

At Anthem, we focus substantial efforts on prevention — addressing billing issues prior to final claim adjudication, enabling us to identify outlier Provider billing or coding practices and work closely with Providers to drive behavior change.

In 2019, **more than 438 Providers** attended our Provider Education Workshops.

KY_Hlth2020_C.17_EducationWrksp_64_COB_01

When behavior is the result of confusion, specialized Claims Processors focused on Provider education work to change Provider behavior through identification, prevention, education, and monitoring. The Provider Education team includes certified professional coders and investigators and researches medical trends, CMS guidelines, CPT codes, and more to identify concepts that can find potential abnormal Provider billing practices. Concepts relate to the most abused codes and codes with misinterpreted coding guidelines — with the goal to expand understanding and help Providers with appropriate coding, resulting in accurate reimbursement.

Audits

We also subject all Kentucky Medicaid claims to periodic quality audits by Anthem, Inc.'s Claims Integrity team to verify timeliness, accuracy, and integrity and to evaluate the financial, payment, and statistical accuracy of our claims processing system.

To measure overall claims accuracy, Claims Integrity will conduct an end-to-end audit (from receipt to final disposition) on a random statistically representative sample of Kentucky Medicaid claims each month to verify compliance with all federal, Commonwealth, internal requirements, and Provider contracts. In addition, Claims Quality performs specialized audits across affiliate health plans, including the following:

- **High-dollar Audits.** Daily pre-payment audits of all high-dollar claims with payment amounts over $30,000, often including denied claims with charges greater than $75,000
- **Focus Audits.** Targeted audits on specific claim types, specific scenarios, or surrounding processes to measure performance and remediate claims issues
- **Post-implementation Audits.** Targeted audits on new contract or program implementations (including our Kentucky Medicaid operations) to help assure accuracy

Verifying Subcontractor Compliance

Several Subcontractors deliver critical services to our Members in Kentucky Medicaid for pharmacy, dental, and vision, and we integrate data we receive from them into our MIS. By integrating Subcontractor data with our own medical and BH service information, we can deliver a holistic view of utilization to Providers and Care Managers and support reporting, data analytics, and other processes that promote a population health approach to maximize our Members' health.

Anthem sets clear expectations for our Subcontractors through our Subcontractor Oversight program. Prior to selection, the Subcontractor Oversight team conducts a pre-delegation audit to

verify each Subcontractor's ability to provide their contracted services. During the audit, the Subcontractor must provide evidence of the following:

- HIPAA compliance for systems and security
- Systems' capability to process and pay claims promptly and accurately
- Systems' capability to produce plan- and State-required reports in correct format
- Systems' capability to capture required data reporting elements to support Encounter Data submission; required claims report for DMS, as indicated in the reporting requirements; required ad hoc claims data for submission to DMS, Office of the Inspector General (OIG), and Office of the Attorney General (OAG) as required; and performance metrics required by Anthem

Anthem maintains scheduled data interfaces with each of our Subcontractors. Anthem maintains scheduled data interfaces with each of our Subcontractors. We send and receive Subcontractor data on Providers, Members, claims history, and encounters. File exchanges are monitored by the business owners and the MMIS point of contact. Once a file exchange occurs, the business owner receives notification of the status of the file transfer. In cases where a file does not transfer successfully, the MMIS point of contact will work with the impacted Technology team(s), the file exchange team, and the business owner to determine what caused the file transfer failure and resend the file.

When Anthem delegates claims payment, we maintain our responsibility for assuring completion of this function in compliance with our Contract with the Commonwealth of Kentucky. For this reason, we require the following of all our delegated Subcontractors:

- Subcontractors must submit encounter data and claims processing performance metrics that demonstrate the Subcontractor's compliance with all plan, State, and federal requirements
- Subcontractors must submit all claims data in a condensed timeframe to allow for review and consolidation with our Submission to DMS
- We run all Subcontractor encounter files through HIPAA and market-specific validation, rejecting files that do not pass these edits
- We review Subcontractor claims payment reports against submitted encounter data to verify the completeness of the data received

Through our Subcontractor Oversight program, we confirm the ability of our material Subcontractors to deliver accurate and complete data to Anthem that enables us to meet DMS reporting requirements. Anthem loads Subcontractor encounter data into our data warehouse to support a variety of processes, including Care Coordination, population health, and FWA detection. We generate a series of operational reports against this Subcontractor data to help us confirm their compliance with program requirements. In addition, we receive and review other information and reports from Subcontractors to monitor performance against Anthem and DMS standards in areas such as Network adequacy, call center, and Provider Appeals. Anthem reviews this information as part of our Subcontractor Oversight program, and we include it in our regulatory report submissions to DMS.

C.6.e. Security Compliance and Audit Management

e. Provide a description of the Vendor's data security approach and how the Vendor will comply with Health Insurance Portability and Accountability Act (HIPAA) standards including the protection of data in motion and at rest, staff training and security audits.

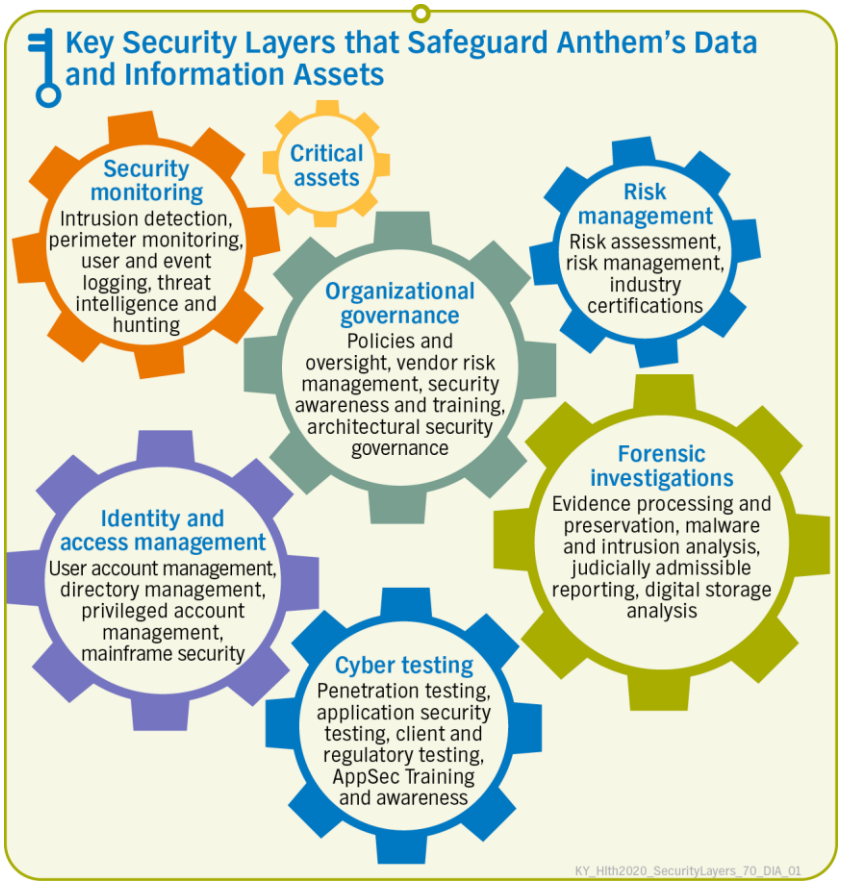
Anthem's Approach to Data Security

Anthem understands that we have a shared responsibility with DMS and CHFS to meet HIPAA, federal, and State enterprise information security policies, standards, security initiatives, regulations, and requirements relating to the protection of Electronic Protected Health Information (ePHI), including Title XIX of the Social Security Act; Medicaid Information Technology Architecture (MITA) – CMS Minimum Acceptable Risk Standards for Exchanges (MARS-E) v2.0; Kentucky Revised Statute KRS 61.931 to 61.934; NIST Special Publication SP800-53 R4 Security and Privacy Controls for Federal Information Systems and Organizations; and IRS 1075 rule.

Leveraging Anthem, Inc.'s extensive experience in Medicaid managed care, we maintain the systems, processes, tools, and strict security policies and procedures to secure and protect all Kentucky Medicaid data, assuring the privacy of our Members and Providers.

To protect confidentiality, integrity, and availability of data, our national Technology Services team employs a defense-in-depth security strategy that aligns with seven key security layers to safeguard Anthem's data and information assets:

- Organizational governance
- Risk management
- Critical assets
- Identity and access management
- Security monitoring
- Cyber testing
- Forensic investigations



Organizational Governance

Technology Services has established policies and procedures to safeguard our information and systems. Anthem, Inc.'s security program is documented in the Workforce Information Security Program (WISP) Overview document provided in Attachment C.6.e-1a. Audit and accountability programs establish a risk-based process to identify potential security

risks and determine corrective actions as necessary. Anthem will provide DMS with an annual Security Plan, risk assessments, and other deliverables as required — with updates based on major system changes, as necessary.

Our MIS has achieved and maintained Common Security Framework (CSF) Certified status from the HITRUST, most recently in August 2018. The CSF is an overarching security framework that incorporates and leverages existing security requirements placed upon health care organizations, including those from federal (such as HIPAA and HITECH), State, third-party (such as Control Objectives for Information and Related Technology [COBIT]), and other government agencies (such as CMS and National Institute of Standards and Technology [NIST]). An independent third-party services firm (certified to perform HITRUST assessments) evaluated our MIS and its ability to meet 314 unique Baseline Security Control Statements across 19 domains, including Network protection, password management, and data protection and privacy. HITRUST certification verifies that our MIS meets or exceeds the controls required by Kentucky Information Technology Standards (KITS) and NIST 800-053 REV 4. We provide a copy of our HITRUST certification letter in Attachment C.6.e-1b.

Security Oversight for Subcontractors

Each of our Subcontractors is a covered entity under HIPAA and subject to its requirements to protect the privacy and security of health information. Anthem has established a comprehensive Subcontractor security risk assessment to verify compliance with applicable components of our privacy and security policies on an ongoing basis. Informed by best practices such as the Federal Information Security Management Act (FISMA), HIPAA, HITECH, HITRUST, and Sarbanes-Oxley (SOX), the Subcontractor security risk assessment process evaluates logical and physical security controls for systems used by Anthem's Subcontractors that have a signed Business Associate Agreement (BAA) and have access to, or exchange PHI, for Anthem's Members in Kentucky Medicaid.

Security Awareness and Training

All staff receive initial training on the policy and annually thereafter. We disseminate updates and amendments to the policy resulting from changes in Commonwealth or federal policy or as requested throughout the life of the Contract during regularly scheduled staff meetings or as an email alert. All staff must complete Compliance training upon hire and then annually. This training includes HIPAA privacy and security requirements as well as information about identifying FWA. We also train our call center employees to verify the identity of all callers using a combination of two data elements (date of birth and social security number, for example) prior to disclosing any information. (This applies to Members and authorized representatives. Call logs record all caller activity and are a permanent part of Member records.)

Risk Management

Technology Services performs various risk assessment activities using both internal and third-party services, penetration tests, and vulnerability scanning to maintain a strong and stable security posture that aligns with industry standards and regulations. One recent instance of risk assessment was the performance of an external penetration test by NetSPI. The purpose of this penetration test was to identify common security issues that could adversely affect the confidentiality, integrity, or availability of Anthem systems and data.

NetSPI security consultants follow a phased assessment approach for testing the security of enterprise networks. NetSPI consultants use multiple commercial and open source security tools, custom scripts, and manual techniques to scan for, identify, and exploit vulnerabilities within the systems and devices tested. This methodology identifies an organization's tactical and strategic security challenges by taking a technical snapshot of the current state of security controls. NetSPI security consultants attempt to penetrate or circumvent existing security mechanisms by using software tools and exploit scripts that are similar to those used by attackers. This approach analyzes an organization's current security posture and results in recommendations for strengthening security controls. Findings identified during the external penetration test were reviewed in detail by Anthem's Technology Services team and NetSPI provided remediation recommendations for these findings based on industry standards and security best practices.

Critical Assets

Technology alone is not an adequate safeguard in today's digital world. Our Information Security program is supported by nearly 200 professionals with impressive credentials and diverse cybersecurity skills, including experience with USCyberCom, the National Security Agency, the Department of State, the Department of Defense, and other government and law enforcement organizations. Each member of our Information Security management team has vast cybersecurity experience, and our senior leadership team has an average of more than 20 years of experience across private and public sector industries.

Data Encryption

In compliance with 42 CFR Part 2, we have established protocols to protect the confidentiality of all Member data, encrypting data in motion and data at rest.

Data at Rest

All data in our enrollment and claims processing system is secured at rest via encrypted disk storage. 100% of all other surrounding applications and databases are currently encrypted.

Data in Motion

All data in our enrollment and claims processing system is secured in motion through a secure cryptosystem which is part of Oracle's Advanced Security Option (ASO) and uses the AES256 algorithm. 90% of the surrounding SQL databases are currently encrypted in motion using TLS1.2 protocol and Anthem, Inc. owned security certificates as per Anthem, Inc. security standards. In-motion data processes for the remaining 10% require coordination with vendors and are scheduled to be encrypted by the end of the second quarter of 2020.

As an additional undertaking, we review agreements with all business associates to verify, as part of the terms of the agreement, that the business associates will encrypt electronic data accordingly and maintain the confidentiality, integrity, and availability of the data within the HIPAA Security Rules. This means that electronic coding and transmission of health care data subject to 42 CFR Part 2 is subject to IT security standards that include encryption of the data and communications to third parties of the encryption requirement.

Security Audit

Anthem has established audit and accountability programs to identify potential security risks and will provide DMS and CHFS with all security related deliverables as required, including a copy of the SOC 2, Type 2 attestation report, or HITRUST certification as directed by DMS.

We understand that CHFS requires security assurance for functional, technical, and infrastructure components to verify that systems meet all information security requirements throughout the life of the Contract. We will provide the CHFS security team with our security assessment scenarios and strategies as required and will perform security assessments for key applicable milestones, providing appropriate evidentiary artifacts as required by CHFS.

Anthem will also provide DMS with periodic penetration and vulnerability reports as required, including management reports covering key areas of concern and addressing typical control questions required by NIST 800-053 REV 4.

Supporting Individual Rights as Specified in HIPAA and Commonwealth Regulations

Our Compliance team monitors privacy and security with support from the Member Privacy Unit (MPU). We do quarterly HIPAA audits to ensure employees lock up documents appropriately and follow policies to shred applicable documents with PHI. Employees are trained to promptly report PHI related issues by submitting an eForm via the workflow process.

The MPU, maintains processes and protocols to support Member's individual rights for:

- Access to the Designated Record Set (DRS)
- Amendment of the DRS
- Accounting for Disclosures/Documenting Disclosures made to Third Parties Outside (TPO)
- Confidential Communications
- Personal Representatives
- Restrictions to Use and Disclosure of PHI
- Obtaining a Notice of Privacy Practices (NOPP)

Our call centers use a workflow management system which enforces the rules pertaining to PHI, collects required information, and routes requests for appropriate approval and tracking. We will also take additional precautions to protect Member privacy and reduce the chances of accidental disclosure of health information when sending it by verifying that all fax numbers and addresses are correct and making sure PHI is not visible on the cover page.

Identity and Access Management

Facility access is controlled with proximity-based electronic security badges. All employees and visitors must complete a security access request form and obtain approval signatures for unsupervised access. After-hours access requires use of specially coded security badges. We limit data center access to employees responsible for network engineering, system administration, and network security. All servers and data storage devices are located within secure areas that can only be accessed with additional electronic lock/PIN access.

Access to workstations or systems requires a unique user identifier and password (complex and changed at regular intervals). Remote system access requires two-factor authentication that verifies the identity of the individual using "something they know" (user identifier and

password) with "something they have" (such as a key card or token). Access to privileged administrator accounts requires complex, three-factor authentication.

Role-based security limits update capabilities and access to application functionality. Users with inquiry-only privileges are unable to modify or update information. These different security functions enable us to provide users with multiple levels of privileges. Our Care Coordination System Member Dashboard logs all views of Member clinical data.

Network security is managed and monitored using several technologies and security management systems that provides 24/7 real-time security event monitoring and reporting capabilities. A Vulnerability Management program executes processes that identify vulnerabilities, report them for remediation, and track and report remediation efforts. In addition, an independent third party performs an annual external penetration test. On a regular basis, managers receive requests to review and affirm employees' need for continued access to specific systems and databases and the level of access required.

Security Monitoring, Cyber Testing, and Forensic Investigation

Technology Services runs rigorous internal and third-party reviews to test our controls, process, and improve our security posture.

Sophisticated Cybersecurity and a Team You Can Trust

Anthem, Inc.'s Technology Services has invested significant time and resources into our information security workforce, technology, and facilities to create an industry-leading cybersecurity program featuring:

- The Detection Analysis and Response Team (DART)
- A Cyber Security Operations Center (CSOC)
- A Cyber Security Testing Center (CSTC)
- In-house Digital Forensics Operations

Watching for Threats 24/7/365

DART is committed to actively safeguarding Member and Provider information day and night, holidays, and weekends. Our dedicated security monitoring uses sophisticated tools to detect and respond to cybersecurity events; managing cyber threat collection and dissemination. DART operations are housed within our innovative CSOC. This facility was specifically designed so we can most effectively and efficiently communicate, collaborate on, and respond to cybersecurity efforts.

Focused on Continuous Improvement

The Cyber Security Testing Center offers innovative capabilities for evaluating security of Anthem web and mobile solutions by internal and external customers. It provides dedicated assets in a secured environment for audits, compliance assessments, regulatory reviews, and third-party testing.

Gathering and Providing Evidence to the Authorities

Our Computer Forensics Investigation Team and secure Digital Forensics Operations and lab meet federal standards. Our forensic investigators use innovative tools to analyze IT systems and preserve, recover, and examine evidence. The team examines digital media in a forensically-sound manner to identify, preserve, and recover data, analyze evidence, and present findings to the

appropriate individuals. In addition to providing critical findings for our internal investigations, the team has also provided crucial evidence to local, State, and federal law enforcement authorities.

C.6.f. Managing System Changes and Enhancements

f. Describe any proposed system changes or enhancements that the Vendor is contemplating making during the anticipated Contract Term, including subcontracting all or part of the system. Describe how the Vendor will ensure operations are not disrupted.

In Table C.6.f-1, we have provided a listing of system enhancements that are currently planned for the Contract term. With the exception of claims processing functions supported by our dental and pharmacy Subcontractors, Anthem performs changes or enhancements to all components of our MIS through our Ultimate Parent Company, Anthem, Inc. and does not intend to subcontract any other system functionality. Systems availability is critical to our Kentucky operations and Anthem, Inc. schedules all maintenance that results in systems unavailability during times that do not compromise critical business operations. The usual practice is to schedule system downtime on weekends. If maintenance must be scheduled during normal systems operational hours, we will coordinate with DMS for scheduling and approval. As contractually required, we will notify DMS before major changes to the following core processes:

- Claims processing
- Eligibility and enrollment processing
- Service authorization management
- Provider enrollment and data management

Table C.6.f-1. Planned System Enhancements 2020–2021

System(s)	Planned Enhancement	Expected Timeframe
Enrollment **Claims** **UM**	Implement the ability to consume and adjudicate claims on a real-time basis, allowing the Provider to submit a claim and receive a determination of paid, denied, pended, or rejected within seconds, significantly reducing administrative burden for Providers.	Q4 2020
Enrollment **Claims** **UM**	Incremental upgrades to support latest version of the Core Services System.	April 2020, October 2020, April 2021, October 2021
Care Management	Migrate to our Healthy Innovations Platform, an internally developed, highly configurable, multi-tenant cloud care management platform that allows for customization, including workflow and task management, without extensive programming. This platform will also support the integration of HIE and EHR systems.	2020
Case Management	HIP will be integrating with Anthem's next generation digital health engagement platform to provide Members with a simple and customized digital experience that is seamless, engaging, and empowers them to take control of their health and well-being. This digital channel integration will enhance and augment HIP's ability to outreach and engage Members for their clinical needs.	2020/2021
Case Management	Through artificial intelligence (AI) integration with our analytics processes, referrals, and assessments, HIP will be able to proactively identify eligible Members who meet the criteria to be managed in the available Anthem Clinical Programs.	2020/2021

Applying strictly defined processes, Anthem, Inc.'s Technology Services performs changes or enhancements to all components of our MIS, including components for enrollment, claims processing, UM and service authorizations, and care and chronic condition management. Whether implementing new functionality, enhancing existing processes, or resolving production issues, Technology Services has established policies and procedures to manage modification to all our systems and maintains separate development and testing environments as part of the change management protocol. The change management function is responsible for managing and coordinating change requests and releases to the production environment, verifying that only systems and programs that are tested and approved are released into production. This includes infrastructure, network, system components, protocols, configurations, hardware, and software related changes.

To make sure operations continue undisrupted, Technology Services follows formal change management policies and procedures including:

- **Requirements Gathering and Analysis.** Subject Matter Experts (SMEs) work with trained Business Analysts to identify business requirements, high-level system requirements, and cross-functional impacts.
- **Design and Development.** Experienced developers work together with the Business Analysts to design a comprehensive system solution. We build and use a requirements traceability matrix as part of the design process to validate system functionality during testing.
- **Testing.** The Business Analyst and SMEs develop test scenarios and scripts to fully exercise system capabilities.
  - System changes will go through several testing phases to verify readiness for a production environment including unit testing, system testing, regression testing, and user acceptance testing.
  - For changes that interface with Commonwealth systems, Commonwealth staff, and others as appropriate, will be important members of the testing team, making sure all systems are ready for operations.
  - We maintain separate development and testing environments as part of our change management protocol, verifying we release into production only the systems and programs previously tested and approved.
- **Implementation.** Understanding that systems availability is critical to efficient operations, we schedule system deployments that result in systems unavailability during times that do not compromise critical business operations. If we identify a system modification that would result in system unavailability to critical business processes, we have documented protocols that we follow.

This structured change management process plays a key role in the success of major system upgrades or complete system migrations, such as our recent migration to a new encounter platform, Edifecs. Given the criticality of this system, we established a team of key business leaders as well as system, process, and data experts to participate in all phases of the project, including planning, execution, testing, implementation, and validation. We documented a business management plan with resources, activities, tools, and timeline details, held regularly scheduled governance calls, and established comprehensive checks and balances, assuring the new system meets or exceeds the former system on accuracy, timeliness, and completeness

metrics, with three full weeks of parallel processing and comparison of outputs from the old and new systems.

Coordinating Subcontractor System Modifications

Anthem retains sole responsibility for fulfilling DMS Contract requirements and works with our Subcontractor to identify necessary modifications to their core systems to support operations and comply with contractual obligations. Modifications to Subcontractor core systems are identified as part of their initial implementation, with additional changes as needed to support Commonwealth requirements and ongoing operations.

For initial implementation, all system configuration and changes are fully reviewed by appropriate members of the Anthem implementation team before the Subcontractor is given approval to begin operations. A project plan is defined with specific milestones and checkpoints for system modifications, integration testing, and readiness review. The scope of system modifications is comprehensive and based on the Subcontractors' written agreements.

Anthem maintains an established Subcontractor Oversight program that is staffed with a designated team and supported by executive leadership and departments across our organization. Our Subcontractor Oversight program includes defined processes for making sure that new or changed policies, data exchanges, and system requirements are clearly and consistently communicated, managed, implemented by our Subcontractors, and verified by appropriate Anthem leadership.

The Subcontractor Oversight team works to evaluate the required change and determine if any Subcontractors are affected and to what extent. Based on the nature and complexity of the change, the team documents a plan for notification, implementation, and verification. As needed, system design discussions are arranged between the Subcontractor and Anthem's Subcontractor Oversight and Technology Services team to review required changes, establish a timeline for development, and plan for integration and user acceptance testing as appropriate. Oversight and monitoring of Subcontractors provides the structure necessary to apply remediation and corrective action if they are not in compliance with contractual requirements.

Anthem Medicaid

C.6. Management Information System Required Attachments

C.6. Management Information System Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

Anthem Medicaid

Attachment C.6.a-1. Provider Maintenance Form Training Guide

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

Attachment C.6.a-1. Provider Maintenance Form Training Guide

Attachment C.6.a-1. Provider Maintenance Form Training Guide

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.6.a-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

Attachment C.6.e-1. Data Security Approach and HIPAA Compliance

Committed to the *Future* of **Kentucky Medicaid**

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Attachment C.6.e-1. Data Security Approach and HIPAA Compliance

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.6.e-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.6.e-1 includes the following:

- Attachment C.6.e-1a. 2019 Anthem WISP Overview
- Attachment C.6.e-1b. 2018 Anthem (GBD - Facets) – Certification Letter

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7. Encounter Data

Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

C.7. Encounter Data

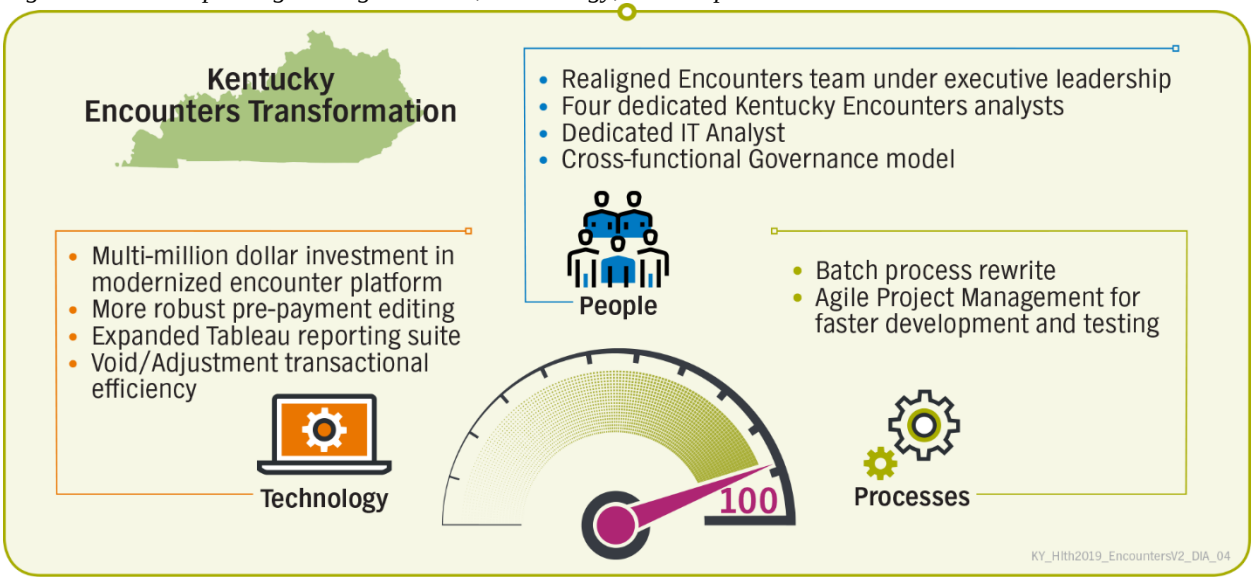
C.7.a. Process for Complete, Accurate, and Timely Encounter Data

a. Provide a detailed description of the Vendor's processes for ensuring complete, accurate, and timely encounter data submissions to the Department, including procedures for working with providers and Subcontractors to correct errors.

Anthem understands the importance of timely, accurate, and complete encounter data submissions to the success of the Kentucky Medicaid program, and we continue to work tirelessly to optimize our encounter submissions. We organize our systems, processes, and staff around an end-to-end view of encounter data, our affiliated health plans' and our Ultimate Parent Company's (Anthem, Inc.'s) more than 29 years of experience with Medicaid managed care in 24 markets across the country. Our affiliates submit more than ***19 million*** encounter transactions per month and more than ***232 million*** per year. We submit approximately a ***half million*** encounter transactions per month and nearly ***six million*** per year in Kentucky.

Our mitigation strategy and best practices for overcoming challenges and assuring accurate and complete encounter data involves three pillars — people, process, and technology. We highlight these pillars in Figure C.7.a-1.

Figure C.7.a-1. Improving Through Process, Technology, and People



In June 2018, our Kentucky encounter processing system went live on a new platform, Edifecs, as part of a multi-million dollar investment by our Ultimate Parent Company, Anthem, Inc., to modernize the operational tools used by the Encounter Data team. With this implementation, we have fully updated the way our encounter data fields are mapped, validated, submitted, and remitted. There are several steps associated with the actual submission and remittance process that historically required manual loading of data that are now completed via automated real time data loads. Additionally, the new software offers a more sophisticated user interface that enables

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

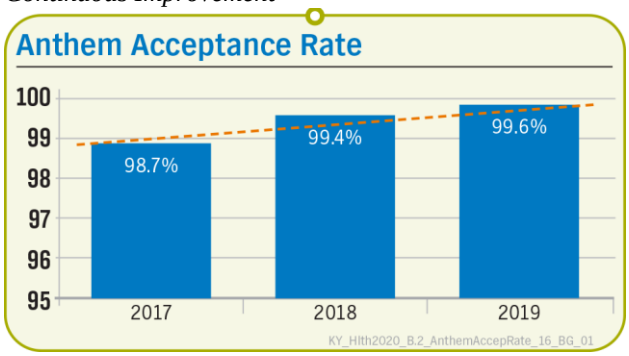
cleaner, faster navigation of research and remediation tasks. With our migration to Edifecs, we have seen:

- 99% completeness on a claim count basis
- 98% completeness based on financial data
- 99% accuracy and acceptance on a claim count level on average
- 97 to 99% average for monthly encounters submitted within 30 days of adjudication (majority of claims submitted within two to three days of adjudication)
- Submissions move from one to two batches per week, as well as a pharmacy submission

We continue to make significant progress with encounter data submissions, and we have established a dynamic and precise reporting toolkit to monitor encounter performance. The reports track high-level performance with respect to complete, accurate, and timely data, as well as more granular drill-downs supporting day-to-day inventory management. The reports include:

- Financial and claim count completeness
- Encounter and file submission accuracy
- Aging and service level tracking
- Data balancing
- Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) performance reports
- Predictive reporting

Figure C.7.a-2. Results of Our Commitment to Continuous Improvement



The results of our commitment to continuous improvement in encounter data is highlighted in Figure C.7.a-2. From 2017 through 2019, we increased our encounter acceptance rate by 0.9%. ***In the fourth quarter of 2019, Anthem had 99.9% of our encounters accepted.***

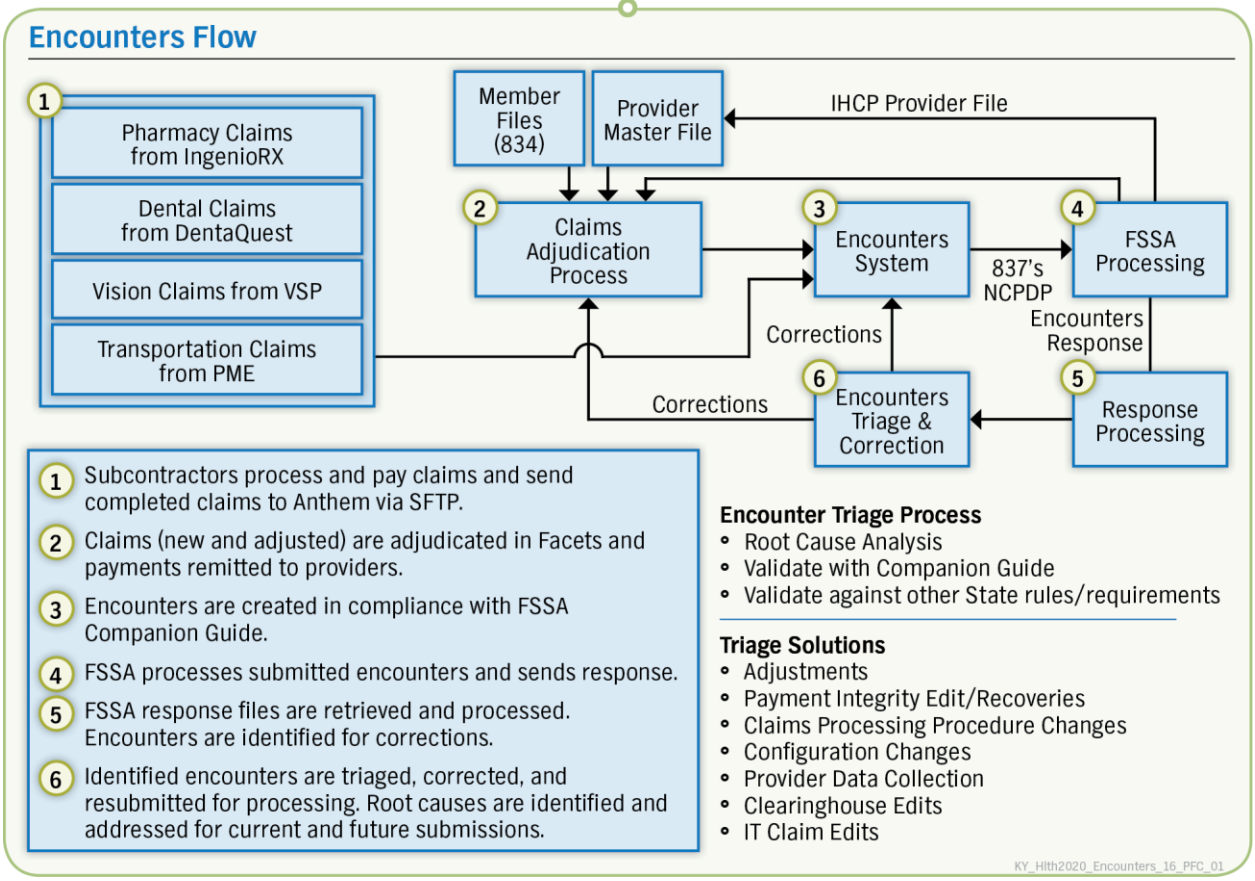
In addition to steps we have taken for encounters submissions and accuracy, we have also enhanced our operational oversight. We have established an Operational Excellence Model, led by our Chief Operating Officer, Nicole Basham, which leverages the best and brightest members of our operational staff with the latest process design and technology innovations. The model dedicates a team of operational experts with industry and local knowledge to accomplish operational accuracy, optimal implementations, and rapid resolution of identified risks.

Our Process Drives Complete, Accurate, and Timely Submissions

Our robust Kentucky encounter data management process focuses on transmitting and receiving complete encounter data accurately and promptly to fully support all Commonwealth requirements. Through our submission process, we validate and deliver a comprehensive set of encounter data to DMS, including claims data from our Core Services System and Subcontractor encounter data from our data warehouse. Through rigorous testing and implementation protocols, we fine-tune claims processing, data extract, and submission monitoring processes to assure full compliance with all the DMS encounter data timeliness, accuracy, and completeness requirements, as documented in the Encounter Data Manual and Encounter Submission Companion Guide.

Starting with the Provider's submission through finalization of the claim, we apply multiple edits and data quality checks to confirm proper processing of the claim and accurate encounter submissions. During the encounter submission process, we apply extensive editing consistent with the pre-cycle edits applied by DMS. As shown in Figure C.7.a-3, our encounter data process combines claims and claims adjustment data processed since the last submission with encounter data from our Subcontractors and loads it into our Encounters Management System. Controls validate that all retrieved claims and Subcontractor encounter claim records load properly for subsequent processing.

Figure C.7.a-3. Our Comprehensive Process Delivers Complete, Accurate, and Timely Encounter Data



We have several checkpoints during our process to prevent encounter data submission problems, including:

- Logging details of each submission and capturing source claim information such as claim number, type (original, adjustment, void), file name, path, and creation date
- Checking for and removing duplicate records
- Reconciling the queued encounter data to claims processed for eligible services during the matching time period (including paid, denied, and voided claims), and verifying compliance with the DMS Encounter Data Manual and Encounter Submission Companion Guide reporting requirements
- Checking for HIPAA-compliant standards

Using online dashboards and status reports, we monitor and assess our encounter performance. Weekly meetings that include our Chief Executive Officer (CEO), Chief Operating Officer, Operations team, and the Encounter Data team provide a regular opportunity to review encounter performance and discuss any issues or concerns. This shared responsibility and oversight of encounter data enable us to combine local expertise with best practices gleaned from Anthem affiliate health plans.

We continuously monitor our encounter data processes, and if we identify gaps or errors, use a systematic approach to investigate and resolve them. This includes implementing business process improvements, systems enhancements, staffing changes, or any and all of these efforts as needed.

We have the capacity to track all erred encounter records and provide a report detailing transmission reconciliation of each failed transaction or file within 30 days of the error, and we resubmit encounter records within 30 days of the date the record is returned to us. We use procedure codes, diagnosis codes, MS-DRG, and other codes for reporting encounter data in accordance with guidelines and versions of all code sets defined by DMS. We also use the National Provider Identifier (NPI) and Provider numbers for encounters directed by DMS.

Our primary contact person for DMS, with the responsibility to submit and correct encounters, will continue to be Nicole Basham, Chief Operating Officer, and the back-up contact person will continue to be our Program Director, providing consistency in leadership for DMS. Anthem will continue to report the reconciliation status of failed transactions monthly and work directly with DMS during the annual validity study by providing all the appropriate information for the Encounter Processing Assessment Sample.

Complete Encounter Data

We will continue to submit all claims to DMS through our Encounter Management System to make sure that all claims experience has been successfully submitted. We maintain strict controls throughout our encounter process to deliver accurate and complete data to DMS. Our encounter process captures, stores, and manages all dispositions of claims, including paid, denied, corrected, adjusted, voided, and zero-dollar paid claims processed by our Subcontractors or ourselves.

We confirm completeness with a robust process that rapidly remediates any rejections from the original submission file. Remediation includes correction of a data file, recoupment of a claim, or requiring a Provider to submit a corrected claim. We continuously work with our Provider community to assure correct submission of claims, and we contract with most Providers on a fee-for-service basis, which inherently drives claims submission and results in complete encounter data. Our claims processing system — from intake through finalization — maintains controls that validate and account for all claims submitted, whether electronically or via paper.

For all Providers, we confirm correct billing compliance through record audits and data trending analysis, including comparing claims volume from similar Providers, to identify potential issues. Record audits may identify one Provider failing to submit claims for specific services, as well as another billing for services not rendered. We address any billing and compliance issues with the Provider through education and overpayment recovery (when applicable). The goal is to achieve proper billing for rendered services, which results in correct claims payment and accurate

encounter submission. Should we find errant billing that may potentially represent Fraud, Waste, or Abuse (FWA), we have a process to submit that information to the Payment Integrity Unit for investigation. This information is then shared with our State partners for further consideration.

Accurate Encounter Data

Claims formats are industry-standard and HIPAA compliant. Regardless of entry source (paper or electronic), or Provider type (Network or out-of-Network), all claims pass through the same edits and adjudication processes. Our claims processing system includes controls that validate and account for all claims submitted from intake through payment.

We subject claims to extensive front-end edits during processing, denying those submitted without the data required by DMS to support successful encounter submissions. Then, prior to encounter data submission, our system applies HIPAA compliance checks and business rules as a final validation. Records that fail edits pend for review, investigation, and remediation. Our Encounter Data team coordinates corrections with the operational unit and includes these in a subsequent encounter submission.

We require our Subcontractors to submit encounter claim files in a HIPAA-compliant X12 format with all the required data elements specified in the Encounter Data Companion Guides. Our encounter process includes several steps to verify the accuracy of Subcontractor encounter claims files we receive.

First, we run HIPAA level 1-4 compliance checks on the 837 files. If any record in the file fails, we reject the submission and return the file and reason for the failure to the Subcontractor. Subcontractors typically submit a corrected file within 24-48 hours.

The file then goes through a set of data validation edits, including checks for claims previously submitted, and duplicates within the same file. The process marks individual encounter claim records that fail validation edits as rejected and returns them to the Subcontractor so they can initiate a correction and resubmit action. If more than 50% of individual encounter records fail, we reject the entire file and notify the Subcontractor. We track rejected records to verify that Subcontractors resubmit within 30 days.

We carefully review the response files we receive from DMS and evaluate any rejected encounter records. We work with the Subcontractor to resolve any rejected encounter claim issues. As necessary, we perform a root-cause analysis to understand the reason for the error and identify opportunities to mitigate future rejections.

Timely Encounter Data

Our weekly encounter submission schedule includes time for careful review and remediation of any errors, and our Encounter Data team closely monitors the process to support compliance. A comprehensive schedule of system processes, review tasks, and submission dates enables us to deliver timely encounter data to DMS. The schedule documents each step and deadline, and Encounter Analysts monitor each data file submission as it moves through the process. We are currently experiencing an average 97% to 99% for monthly encounters submitted within 30 days of adjudication, with a majority of claims submitted within two to three days of adjudication.

To remain compliant with the DMS timeliness requirements, our Encounter Data team uses daily aging reports to monitor the age and volume of encounters previously pended during the submission process.

Certification

We will also continue to certify all encounter data. Our CEO or an individual with delegated signing authority will continue to sign our completed Attestation Forms with each encounter submission. The certification will continue to include complete file names, file sizes, and date range for the submitted files and will attest to the accuracy, completeness, and truthfulness of the encounter data we submit to DMS.

Working With Our Providers and Subcontractors

We work proactively with our Providers and Subcontractors to prevent errors before they occur. Our efforts start with educating and supporting Providers and Subcontractors on submitting timely, accurate claims data. We know from our experience in Kentucky that making it easy for Providers and Subcontractors to get understandable information about submitting claims, viewing claims status, and accessing payment information quickly and conveniently significantly improves submission of clean and timely claims the first time. Our new Providers and Subcontractors receive comprehensive training on submitting claims and encounter data as part of the initial onboarding process. Our education covers a range of discussion topics, including current statistics and trend data about claims and encounters. Through these trainings, we identify any issues early in a collaborative environment, and if there are errors from a specific Provider or Subcontractor, we take a personal approach and work with them directly to resolve the issues or errors.

We use the same processes for submission of both Provider and Subcontractor encounter data to the Commonwealth, assuring consistency of approach and supporting effective management. We detail our approach for working with our Providers and Subcontractors in in Section C.7.d, Educating Providers and Subcontractors.

C.7.b. Encounter Data Processing Policies and Procedures

b. Provide the Vendor's Encounter Data Processing policies and procedures.

Our encounter data processing policies and procedures are included as Attachment C.7.b-1.

C.7.c. Mitigating Encounter Data Challenges

c. Describe common challenges the Vendor has experienced in encounter data development and submission, and mitigation strategies and best practices the Vendor has implemented to ensure accurate and complete encounter data.

Anthem and the national Encounter Data team maintain a culture of continuous improvement. We continuously review policies, procedures, and systems to identify ways to streamline operations, increase efficiency, and improve overall performance.

Analysis of the encounter acceptance trends, review of submission data and a review of our processes in 2017 and 2018 sparked an investment in ***people, process, and technology*** — including a new encounters platform and a new strategy and staffing model to increase data

accuracy, boost frequency of encounters submission, and improve precision to drive better acceptance rates.

People

Our local Chief Operating Officer, Nicole Basham, is fully dedicated to managing day-to-day operations to make sure that we continue to meet DMS' requirements, including encounters reporting and remediation efforts. Historically, our remediation efforts faced long timelines through lack of proximity to other operational teams upstream of encounters. To address this, we established a cross-functional governance team that includes many of those upstream teams to help better prevent issues prospectively, as well as organize around issues when they occur for faster resolution. This team consists of the core Encounter Data team, as well as leads from our Subcontractor Oversight team, Compliance and Regulatory, and other shared services operations teams (including Claims, Provider Data, and Enrollment). The purpose of this team is to assure alignment and traction on any remediation or new implementation efforts. The executive presence on this team consists of our CEO and Chief Operating Officer, as well as the National Staff Vice-President of the Encounter Data department.

Process

In 2018, we made an investment in revamping the editing logic applied to claim and encounter data. Part of the strategy allowed for tightening our front-end edits applied to claims pre-adjudication are now significantly more consistent with the billing manual (for example, the hierarchical Provider validation logic).

Encounter Rejection reports has provided a wealth of information to be incorporated into our Encounters Management System to improve data accuracy, timely submissions, and resolution of outstanding encounters. When we initiated the project for Encounters Optimization, we reviewed and analyzed data and threshold edit responses we receive from DMS. We compared the findings to the Kentucky Edit/Audit Manual and 837 companion guide to identify trends or opportunities to tighten up the edits and controls around the data. The result of this project identified edits that were modified in our system.

As we tightened our processes, we made sure to communicate the changes with our Provider partners so they were in line with the changes and could apply the changes to their billing practices.

Technology

We modernized by migrating from a decade old encounter platform to a more intelligent and flexible platform: Edifecs. The logic within our new platform performs additional rigorous validation of encounter data as a part of the overall submission (and remittance) process. We have also worked with our delegated vision, dental, and pharmacy Subcontractors to make sure they use the same editing logic in processing claims.

The migration to Edifecs also resolved our prior platform's challenge of no codified means to identify duplicate paid (or denied) claims prior to submission, which caused a high volume of duplicate encounter rejections and penalties. With our new platform, we have reduced our batch processing time by more than five days.

C.7.d. Educating Providers and Subcontractors

d. Describe educational approaches the Vendor will implement to support providers and Subcontractors that are identified as having ongoing challenges in submission of complete, accurate, and timely information.

Anthem works continuously to improve our encounter submissions to DMS, and we expect our Providers and Subcontractors to do the same. In addition to the onboarding training we provide on encounter submissions, we proactively identify when a Provider or Subcontractor experiences challenges, prompting us to provide additional training.

Providing Guidance to Providers with Encounter Data

We take a personal approach with Providers when they need additional assistance in billing correctly, which ultimately results in accurate and complete encounter submissions. For example, our team spent several months on frequent one-on-one calls with one of our FQHCs to educate them on how to properly bill a claim for payment consideration and ultimately the wrap payment processed by DMS.

Our Anthem Medicaid representative has been very beneficial in helping us resolve billing discrepancies. He has always replied to our many inquiries and offered practical resolutions in a timely manner. Our Anthem Medicaid representative has met with us on multiple occasions in our office setting to assist in submitting claims. We feel we have developed a positive business relationship and are confident we could bring any questions or concerns to him. We are pleased to work with an organization that delivers such helpful support to its Providers and look forward to our future business partnership.
— **Kalee West**
Billing Operations
Phoenix Preferred Care
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We have also conducted a hot topic webinar series on claim edits and were recognized by Providers and the Commonwealth as the first MCO to conduct this training.

When Provider behavior appears to be the result of confusion, our Provider Education team works to change it through identification, prevention, education, and monitoring. The Provider Education team includes certified professional coders and investigators and researches medical trends, Centers for Medicare and Medicaid Services (CMS) guidelines, CPT® codes, and more to identify concepts that can find potentially abnormal Provider billing practices. Concepts relate to the most commonly abused codes and those with misinterpreted coding guidelines, with the goal of expanding understanding and helping Providers with appropriate coding, resulting in accurate and complete encounters. In 2019, Provider Education sent 3,572 letters to Kentucky Providers. The top six concepts included education on documentation requirements for:

- High-level outpatient evaluation and management services (1,349 Providers)
- Utilizing modifier 25 (843 Providers)
- Psychotherapy service code 90837 (388 Providers)
- High-level inpatient evaluation and management services (341 Providers)
- Performing a therapeutic injection in combination with an evaluation and management service (223 Providers)
- High-level Emergency Room evaluation and management services (178 Providers)

Data mining tools, including Anomaly Detection models, also help identify outlier behavior. Our Anthem Provider Relations team reviews the list of Providers flagged for education, along with the reason, prior to outreach. With this information, we can reinforce Provider messaging during our normal interactions, and make any necessary updates to our training and education materials so that all Providers can benefit.

Provider Education Helps With Appropriate Coding

Since January 2018, Provider Education has conducted outreach to **6,865** Kentucky Providers to help with appropriate coding:

- **3,293** in 2018
- **3,572** in 2019

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Outreach is initiated by a letter mailed to the Provider that explains that the intent is collaborative and educational. The letter details the types of claims analyzed and the findings (for example, utilization percentage is higher than Providers in their specialty and peer group). The letter also furnishes Providers with the current medical practices that will inform their decision-making process while caring for our Members. The letter encourages Providers to contact our Provider Education team with questions or for more information, providing the direct hotline number, as well as email, fax, and mailing address.

Ongoing data analysis helps determine whether education results in a sustained change in Provider billing behavior. Failure to demonstrate a change may result in referral for a medical record audit or to the Payment Integrity Unit for possible investigation.

Providing Guidance to Subcontractors with Encounter Data Challenges

Anthem's established Subcontractor Oversight Program provides initial and ongoing education to Subcontractors, enables us to detect performance deficiencies, and positions us to resolve issues with Subcontractors quickly. We assign an individual Subcontractor Manager to each Subcontractor to provide continuous collaboration and oversight. Additionally, our Subcontractor Managers work with local and national oversight committees to provide an additional layer of oversight through monthly, quarterly, and annual meetings and audits.

For Subcontractors required to submit Member encounter data, we establish a specified schedule and provide clear process guidance through our Subcontractor Agreement, policies and procedures, and the assigned Subcontractor Manager. Anthem also leverages our Performance Indicator Report, which monitors various elements of Subcontractor performance, including the submission of complete, accurate, and timely encounter data. Additionally, the Subcontractor Managers of Subcontractors that are required to submit encounter data meet with select health plan and national team members focused on encounters and vendor management to discuss details of the week's acceptance rates and review any issues and concerns.

Thank you so much for your support and efforts to handle all issues as they arise for our Anthem Medicaid Members and for our staff in the insurance billing department. I have been involved in Medicaid managed care claim processing for several years. You have been extremely diligent in the resolution of past claims issues. It is also very important to our agency to have a representative that we can have face-to-face contact with, if need be. You have always been available to us when we request a meeting. We look forward to collaborating with Anthem in providing services for our Members in the future.

— **Lisa Milling**
Billing Coordinator
Alliance Counseling Associates

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If we identify a performance problem, our Subcontractor Manager immediately applies a series of escalating interventions, including increased meeting frequency to discuss challenges and provide training opportunities. If we continue to experience ongoing issues, the Subcontractor Manager, our Kentucky Oversight team, and relevant operational area staff may work with the Subcontractor to identify the root cause, initiate corrective actions, and develop a monitoring plan. Our plan includes a timeline for correcting the deficiency, dashboards to review ongoing

metrics, and regularly scheduled meetings with the Subcontractor to review progress. The corrective action monitoring process ends when the Subcontractor demonstrates ongoing compliance, typically for at least 90 days.

C.7.e. Encounter Technical Workgroup Initiatives

e. Describe initiatives the Vendor proposes raising to the Encounter Technical Workgroup to enhance the data submission requirements and improve the accuracy, quality, and completeness of encounter submissions.

We look forward to continuing our partnership with DMS and our work with the Encounter Technical Workgroup to enhance data submission requirements and improve the accuracy, quality, and completeness of encounter submissions. Our primary encounter contact person, Nicole Basham; her back-up program director; and a representative from the Anthem, Inc. Encounter Data Team will continue to participate in the Encounter Technical Workgroup scheduled by DMS.

We propose raising the following initiatives with the Encounter Technical Workgroup:

- **Optimizing Dual Member Encounter submissions.** We propose discussions between DMS and other MCOs to generate ideas to enhance the processing rules of dual Member encounters. We believe it would be beneficial to discuss the challenges that DMS and the other MCOs experience when handling these more complex claims and identify opportunities to improve higher accuracy and acceptance rates.
- **Member claims who have switched MCOs.** We propose discussions with DMS and other MCO's on how to better coordinate claims for Members who have switched MCOs and whose eligibility was backdated to ensure accuracy for encounter submissions.
- **Creating data exchanges.** We propose discussions between DMS and other MCOs to identify improvements to the data exchange that supplements encounters to display the full medical picture for a Member. There are services that occur that generate claims that may not be eligible for an encounter, but would provide valuable information for the MCO.

In addition to discussing these topics in the Workgroup, Anthem proposes collaboration with DMS to lead an All-MCO Encounter Workgroup once per quarter where MCOs can come together to share best practices and discuss solutions for universal encounters issues. We envision this being an open and collaborative environment where we could collaborate on initiatives like developing targeted Provider Training materials focusing on common data submission issues that are experienced by MCOs. This would help facilitate consistent messaging to Providers from MCOs on the topic of encounters, and ultimately reduce Providers' administrative burden. We also recommend inviting specific Provider types to attend some of these meetings to share their experiences with data submission and provide a forum for recommendations to MCOs. ***For the first quarterly meeting, we propose inviting Community Mental Health Centers to discuss the wrap payment process.***

Anthem Medicaid

C7. Encounter Data Required Attachments

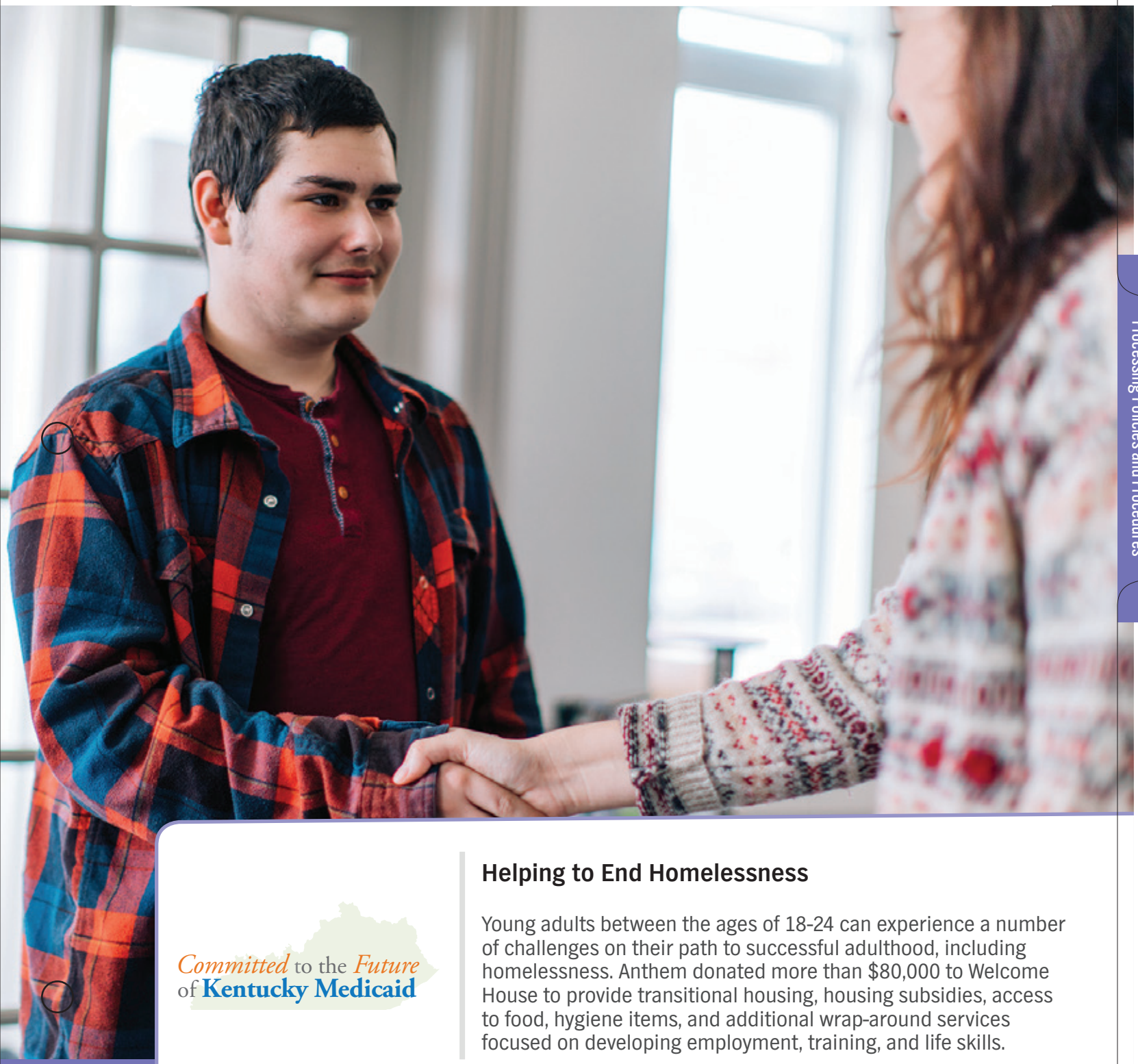
Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

Anthem Medicaid

Attachment C.7.b-1. Encounter Data Processing Policies and Procedures



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

Government Business Division
Policies and Procedures

Section (Primary Department)	**SUBJECT (Document Title)**
Encounters Management and Reporting	**Encounters Completeness and Accuracy**

Effective Date	**Date of Last Review**	**Date of Last Revision**	**Dept. Approval Date**
04/24/2015	06/25/2019	07/14/2016	07/05/2019

Department Approval/Signature :

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products				
☒ **Medicaid**	☐ Arkansas	☐ Indiana	☐ Nevada	☐ Tennessee
☐ **Medicare/SNP**	☐ California	☐ Iowa	☐ New Jersey	☐ Texas
☐ **MMP/Duals**	☐ Colorado	☒ Kentucky	☐ New York – Empire	☐ Virginia
	☐ District of Columbia	☐ Louisiana	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Maryland	☐ North Carolina	☐ Wisconsin
	☐ Georgia	☐ Minnesota	☐ South Carolina	☐ West Virginia

POLICY:

The Plan shall provide complete and accurate encounters to the state's fiscal intermediary. The Health Plan shall implement review procedures to validate encounter data submitted by providers. (1) Complete: The Plan will submit 100% of HIPAA compliant encounters. (2) Accurate (X12): 95%, or more, of the records in a Health Plans encounter batch submission pass X12 EDI compliance edits and the MMIS threshold and repairable compliance edits. The X12 EDI compliance edits are established through SNIP levels 1 through 4.

DEFINITIONS:

EDI: Electronic Data Interchange
HIPAA: Health Insurance Portability and Accountability Act
MMIS: Medicaid Management Information System
SNIP: Strategic National Implementation Process
SNIP Level 1: Valid segments, segment order, element attributes, verifying that numeric data elements have a numeric value, validation of X12 syntax and compliance with X12 rules.
SNIP Level 2: HIPAA implementation guide specific requirements such as repeat counts, used vs. unused codes, elements and segments, and required or intra-segment situational data elements.
SNIP Level 3: Balancing field totals, balancing record or segment counts, financial balancing of claims and balancing of summary fields.
SNIP Level 4: Specific inter-segment situations described in HIPAA implementation guides (i.e. if A occurs, then B must be present).
The Plan: Anthem Kentucky Managed Care Plan, Inc.

PROCEDURE:

The Encounter Analyst will make every effort to ensure the complete and accurate guidelines above are met.

The internal policies and procedures outlined herein are to be used for the Government Business Division
For Internal Use Only. Company Confidential. Do Not Copy.

Medicaid Business Unit
Policies and Procedures

Section (Primary Department) Encounters Management and Reporting		SUBJECT (Document Title) Encounters Completeness and Accuracy	
Effective Date 4/24/2015	Date of Last Review 07/14/16	Date of Last Revision 07/14/16	Dept. Approval Date 07/14/16
Department Approval/Signature :			
Policy applies to Medicaid products offered by health plans operating in the following State(s)			

California		Louisiana	Tennessee
Florida		Maryland	Texas
Georgia		Nevada	Virginia
Indiana		New Jersey	Washington
Kansas		New York	Wisconsin
Kentucky	X	South Carolina	West Virginia

- All outbound encounter files will be reviewed with a HIPAA compliance check application to ensure compliance with SNIP level edits 1 through 4.
- Certification and reconciliation reports will be used to ensure completeness of the data.
- Aging reports will be used to monitor pends and rejections.
- Performance reports will be used to monitor percent submitted and accepted.
- The analyst is responsible for creating and maintaining a submission schedule that meets the contract requirements.
- Remediable rejections and pends will be forwarded to the appropriate department for action if not remediable by the Encounter's team.
- The Analyst will work with the Account Management contact to bring all necessary items to the attention of the health plan and other impacted departments.
- The Analyst will work with their Management to assist in resolving remediable pends and rejections. In the event of a full file rejection the business analyst will submit an attestation to Regulatory when the corrected file is submitted.
- The Analyst will submit test files to ensure any state requirement changes are implemented successfully.

REFERENCES:

Contract: Kentucky Medicaid Managed Care Contract

RESPONSIBLE DEPARTMENTS:

Primary Department: Encounters

REVISION HISTORY:

Review Date	Changes
04/27/2015	• New policy
07/14/2016	• Annual review. Update Definitions.
06/23/2017	• For annual review
07/20/2018	• For annual review; no changes
06/25/2019	• Annual Review; no changes

Anthem Medicaid

8. Kentucky Health Information Exchange (KHIE) and Electronic Health Records

Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

C.8. Kentucky Health Information Exchange (KHIE) and Electronic Health Records

C.8.a. Encouraging Acquisition and Use of EHR Technology

a. Describe strategies and incentives the Vendor will implement to encourage provider adoption and use of electronic health records that result in improvements in the quality of care for Enrollees and cost of health care services.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) understands Electronic Health Records (EHRs) and data-sharing initiatives like the KHIE help drive fundamental changes that will transform health care delivery. We support the Commonwealth's commitment to encouraging Provider adoption and use of EHRs and data sharing to improve health status, achieve better health outcomes, improve service delivery, and maximize Member safety. ***In Kentucky, 96% of acute care hospitals and 73% of office-based physicians have already adopted certified EHRs[1].*** While adoption rates are high in Kentucky, we understand there are obstacles for many Providers who have not adopted an EHR, such as lack of technical knowledge, financial constraints, or hesitance due to the high cost of adoption and concerns over how this will impact their practice. In our experience, Providers who have not yet adopted will require multiple supports, including education and incentives. Anthem provides many solutions to support Providers to adopt EHR.

Anthem Supports Use of the KHIE

Anthem will offer **$2,000 grants** to Providers — with a total commitment of **$100,000** — to help them connect to KHIE.

KY_Hlth2020_KHIE_COB_01

To maximize adoption of EHR and KHIE connectivity among our Providers, ***Anthem will offer a $2,000 grant to mitigate costs associated with EHR adoption or connecting to the KHIE. We have committed a total of $100,000 and funds will be available on a first-come, first-serve basis*** until all grant funds are depleted.

Anthem and our affiliates who support Medicaid programs have found a critical success factor in effective care delivery is the appropriate and timely sharing of relevant clinical information. This includes the effective exchange of information between Anthem and our Network Providers, and also among individual Providers, to optimize Care Coordination. We have extensive capabilities to establish electronic billing, authorization, and reporting systems compatible with Provider EHR systems. Anthem and our affiliate health plans currently exchange data with value-based payment (VBP) Providers using more than 19 different certified EHR systems across all markets.

Anthem Requires VBP Providers to Employ EHRs

Anthem requires our Value Based Payment (VBP) Providers to adopt and employ EHRs to participate in our programs and be eligible for earned incentives. Currently, Anthem and our affiliates exchange data with VBP providers that use over 19 different EHR systems including eClinicalWorks, Allscripts, GE Centricity, and NextGen. We will also require these Providers to enroll in the KHIE.

KY_Hlth2020_C.8.a _VBP_47_COB_01

[1] https://dashboard.healthit.gov/apps/health-information-technology-data-summaries.php?state=Kentucky&cat9=all+data&cat1=ehr+adoption

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Value of Data Sharing Through EHRs and the KHIE

Anthem, Inc. and its affiliates are currently connected to eight state-based Health Information Exchange (HIE) around the country, receiving Admission, Discharge, and Transfer (ADT), CCDAs, and other HL7 transactions. This data is used for care management and quality measures. Anthem, Inc. is currently receiving EHR data on our Members from our vendor, Athena, as well as direct connections to Providers. Anthem, Inc. is a founding member of Da Vinci, an HL7 industry work group dedicated to promoting API's and interoperability for health care data exchange and administrative use cases. Anthem Inc. is currently in development with three national EMR vendors to push patient insights, care gaps, and formulary changes to a Provider into their preferred workflow. In addition, Anthem is receiving social determinants of health (SDOH) Member data from a predominant vendor in this space. Our Members in Medicaid can use our Member portal as well as My Family Health Record (MyFHR™) to access their personal health record.

Anthem knows bidirectional data sharing with the KHIE will deliver the most value to our Members and Providers. It will also enable us to more effectively realize the Commonwealth's goals. Anthem will continue to explore using KHIE services to support our Kentucky operations. With KHIE, we will evolve our interface as capabilities expand and are available to payers. We recognize the enormous potential accessing patient clinical data through the KHIE can bring, including access to:

- Data for HEDIS® measures that could reduce the number of necessary medical record reviews and improve data quality
- Lab and diagnostic test results to identify Members who will benefit from chronic condition management or care management based on current levels
- Medical record data that are more comprehensive and timely than our claims data, enabling us to improve our care management identification, outreach, and assessments
- ADT data that will support timely and coordinated transition and discharge planning, when available from the KHIE

Delivering Information on the Availability and Benefits of EHRs

Currently, we encourage Providers to adopt EHRs through Provider contracts, the Provider Manual, and in our welcome letter to new Providers. We will continue to deliver information on the availability and benefits of EHRs and will introduce our EHR strategies during new Provider orientation sessions. We also educate Providers about the assistance we offer to help them successfully adopt and use EHRs. We educate and inform Providers about these benefits through our Provider website, ongoing Provider education, and targeted outreach initiatives to encourage Providers to adopt and use EHRs. For example, we conduct webinars or other targeted sessions to educate specific Provider types or Providers within specific geographic regions.

Educating Providers to Encourage EHR Adoption and Use

We will deliver a menu of EHR and information exchange capabilities to enable and encourage electronic information-sharing in ways that can meet the needs of each Network Provider. ***We understand EHR adoption varies significantly across Providers, and we consider it our responsibility to deliver consumable information to our Providers at a level each Provider can use.***

We know the substantial benefits to health care delivery Providers can achieve by adopting EHRs and fully integrating with KHIE to achieve the functionality required for meaningful use attestation. Adopting the best practices of our affiliate health plans, Anthem has a strategy to educate and encourage our Providers to adopt a certified EHR and interface with KHIE. More importantly, we help Providers determine how to integrate use of HIE services and additional clinical information into their practice workflow to improve quality of care for Members and reduce cost of health care services.

Our VBP strategy includes an array of programs that grant incentive payments to Providers for meeting the performance measures that help to improve the health and well-being of our Members. We will continue to require our VBP Providers to adopt and employ EHRs to be eligible for these earned incentives.

While we continue to support the Commonwealth's goal to increase the number of Providers using EHRs, we also deliver value to our Members by accommodating Providers who elect not to adopt an EHR. We encourage low-tech Providers to connect to our Provider Portal, which offers important Provider information and allows Providers to exchange information and interact with Anthem via our care management platform, Health Intech. We will continue to work with these Providers and encourage them to adopt an EHR by leveraging available HIE communication plans to deliver a consistent message and educate Providers on the benefits of KHIE and the resources available to all Providers, including resources through the Kentucky EHR Incentive Payment Program.

Anthem will continue to comply with all data requests from DMS to assist in verifying that Providers are meeting the requirements for the EHR Incentive Payment Program, as specified in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices", Section 18.0.

Reduced Administrative Burden Incentivizes EHR Adoption and Use

Anthem will educate Providers on the value an EHR will bring to their practice. Whenever possible, Anthem uses performance metrics derived from claims and other utilization data available through EHRs to simplify administration and reduce costs for both the Provider and us. EHRs minimize the manual data and record requests necessary to conduct administrative functions. This improves Provider efficiency through administrative simplification and standardized processes, and offers technical supports that reduce administrative burdens and increase Provider satisfaction.

Identifying and Addressing Barriers Facilitates EHR Adoption and Use

When it comes to data sharing and technology, we know Providers are diverse in their level of technology use and in their workflow; therefore, we will have differing logistical needs to adopt EHRs fully. Our Provider Relations team works with Providers where they are, recognizing they may be at different stages in their shift toward and capacity to adopt EHRs.

Supporting Providers Through One-on-one Technical Assistance

As part of our strategy, a Provider Relations team member meets with Providers face-to-face or telephonically to run education and technical assistance sessions (virtually and through in-person town halls) focusing on the products and services offered by the health information organizations (HIOs), fee structures, and the benefits of sharing clinical information to improve Member care. In addition, our team members stay in close contact with Providers to assist them one-on-one in participating in an HIE and adopting data sharing technology. Our efforts will also include facilitating peer-to-peer discussions so Providers who have already adopted an EHR system can speak directly with a Provider considering this option.

C.8.b. Strategies to Assure Provider Connectivity to the KHIE

b. Describe strategies for requiring participants to establish connectivity to the Kentucky Health Information Exchange (KHIE) for a minimum of:

i. Providers: applicable public health reporting

ii. Hospitals: applicable public health reporting and Admit Discharge Transfer (ADT's)

Anthem supports the Commonwealth's goal of establishing connectivity to KHIE to facilitate improved Care Coordination, resulting in higher quality of care and better outcomes. We will continue to collaborate with the KHIE coordinator to monitor the status of KHIE implementation as well as training opportunities. We will also continue to support efforts to operationalize the KHIE by leveraging our knowledge, experience, best practices, and lessons learned to continue the advancement of Health Information Technology (HIT) and HIE efforts in Kentucky, in collaboration with the KHIE, Providers, the Commonwealth, MCOs, and other stakeholders.

We are committed to being an active proponent of advancing the KHIE with our Providers. ***Anthem will offer a $2,000 grant to mitigate costs associated with connecting to the KHIE along with EHR adoption. We have committed a total of $100,000 and funds will be available on a first-come, first-serve basis*** until all grant funds are depleted.

We currently encourage Provider participation in KHIE through our initial welcome letter, Provider Manual, and Provider contract. In addition, ***under the new MCO Contract, we will make sure that prior to entering into a contract with Anthem, each Provider and hospital understands and accepts the updated KHIE Participation Agreement and reporting requirements.*** We will do this by incorporating this requirement into the Anthem Provider enrollment form and procedures. Similar to other Provider enrollment form items, the Provider will be required to document KHIE participation status prior to Anthem proceeding with enrollment. Providers, in collaboration with the KHIE coordinator, we will monitor the KHIE participation status of existing Network Providers and conduct targeted outreach to educate and enforce the connectivity requirement. We will submit a monthly report, in the desired format, to the KY Office of Health Data and Analytics, as required in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices", Section 17.1.

We will also continue to collaborate with local Provider organizations, such as the Kentucky Medical Association, Greater Louisville Medical Society, Kentucky Primary Care Association, and Kentucky Rural Health Association to relay coordinated messaging about these requirements and the assistance we are able to offer to support Providers in exchanging data through the KHIE.

Together, we will help the KHIE and the Commonwealth meet their KHIE expansion goals to facilitate improved Care Coordination, resulting in higher quality care and better outcomes.

Approach to Assuring Provider Connectivity and Participation

Anthem will require Providers we contract with to sign a Participation Agreement with the KHIE prior to signing a Network Participation Agreement with Anthem. We will also remind Providers of assistance we can offer to support compliance during new Provider orientation sessions. We will include education on the benefits and value of the KHIE — and support we can afford to help Providers successfully engage with the KHIE — in our Provider Manual, on our Provider Services webpages, and through ongoing Provider education and outreach initiatives.

We will establish quarterly meetings with KHIE leaders to discuss the best approach to maximize access to real-time data across the Commonwealth. Our Provider Solutions team will work in concert with KHIE consultants and Regional Extension Centers Implementation Specialists to inform and educate Providers about the benefits of the KHIE. We will provide the following targeted support:

- Focus the agenda on KHIE for our quarterly town hall meeting in Q3 2020 with reminders about the benefits of KHIE during all subsequent town hall meetings
- Focus on Provider enablement as part of our 2020 Provider Education Workshops in each region. We will include KHIE Outreach Coordinators to provide targeted education about KHIE
- Schedule a web-based training on KHIE for launch during Q3 2020
- Execute an outreach campaign in February 2020 to inform Anthem's rural Providers about the Provider Assistance Program, which offers grants to critical Providers in rural areas to build the IT infrastructure needed to exchange data. Anthem is aware grant applications are due by June 30, 2020, and we understand the urgency to get this information out to Providers. In addition, our Provider Solutions team will extend support to Providers who may need assistance in completing applications

While we will support and encourage the adoption and use of interoperable EHRs to share patient records, we will also make sure Providers are aware they must still sign a Participation Agreement with KHIE even if they do not have an EHR. Our Provider Relations team will be available to help these Providers sign up for Direct Secure Messaging services to meet public health reporting requirements, so required clinical information can be shared securely with other Providers in their community of care. We will make sure Providers understand the reportable diseases and conditions required by the Department of Health will be securely transmitted through the KHIE.

Approach to Assuring Hospital Connectivity and Participation

Anthem will make sure the hospital Providers we contract with are aware of their requirement to participate in the KHIE and submit ADT messages to KHIE. We will notify hospitals of this requirement upon contracting, and thereafter for those hospitals already contracted, and provide direct assistance to facilitate their participation and ability to meet reporting requirements.

We will continue to collaborate with local organizations to relay coordinated messaging about these requirements. We will participate in and use association meetings as an avenue to communicate requirements and educate hospital and Behavioral Health (BH) facility executives about the value of KHIE and ADT reporting requirements to sustaining and improving the health

of Kentuckians, while also supporting administrative simplification through enabling streamlined concurrent review and authorization functionality.

Admission, Discharge, Transfer Messaging

Currently, Anthem has access to EHRs from select hospital systems in Kentucky. Expanding ADT messaging and access to information through KHIE across all hospitals and Providers will support timely notifications. In addition to streamlining concurrent review and authorizations, ADT messaging will enable timely notification of every Emergency Room (ER) visit, admission, discharge, and transfer. ADT notifications will enable us to identify Members upon admission, so we can successfully contact the Member, especially hard to reach Members, while they are still at the facility. We will also use ADT notifications to identify Members being discharged from the hospital who may have questions about their discharge plans or medications, or who need assistance setting up appointments. When Members are being transferred to another facility, this early notification helps us expedite necessary authorizations for needed services.

C.8.c. Encouraging Adoption of Electronic Health Records and Information Exchange

c. Provide a description of initiatives and incentives to encourage adoption of electronic health records and information exchange.

Anthem shares the Commonwealth's commitment to using HIT and data sharing to improve health status, achieve better health outcomes, improve service delivery, and maximize patient safety.

We view Provider EHR adoption and participation in the KHIE as a catalyst to bolster our overall Provider collaboration strategy with additional ways to work with Providers to improve the quality of health care delivery for all Kentuckians. Our internal tools and processes already align to these goals, encouraging timely Care Coordination and care management activities. We look forward to supporting and expanding partnerships and protocols in Kentucky through the KHIE to better coordinate referrals and Member information-sharing and care.

Existing Processes Support EHRs and Information Exchange

Our existing processes that support adoption and use of EHRs and HIE focus on:

- **Requiring VBP Providers to adopt EHRs.** We require our Providers to adopt EHRs to participate in our VBP programs and be eligible for earned incentives. We will also require these Providers to participate in the KHIE.
- **Supplying vital information at the point of care.** Through Health Intech, Providers have access to tools that identify care gaps and prompt Member outreach to schedule preventive care and potentially life-saving screenings. We continue to look for ways to spur Provider adoption of EHRs and use of KHIE, and to take full advantage of new opportunities for integrated care as technology continues to evolve. We help facilitate information exchange between Care Managers, PCPs, and specialists involved in a Member's care to assure they have a comprehensive, holistic picture across the Member's care continuum.
- **Facilitating service coordination.** We foster collaboration between Care Managers, our multidisciplinary care team (MDT), and our Network Providers to improve Member health outcomes. We will continue to work closely through integrated rounds to develop and implement comprehensive solutions and interventions including Utilization Management,

care management, population health management, and chronic condition management using proven approaches and innovative technologies that address the unique public health, BH, and social support needs of each Member and focus on the whole person.

- **Leveraging data to safely and seamlessly transition Members between settings.** We believe KHIE plays a critical role in making sure Member transitions go smoothly. We have a wealth of experience leveraging health information tools to engage and help all appropriate Members of an individual's care team to assure the Member can access the right care at the right place and at the right time. We have leveraged HIE to complete timely follow-up for patients transitioning from an inpatient to outpatient setting. Knowing when Members are admitted, discharged, or transitioning in real time allows us to activate timely and appropriate interventions with our Care Managers.

Approach to Supporting Provider EHR Adoption and KHIE Participation

Anthem believes EHRs and HIEs are tools that allow Providers to achieve better outcomes and quality for our Members. Like all technological advances, transformation will only result from effective adoption and integration into the way Providers manage their patients. Anthem will collaborate with the KHIE coordinator to assess Network Provider connection status. We will use this information to drive targeted outreach efforts to our existing Network Providers. ***As described in our response to C.8.a, to address Provider barriers, our Provider Relations team will assist with education on the adoption and integration of EHRs, as well as alternative solutions to exchange data through the KHIE.***

Anthem maintains a close working relationship with our Kentucky Providers. Through this relationship, we are able to inform Providers about the benefits of the KHIE, the available EHR products and services, and how they can use clinical information-sharing to improve patient care and efficiency. While we encourage Providers to adopt EHRs, if they are not ready, we help them understand the value they can gain from the KHIE even without an EHR. ***As described in our response to C.8.a and C.8.b, strategies we will use include:***

- Offering a $2,000 grant to mitigate costs associated with EHR adoption or connecting to the KHIE. We have committed a total of $100,000 and funds will be available on a first-come, first-serve basis until all grant funds are depleted.
- Education on the benefits of adopting and using an EHR and participating in the KHIE
- Face-to-face or telephonic support to educate and provide technical assistance sessions to support required participation in KHIE, and as desired, to adopt and use an EHR
- Facilitation of peer-to-peer discussions with Providers who have already adopted an EHR system
- Education and hands-on support to help Providers integrate use of KHIE services and additional clinical information into their practice workflow
- Assistance to Providers who do not have an interoperable EHR to sign up for the KHIE Direct Secure Messaging services to meet participation agreement and public health reporting requirements
- Collaboration with local organizations to relay coordinated messaging about KHIE participation and ADT messaging requirements for hospitals

Experience with Data Sharing

Anthem currently shares data with VBP Providers and hospitals in Kentucky. For example:

- We have access to EHRs at participating hospital systems. Our quality team uses this access to simplify HEDIS data collection activities. During the past HEDIS reporting period, we were able to access almost 2,800 records for HEDIS reporting directly through the EHRs. This data was abstracted and entered into our certified HEDIS reporting system, facilitating our process to monitor rates while reducing administrative burdens associated with manual data requests.
- All VBP Providers have the option to receive a monthly claims data feed that includes data for all paid claims. This provides near real-time visibility of Member costs and quality data to the Provider. They can also access Member data, gaps in care, and other pertinent information at any time via the Provider Portal. This access enables them to efficiently target ways to improve quality of care for their Members. Providers can also submit supplemental data for certain HEDIS measures on the Value-Based Scorecards to promptly close gaps in care not addressed through claims.

Leveraging Affiliate Experience

We are prepared to leverage our relationship with our affiliates for future KHIE planning and implementation in Kentucky. Our affiliates bring experience in multiple Medicaid markets, which we use to identify best practices in sharing relevant and timely data to inform and enhance our work in Kentucky. Some examples of our affiliates' experience with data sharing are highlighted in the following section.

Georgia

Work is currently underway to establish bidirectional interoperability between our Anthem affiliate and the Georgia Health Information Network (GaHIN), implementing data exchanges supporting 387,000 beneficiaries. Care Managers in Georgia use the GaHIN's web-based clinical viewer to access Member health records for their TANF and CHIP Members, as well as children, youth, and young adults in Foster Care or receiving Adoption Assistance, and select youth involved with the Department of Juvenile Justice.

Washington

In Washington State, our affiliate provides a tool to allow facilities, PCPs, and the health plan to exchange, update, and verify treatment for each Member, develop crisis plans, support data exchanges, and review mental health assessment data. The Washington health plan has developed protocols and processes for information-sharing through:

- Pathways Community HUB (Pathways)
  - Supporting Pierce County's creation of a region-wide HIE/HIT platform
  - Working closely with Pierce County leadership, staff, and cross-sector partners to identify the best strategy and technologies to support HIE/HIT to further the mission of Pierce County and improve the health of the community
  - Supporting implementation of the Care Coordination System (CCS) data platform. The health plan supports connecting CCS with the HIE model chosen by Pierce County and developing protocols to consistently exchange information from their system to the holistic HIE

  - Using data available through CCS and from the regional HIE, especially when combined with Member-specific HEDIS measures, ER use, and readmissions data to give greater insight into the impact our SDOH activities have on a Member's overall care and health
- Emergency Department Information Exchange (EDIE/PreManage)
  - Allowing real-time information-sharing among Provider networks
  - Helping Providers identify Members who have accessed ER services, been hospitalized, or admitted or discharged from an ER, inpatient setting, nursing facility, residential facility, or rehabilitation facility
- PreManage Tool
  - Providing real-time alerts to the health plan's clinical team to address BH needs

District of Columbia

Our affiliate supports the Regional Health Information Exchange by partnering with the District of Columbia (District) Department of Health Care Finance (DHCF) and supporting expansion of the Chesapeake Regional Information System for our Patients (CRISP) and HIE.

Some key elements of the HIE include:

- Participation in bidirectional data feeds and using CRISP's online services, such as Encounter Notification Service Proactive Management of Patient Transitions (ENS PROMPT), to support near real-time hospitalization notification
- Local care team using CRISP to learn of Members with recent ER use or unscheduled inpatient admissions
- Providers sending their care plans through secure sites for updates
- A data sharing agreement assuring Members receive the services outlined in their care plan, supporting efforts for effective care and better health outcomes

West Virginia

Our West Virginia affiliate leveraged claims data to run a program to address Members who were high utilizers of the ER and help reduce avoidable ER use. At year end, the program was able to reduce ER utilization by 267.19 visits per month. Driven to continue improving Member utilization trends, our affiliate enhanced the program by adding PreManage in 2018. PreManage improves health information exchange by giving live data on who shows up in the ER. The timely information allowed the health plan to reach Members even more quickly. An early assessment of the enhanced health information systems indicated many positive outcomes for Providers, Members, and health plans. For example:

- Providers were able to identify new Member needs in real time
- Providers were able to access history and utilization information that occurred before the Member joined the health plan
- Providers and health plan could access customized reports
- Provider and health plan workflows and processes became more efficient, which also led to lower administrative costs
- Members were identified for care management sooner
- Member transitions of care were easier
- Members experienced more proactive management and had better outcomes
- Members had lower numbers of ER visits and hospital readmissions
- Member and Provider contact information was more accurate

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Anthem Medicaid

Committed to the Future of Kentucky Medicaid

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

C.9. Quality Management and Health Outcomes

C.9.a. Transforming Medicaid Through Member Engagement

a. Provide a detailed description of how the Vendor will support the Department in achieving its goals to transform the Medicaid program to empower individuals to improve their health and engage in their healthcare and to significantly improve quality of care and healthcare outcomes, and to reduce or eliminate health disparities. At a minimum, the Vendor's response should address:

i. How it will structure its organization to provide for a comprehensive and holistic approach to meet these goals, including coordination with Subcontractors and providers.

ii. Strategic solutions the Vendor will use in quality management, measurement, and improvement.

iii. Innovative strategies and enhanced services, if any, that the Vendor proposes to implement to enhance the health and well-being of Enrollees and to improve health outcomes, including examples of successes with similar Medicaid populations.

iv. Internal tools and technology infrastructure the Vendor will use to support improvements in health outcomes and to identify, analyze, track, and improve quality and performance metrics as well as the quality of services provided by Network Providers at the regional and statewide levels.

v. Methods to ensure a data-driven, outcomes-based continuous quality improvement process, including an overview of data that is shared with providers to support their understanding of progress in achieving improved outcomes.

Supporting DMS in Achieving Its Goals

Our longstanding history of serving Kentuckians gives us a deep understanding of the Commonwealth's health needs. We will continue to innovate to advance Kentucky Medicaid's Quality Strategy and the quality performance measures identified in the Draft Contract. We support Kentucky's Health Improvement Plan and remain committed to leading efforts in assisting DMS in their strategies, activities, targets, performance measures, and quality-based outcomes. Our Enrollee (Member) and Provider strategies address all the goals included in the Draft Contract and include initiatives to positively influence the Commonwealth's five areas of focus, namely:

1. Substance Use Disorder
2. Smoking, Tobacco, and Vaping Cessation
3. Obesity
4. Adverse Childhood Experiences
5. Integration to Health Access

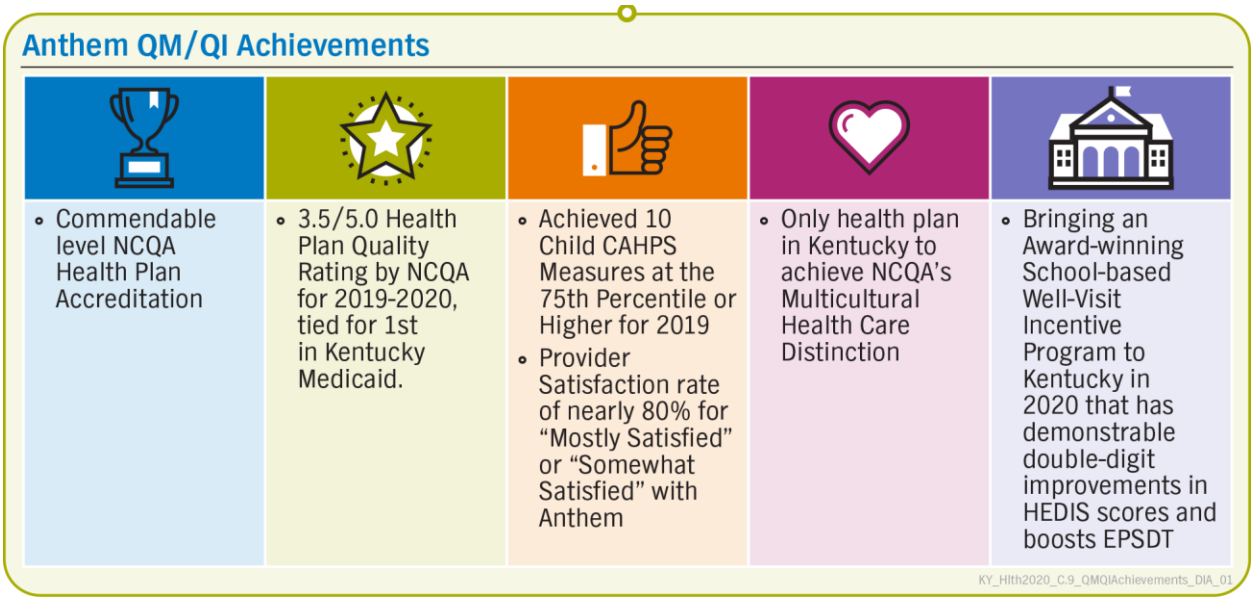
In addition to the five areas of focus, Anthem has placed priorities to improve Data Collection and Analysis, Health in All Policies, Economic Development and Community Engagement, and Environmental, Mental, Physical, and Dental Health.

Anthem is firmly on the path of continuous quality improvement. We have structured our Quality Management (QM) processes to empower Members, Providers, and community partners to achieve better health outcomes that eliminate disparities.

Our Chief Executive Officer, Leon Lamoreaux has made quality improvement a central strategic focus. Throughout his career, he has led three Medicaid health plans to become the highest quality health plan in the state in which he was working, namely: Michigan, Pennsylvania, and Montana.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

In 2019, ***Anthem advanced from Accredited to Commendable accreditation and was awarded 3.5 Stars by NCQA***, making us one of the ***top-performing Managed Care Organizations (MCO) in Kentucky.*** Our goal is to be a 5-Star health plan within 2 years. This begins with quality in our organizational mission and permeates throughout our workplace culture. Every employee at Anthem is a quality champion, contributing to continuous quality improvement, supporting innovation, and being an essential stakeholder in our path to quality excellence.



i. Organizational Structure Supports a Comprehensive Approach

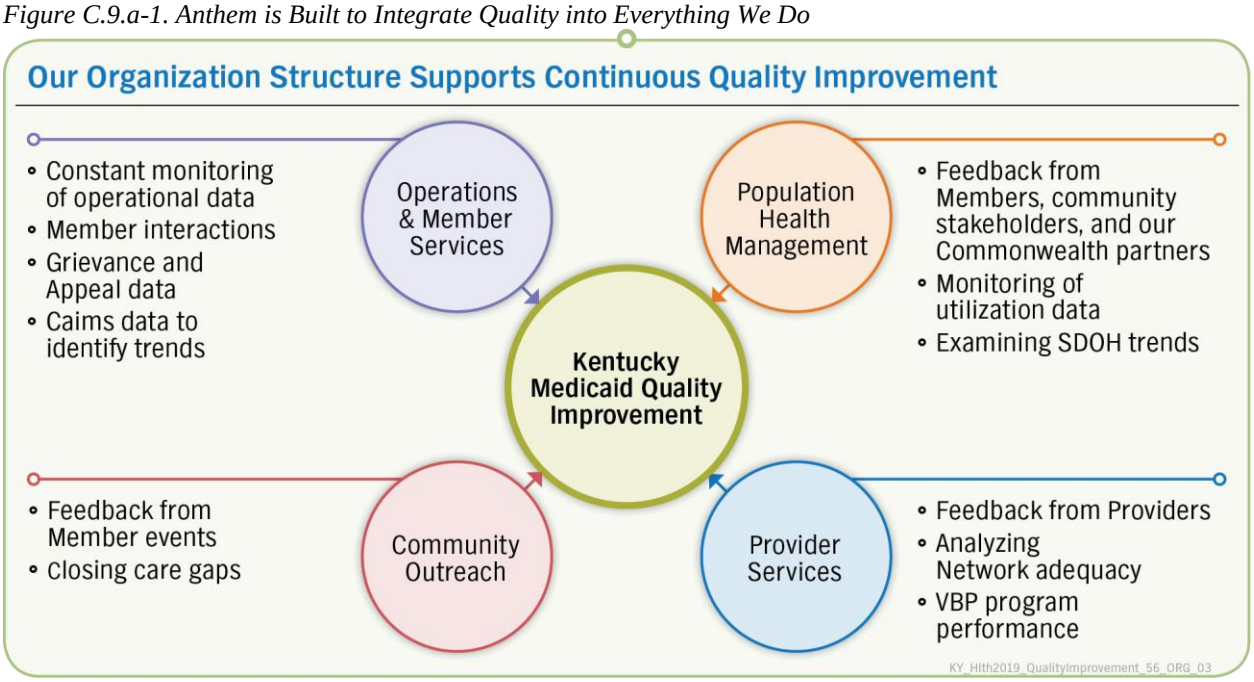
i. How it will structure its organization to provide for a comprehensive and holistic approach to meet these goals, including coordination with Subcontractors and Providers.

Anthem maintains a Quality Assessment and Performance Improvement (QAPI) program structure that supports a comprehensive and holistic approach, using a continuous quality improvement philosophy that reinforces clear accountability. Our strengths begin with our strong cross-functional teams, backed by national resources that align with the Commonwealth's goals and objectives, strategically designing our program to have inclusive participation by a wide range of constituents, including Members, Providers, and Subcontractors. A disciplined approach grounded in NCQA health plan standards and best practices gives our QAPI program the organizational structure it needs to succeed.

Organizational Structure Supports a Comprehensive Holistic Approach

We have the organizational infrastructure necessary to provide effective monitoring, reporting, and analysis, and to act on opportunities to improve clinical care and services. Everyone at Anthem contributes to our culture of continuous quality improvement as shown in Figure C.9.a-1.

Figure C.9.a-1. Anthem is Built to Integrate Quality into Everything We Do



Our Kentucky-based Quality Improvement Director is accountable for the success of our QAPI program and manages our daily activities so that goals remain on target. Members of the QM/QI team have deep expertise, described in Table C.9.a-1.

Table C.9.a-1. Anthem's Skilled and Qualified QM Staff

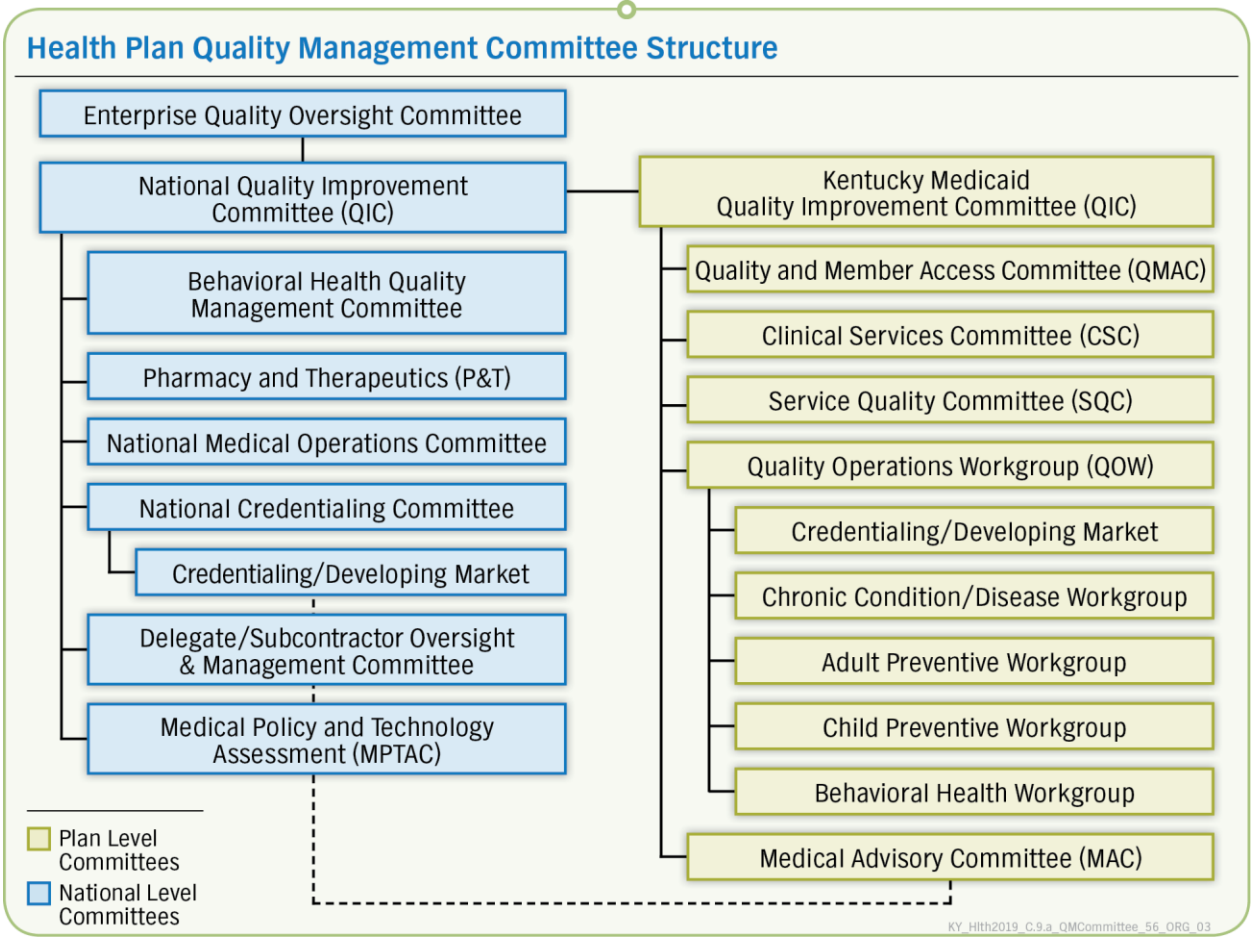
Position/Name	Summary Experience/Qualifications
(Interim) Quality Improvement Director *David Burianek*	Mr. Burianek leads with a passion for quality with 15 years direct quality experience. He has a Master of Business Administration, Black Belt in Lean Six Sigma, sits on the NCQA Standards Committee reporting to the NCQA Board, and sits on AHIP's Core Quality Measure Collaborative. He is an established health care professional with demonstrated successful capability to lead and manage a QM/QI program to drive positive results. He is a Louisville native with senior-level experience at Anthem, Inc.
EPSDT Coordinator *Dustin Knight*	Mr. Knight has nearly seven years of quality and Member engagement experience. He has a Masters of Public Health, Yellow Belt in Lean Six Sigma and is a Certified Professional in Healthcare Quality from the National Association for Healthcare Quality.
Enrollee and Provider Grievance and Appeal Coordinator *Tonya Sain*	Mrs. Sain has 10½ years of health care experience, directly in Appeals. She has an Associate of Science in Nursing and is a Certified Professional in Healthcare Management with McKesson. She is an established health care professional with demonstrated successful capability to lead and manage the Grievance and Appeals team.

The broader QM/QI team also includes: Member Health Program Representatives, Patient-Centered Care Consultants (PCCCs), EPSDT Coordinator, QAPI Coordinator, Enrollee and Provider Grievance and Appeal Coordinators, Nurse Appeals, and Clinical Quality Audit Analysts. ***With full appreciation for the important success of Performance Improvement Projects (PIPs), we are hiring a PIP Manager in 2020 who will be a fully dedicated FTE and work directly with the External Quality Review Organization (EQRO) and DMS.*** This position is further described in section C.9.g.

With decades of combined experience, these employees assist with: building lasting relationships in the community to educate Members, Providers, and community partners on health; partnering with Providers to enhance the care delivery experience, supporting the preventive health model, and assuring quality data is being captured accurately; executing the Provider Monitoring Plan with dedicated responsibilities to physical health (PH) or Behavioral Health (BH); and reviewing and resolving Medicaid grievances and Appeals with the intent of promoting high-value care, Member and Provider satisfaction, and optimal outcomes.

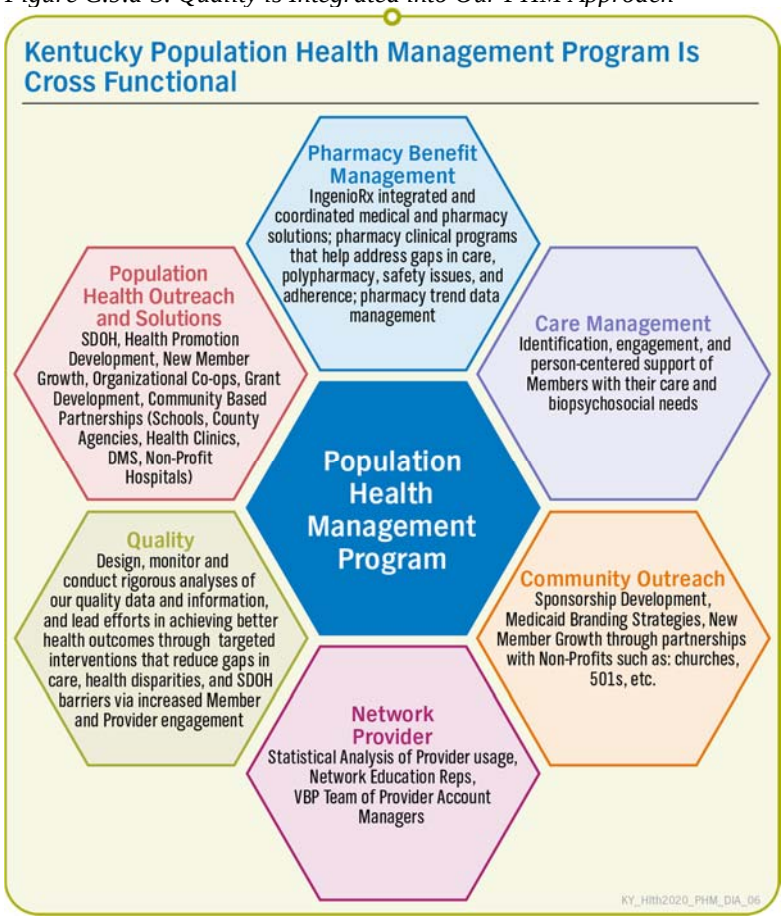
Our locally based Kentucky Medicaid Quality Improvement Committee (QIC) is comprised of leadership from each functional area and is responsible for analyzing and reporting performance, operational activities, and outcomes on a quarterly basis with transparency and accountability as core tenets. Our national Medicaid QIC oversees Anthem's QM/QI and QAPI programs and activities, including providing strategic direction and support for the Kentucky Medicaid QIC and locally based QM/QI operations. This structure, shown in Figure C.9.a-2 continually drives improvements across the health plan that result in better partnerships with Providers and community stakeholders, and better health outcomes for Members in alignment with DMS Quality Strategy and value-based quality measures.

Figure C.9.a-2 Robust Committee Structure Informs Quality Approach



Anthem has structured our multidisciplinary team with robust resources aligned to meet the needs of our membership and the goals of DMS. The Quality Improvement department is responsible for the day-to-day operations of QM/QI functions as designated by the QIC. Population Health Management drives our comprehensive and holistic approach to Member engagement. Anthem utilizes clinical, historical, and social determinants of health (SDOH) data to identify Members who would benefit from outreach and engagement efforts. Figure C.9.a-3 outlines how QM/QI is a critical component of our Population Health Management (PHM) strategy. Our QM/QI team leads continual evaluation of our quality data, our membership and its characteristics, utilization patterns, and year-over-year performance measures to identify and implement interventions. These include Member and Provider outreach and incentives, clinical programs, and Provider or community partnerships to address the root causes of barriers to quality gains. Our NCQA-accredited framework provides the structure to improve health outcomes for our Members, support Network Providers, and drive health plan performance.

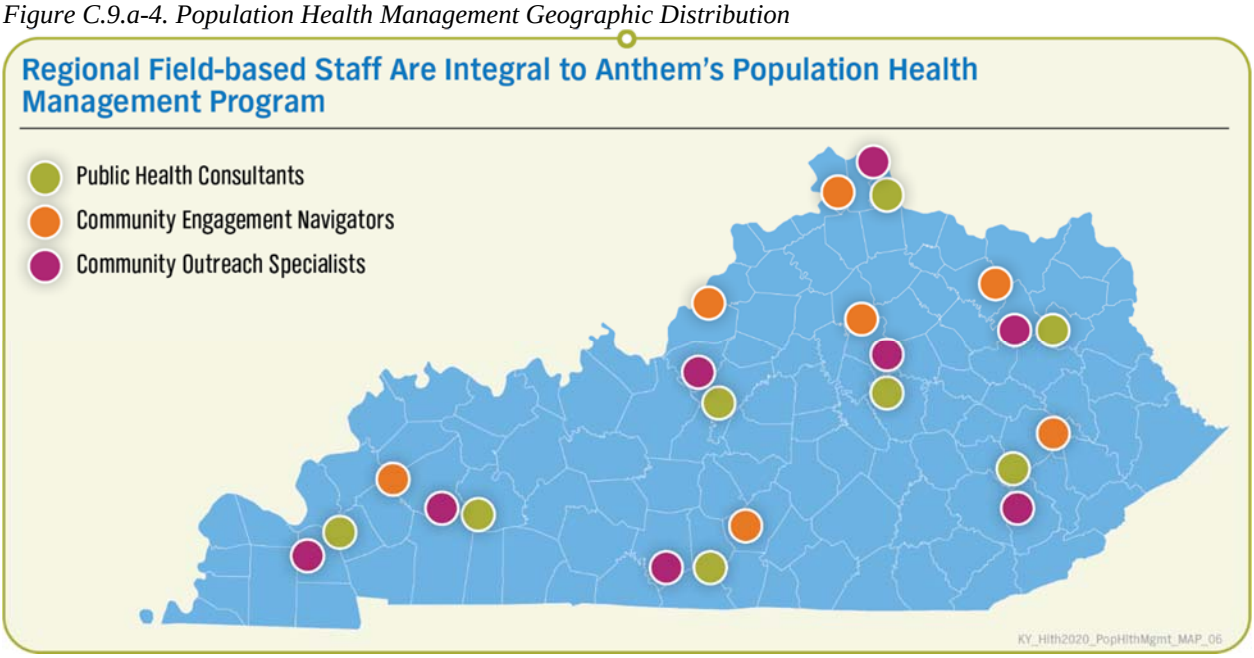
Figure C.9.a-3. Quality is Integrated into Our PHM Approach



We frequently conduct rigorous analysis of our quality data, such as HEDIS® and other performance measures, to evaluate performance relative to targets, identify areas where we may fall short of the target, and ascertain root causes. We then implement targeted interventions to drive performance improvement. Our QM/QI Program centers on Member engagement, outreach, and incentives; Provider engagement, outreach, and incentives; and data acquisition and application to our clinical and non-clinical measures.

Anthem knows that local and regional support is a critical step to helping engage our Members, and our PHM Model allows us to engage in local community resources faster by keeping that local presence. Figure C.9.a-4 depicts our Population Health Management Geographic Distribution.

Figure C.9.a-4. Population Health Management Geographic Distribution



With over 360 fully dedicated Kentucky Medicaid staff members, we have a local structure to provide a comprehensive and holistic approach in meeting the State's quality goals.

Equally important in providing structure for QM/QI is establishing an efficient, structured process to document and track all activities, processes, and strategies. Our QM Work Plan provides a blueprint for the upcoming year and acts as a fluid document to track and give status to our goals, objectives, scope of activities, processes, systems, and strategies for assessing and improving the quality of care and services. We operationalize the Work Plan through the Quality Operations Workgroup (QOW) and subgroups that meet monthly, as well as monitored and updated quarterly by the Kentucky Medicaid QIC. Our QM Work Plan activities align with DMS' established goals as well as contractual, accreditation, and regulatory requirements. Our annual QM Program Evaluation documents our performance relative to established goals and benchmarks, activities status, and quantitative and qualitative analysis, including all of DMS' goals and quality performance measures.

Anthem sets quality-related goals each year that aligns to support DMS in achieving its goals, specifically empowerment and engagement of Members, health outcomes, and the reduction of health disparities. In an effort to achieve these goals, we create and strive towards objectives that include, but are not limited to:

- Develop and maintain QM resources, structure, and processes that support our commitment to quality
- Continuously improve the quality of care and service provided to Members through analyzing care gaps and providing a process for notification and reminders
- Monitor and maintain full compliance with all applicable State, federal, and accreditation requirements
- Implement a comprehensive population health strategy
- Analyze and measure Member satisfaction
- Monitor and maintain Member safety and promote safe clinical practices

- Assess and analyze measure rates geographically and by population to determine, document, and drive improvement with disparities
- Incorporate care management programs in the QM assessment process to further impact enrollment into these programs with an aim at improving chronic care measures
- Maintain compliance with the Culturally and Linguistically Appropriate Services (CLAS) standards through our Health Disparities program
- Establish and maintain effective and compliant credentialing and re-credentialing processes
- Analyze and measure Provider satisfaction
- Provide appropriate access to care by monitoring Provider access and availability reports
- Provide oversight of all delegated functions

Organizational Approach to Coordination with Subcontractors

We treat Subcontractors as valued partners and in turn have high performance expectations. We select only the most qualified to serve our Members through a comprehensive vetting process. We build trusted, collaborative, longstanding relationships with our Subcontractors to coordinate a seamless delivery of services that meet DMS requirements. To assure our Members receive timely, appropriate, and high-quality care and services from our Subcontractors, we capitalize on the proven Subcontractor Oversight program used and refined through lessons learned over 29 years by our affiliates serving Members in Medicaid. Our process includes monthly operational meetings with the Subcontractors aimed at improving outreach to our Members and Providers, and information from these meetings drive improvement in our educational materials and resources. This program enables us to continuously monitor Subcontractor performance via daily collaboration and formal auditing processes.

Data Integration

Subcontractors deliver the critical services of pharmacy, dental, and vision to Members, and we integrate data we receive from them into our Management Information System (MIS). By integrating Subcontractor data with our own medical and BH service information, we can obtain a holistic view of utilization and whole-person health. We share combined data with Providers and Care Managers to support reporting, data analytics, and other processes to maximize our Members' health outcomes.

Anthem maintains scheduled data interfaces with each of our Subcontractors. We send regularly scheduled Member enrollment data to Subcontractors that supports Member access to services. Anthem loads Subcontractor encounter claim data into our data warehouse to support a variety of processes, including Care Coordination, Population Health Management, and fraud, waste, and abuse detection. We generate a series of operational reports against this Subcontractor data to help us confirm their compliance with program requirements. For example, we run our data prospectively to identify Members who are due for a diabetic eye exam, dental visit, or other service commonly provided by a Subcontractor and send reminders to the Member, Provider, and Subcontractor, showing an aligned collaborative effort.

Performance Measurement and Improvement

During Subcontractor oversight and monitoring, we not only review areas with substandard performance, but also seek out opportunities to "raise the bar" and deliver better service. We use our ***Subcontractor Scorecard*** in conjunction with our ***Performance Indicator Report*** to monitor performance, track actions taken to improve performance, and drive positive results from our

engagement with Subcontractors. For Subcontractors that also support our affiliates, our national team's view of performance across markets can provide early insight into any problems that may affect our operations.

We receive and review other information and reports from Subcontractors to monitor performance against Anthem and DMS standards in areas such as Network adequacy, call center, and Provider Appeals. Anthem reviews this information as part of our ***Subcontractor Oversight program***, and we include it in our regulatory report submissions to DMS. Through our Subcontractor Oversight program, we will continue to confirm the ability of our Subcontractors to deliver data to Anthem that enables us to meet DMS reporting requirements. A few examples of this process are:

- Anthem reviewed Dental Network concerns and increased payment in critical areas of Kentucky, added a $25 incentive for dental visits, and added additional payment codes outside of the Medicaid fee-for-service (FFS) to accommodate specialists such as Oral Surgeons so we can increase access for our Members. In addition, this process allowed Anthem to further enhance Provider contracts with these expanded services. In addition, we will include a dental van for health fairs, and strategic mobile dentistry programs in 2020 to provide a dental assessment for those in need.
- Anthem reviewed Network concerns about eye care, which resulted in the expansion of the value-added service eyewear benefit that is aimed at improving vision visits. As a result of this enhancement, Anthem saw remarkable improvement in the HEDIS measure Comprehensive Diabetes Care (CDC)-Eye exam. From HEDIS 2017 to HEDIS 2019, we achieved a 29.18% improvement.

Clearly defined expectations and consistent performance monitoring is a key piece of our Subcontractor Oversight program, and written agreements detail performance standards and the actions we take to address inadequate or substandard performance. If at any time performance does not meet our expectations, we will act and work closely with our Subcontractors toward a resolution and return to complete and ongoing compliance.

Subcontractor Agreements Assure Expectations Are Met

Our Subcontractor agreements outline specific service level agreements (SLAs) for each function we delegate in line with DMS requirements. For example, we require our dental Subcontractor to pay 90% of clean claims within 30 business days, maintain a call center abandoned rate of not more than 5%, and submit complete, accurate, and timely reports and encounter data. If DMS modifies a standard, as they have done with some performance measures in the Draft Contract, we will amend the Subcontractor agreement to reflect the change. In 2019, a Subcontractor delegation state audit demonstrated full compliance specific to Kentucky Contract language. To ensure compliance with the Contract, an internal checklist was developed to attach to all new contracts and contract amendments verifying the Contract has all the required language present.

If Anthem identifies a performance or operational problem with any Subcontractor, we immediately address our concerns by applying a series of escalating interventions, including increased meeting frequency and data submission, development of an informal action plan, development of a formal Corrective Action Plan, financial penalties, and other sanctions. We track and monitor all interventions. If interventions are unsuccessful in generating a sustained performance improvement, we will consider termination and notify DMS of the decision. Some examples of this Subcontractor coordination include but are not limited to:

- To improve vision services for adults, and understanding the linkage between diabetes and vision care, we expanded our Adult Vision value-added service (VAS) for Members to choose no-cost eyeglasses or a $50 credit for contacts. We also developed a recall letter for the physician offices to help us with contacting Members for their annual vision exam.
- To support continued access, we are paying Providers for missed and broken dental appointments ($3) and capturing this data to contact Members stressing the importance of this service.
- For Members in Foster Care, we reduced the administrative burden for Providers by collaborating with other MCOs so that Members can have vision service with no frequency requirements.

Through these structured efforts, we are a valued partner in achieving positive health outcomes, including clinical and non-clinical measures, Member satisfaction, and reducing disparities.

Organizational Approach to Coordination with Providers

Anthem partners with Providers, working towards our shared interests of improving access to care, easing administrative burden, and promoting healthy lifestyles for our Members. Our strategy includes giving Providers the tools, resources, and support they need to succeed, while advancing Kentucky's Medicaid Quality Strategy.

We listen and incorporate Provider feedback, closely communicate, and share best practices and information to keep them up-to-date on our processes, programs, and initiatives. Our Provider Solutions team structure offers a one-stop resource to support Providers, delivering a seamless experience for Providers and minimizing administrative burden so they can focus on what they do best: caring for our Members. Anthem's PCCCs also work with Providers to achieve quality goals by giving them tools, resources, and assistance needed to succeed in our Provider Incentive programs that align directly to DMS quality goals. PCCCs:

- Deliver Provider-specific performance analysis of quality metrics including HEDIS, profile reports and tailored gap in care reports
- Identify opportunities to earn additional incentives, review charts with Provider office staff
- Work collaboratively to facilitate Provider advancement along our Accountable Reimbursement continuum by establishing transformation action plans
- Monitor Provider progress through a Milestones and Indicators of Progress Chart

Our Care Delivery Transformation (CDT) Consultants, who collaborate with Providers to develop their capabilities and improve program performance, facilitate Provider progress along the Alternative Payment Model continuum to help Providers prepare for risk. Through our dedicated CDT approach, we offer resources, tools, and supports that will ultimately enable Providers to advance along the value-based payment (VBP) continuum as they mature and build the appropriate capabilities.

To enhance our supports for Providers, we are adding a new role to the Provider Solutions organization, our Integrated Physical and Behavioral Health Provider Relations Consultant, who will be dedicated to serving interdisciplinary medical groups. As part of our focus on whole-person health, we recognize that the needs of interdisciplinary practices are different from those of other practitioners interdisciplinary groups a differentiated concierge-type service, tailored to their practice that includes a single point of contact for operational support functions and

payment matters including onboarding, claims, data updates, and credentialing. This consultant will also be the primary partner for our ACEs Provider Champions, Maryhurst, and KVC Kentucky. The consultant will collaborate with these champions to establish programming and build education resources to share with their peers across the Commonwealth.

Anthem staff is co-located with Community Partners/Agencies to Improve Coordination. Having skilled and knowledgeable staff co-located in agency offices, community organizations, and Provider offices helps promote continuity of care, improved coordination and communication, early intervention, and better access for Members. We know that early and greater co-location during implementation works well to help build relationships early on, with adjustments made as the program progresses.

Stronger Together

Our organizational structure supports collaboration and partnership with DMS and stakeholder organizations to help achieve the best outcomes for Members. We are stronger together, and our culture of collaboration means that we are constantly working to develop innovative solutions.

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ii. Strategic Solutions That Facilitate Continuous Quality Improvement

ii. Strategic solutions the Vendor will use in quality management, measurement, and improvement.

Anthem strategically designs and selects QM/QI solutions to improve health outcomes and achieve State quality goals. We use clearly defined objectives and activities to drive measurable improvement. These objectives begin with a 12-month work plan, representing our road map for the upcoming year's priorities and performance targets. We understand that effectiveness of interventions can shift, so we review data at least monthly for any strategic adjustments. Our method uses ongoing evaluation of performance improvement activities through the Plan Do Study Act (PDSA) process. Finally, we recognize that the achievement of longer-term goals will require ongoing, sustainable success that empower the Members to improve their health with a strong emphasis on Member engagement.

Using a Comprehensive Strategic Approach to Combat Substance Use Disorder

Substance use disorder (SUD), with a high prevalence of opioid use disorder (OUD), is an increasing cause of morbidity and mortality in Kentucky. In addition, Kentucky has experienced a 64.6% increase in methamphetamine deaths from 2016 to 2018[1]. Our comprehensive Opioid Response program is detailed in C.23, Behavioral Health Services. Our ***SUD Recovery Support program, offered as a VAS,*** uses predictive relapse analytics and condition-specific content to provide information to Members proactively, offering continuous access to the tools they need to succeed, right on their smartphone. We provide Care Managers tools to monitor progress, post inspirational content, send secure messages, and much more. All eligible Members will receive access to the mobile platform that provides daily motivations and check-ins, peer support through discussion groups and peer-to-peer messages, counselor messaging, care plan reminders, goals, journals, high-risk location alerts, and content to support ongoing recovery.

[1] Nov 2019, Centers for Disease Control and Prevention

Since 2018, Anthem has been participating with a coalition of health plans to reduce chronic opioid use. We led work in developing a Provider toolkit to help doctors understand the challenges of opioids and pain management. This toolkit provides doctors with the resources they need to safely and effectively manage their patients' pain while decreasing reliance on opioids. We reached over 400 Providers with opioid toolkits, webinars, conferences, and our Provider Press. By addressing the opioid epidemic at a critical source — doctors who prescribe pain medication — we helped provide best practices for reducing opioid use in our communities statewide. We will continue to measure success through improvements in clinical and non-clinical measures, including HEDIS Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Follow-Up After Hospitalization for Mental Illness (FUH), and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).

Data Analysis of Regional Trends and Disparities Drive Quality Improvements

Anthem is maximizing quality outcomes through analytics that systematically identify health disparities with our Quality Improvement Platform tool. We assess for SDOH and utilize heat maps to identify geographical areas for intervention strategies. With this tool, we efficiently stratify HEDIS data to reveal subwstantial differences in rates across geographic regions and identify specific regions and populations where we can provide focused improvement strategies. The Quality team drills down to data at the ZIP code level, enabling us to spot regional differences and emerging trends. Anthem also uses heat maps to further pinpoint specific communities experiencing gaps in care to determine exactly where we will deploy specific strategies to increase access. This platform maps out measure rates and relates them to SDOH metrics (poverty rates, physical environment, lifestyle factors, etc.) to further evaluate the impact on the membership (See Figures C.9.a-5 and C.9.a-6).

Figure C.9.a-5. National Map Demonstrating the Integration of SDOH Data with Clinical Profiles

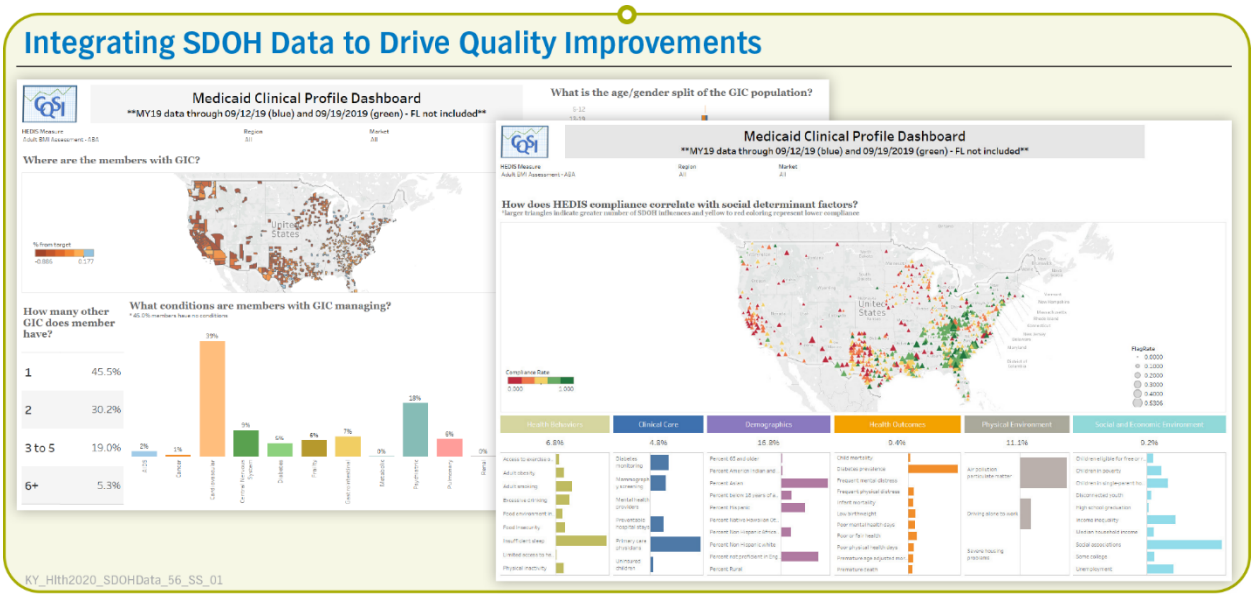
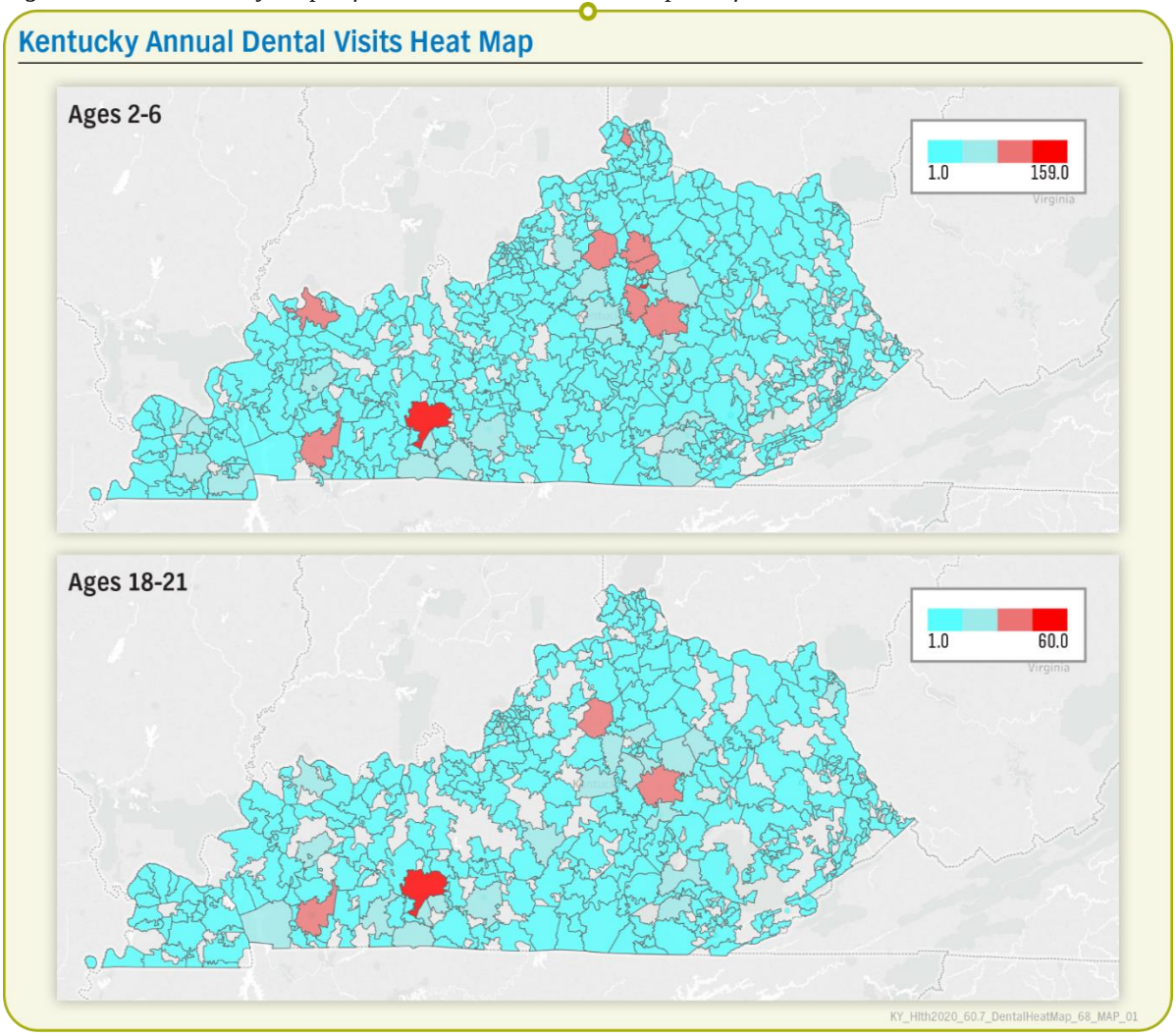
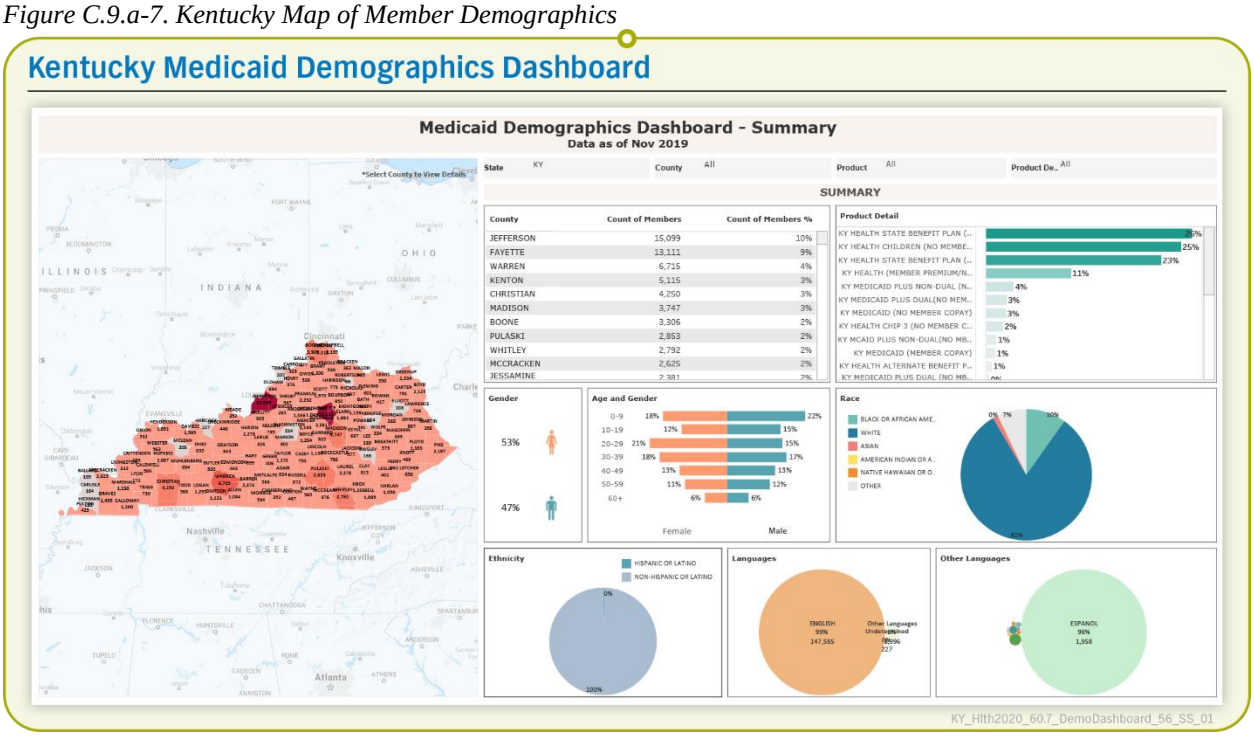


Figure C.9.a-6. Kentucky Maps of Members Who Are Non-compliant for their Annual Dental Visit



For example, heat maps help us determine where we implement initiatives to increase access to preventive services, outreach campaigns, and other programs. We are also able to select from a variety of HEDIS measures and examine variables of interest to the Commonwealth, including Member demographics such as location, age, gender, race, and ethnicity. With this data, Anthem can identify problems and opportunities for improvement, plan and implement interventions, study the impact of those changes globally and within stratification groups, and then repeat the process using the rapid-cycle QI method (See Figure C.9.a-7). This ability to quickly refine interventions and measure the results is integral to producing sustained and significant improvements.

Figure C.9.a-7. Kentucky Map of Member Demographics



Utilization of New Technologies to Increase Access to Behavioral Health

Anthem maximizes technology to improve outreach to our Members; this has led to improved outcomes. For example, we introduced telepsychiatry after observing low rates in HEDIS BH measures in 2018. In HEDIS 2019, Anthem has significantly improved a majority of these measures by more than 10% (see Table C.9.e-1).

Bright Heart Health

Bright Heart Health is a Kentucky-licensed telepsychiatry service that connects Members to expert Providers who treat a full spectrum of BH disorders. Anthem gives Members access to Bright Heart Health Substance Abuse Intensive Outpatient program and Medication-Assisted Treatment (MAT). Bright Heart Health prescribes and monitors medications that allow Members to stop abusing opioids without experiencing powerful drug withdrawal symptoms. To develop a comprehensive treatment plan, Members meet with a physician in person for a medical evaluation and a therapist via telehealth for a clinical assessment. Counselors meet with Kentucky Members in Medicaid online via telehealth and help identify and develop strategies to deal with the issues and disorders that may have contributed to or been affected by OUD.

Strategic Solutions for Closing Gaps in Care

We foster meaningful Provider collaboration with the right tools and processes. For example, our Provider Portal allows Providers to see Member-specific prevention and chronic disease-related gaps in care as well as Member-specific medical services. However, a tool by itself does not create an environment of collaboration. Our field-based PCCCs meet regularly with practices to assure alignment of priorities and resources. ***Our goal is to make it as easy as possible for our Providers to actively manage their entire Kentucky Medicaid population***.

We deploy our data-sharing tools and promote Provider engagement. Our extensive data enables Providers to view whole-person information about Members, fosters PHM through gap in care reports, and allows for opportunities to coordinate care with other Providers. We support Providers engaged in our VBP Total Cost of Care programs and CDT model through PHM platforms and program-specific outcome metrics and reporting. Our CDT Consultant collaborates with Providers by providing them with custom data analytics, action planning, and CME-eligible external learning collaboration.

For example, through our analytic reports we were able to drill-down and identify statistically significant disparities between White and African American Members for six HEDIS measures in 2019. These ranged from small (3% gap in Adult Body Mass Index Assessment) to significant (16% gap in Medication Management for People with Asthma). In response, we are promoting the *Take Action* for *Health* program that is specifically designed to improve health equity for African Americans. Evaluation of this tool demonstrated strong outcomes including 82.6% of participants reported it was helpful in providing information on heart health and 80.6% agreed it was helpful in providing information on emotional well-being.

Disparities analyses prioritize our exploration of why each gap exists and what Anthem can do to be a part of the solution. Addressing known disparities such as geographical access, ethnicity disparities, and SDOH, is an important goal of the QM team and managed through the annual QM Work Plan and evaluation.

Community Paramedicine Program

We will be implementing a new community paramedicine program in Kentucky. Leveraging this best practice from our West Virginia affiliate, Anthem will launch a community paramedicine program with the Kentucky Board of Emergency Medical Services (EMS) in 2020 to increase access to care and address health disparities. EMS is currently piloting community paramedicine services in six counties, including Fayette, Montgomery, Warren, Calloway, Oldham, and Boyd, and Anthem's partnership with EMS will allow us to target EMS' outreach and face-to-face engagement with our Members in these counties. Anthem is the first MCO working in partnership with EMS to implement this innovative community program, extending our collective reach to bring quality health care to Members.

> *We are excited about the opportunity to partner with Anthem on an EMS Community Paramedicine program for our mutual patients. We look forward to our continued work in this important area to help improve the health of our citizens in the Commonwealth of Kentucky.*
> — **Michael E. Poynter,** EMT-P, CP-C, FACPE
> Executive Director
> Kentucky Board of Emergency Medical Services
> KY_Hlth2020_Michael_TST_01

iii. Innovative Strategies and Enhanced Services to Improve Well-being

iii. Innovative strategies and enhanced services, if any, that the Vendor proposes to implement to enhance the health and well-being of Enrollees and to improve health outcomes, including examples of successes with similar Medicaid populations.

Innovative Strategies and Enhanced Services to Improve Health Outcomes

Featuring strategies to improve overall population health, BH, and numerous modes of Member outreach, Anthem demonstrates innovation to improve and enhance well-being of our Members. We design our QM/QI strategies and enhanced services to empower Members' health outcomes and self-management skills. We have developed new programs tailored to the unique needs of Kentucky Members in Medicaid and are proud to introduce them.

Population Health Management and Post-Discharge Support for Members

In alignment with NCQA PHM standards, our PHM program enhances our existing processes for empowering Members to improve their health and engaging them in their health care, including the following:

- Keeping Members healthy
- Proactively identifying and engaging Members with emerging risk
- Supporting safe and successful transitions across Levels of Care (LOC)
- Addressing the needs of Members with chronic, co-occurring, and complex conditions

Our PHM strategy combines Anthem's extensive local and national experience with person-centered, evidence-based, and locally informed practices and programs designed to improve community and individual Member health across the continuum of care. Developed with trauma-informed principles, our PHM program is sensitive to the needs and dignity of all Members, while emphasizing health equity and recognizing SDOH as key to Member health outcomes along with their physical health, BH, functional, and long-term service and support (LTSS) needs such as Post-discharge Planning and Medically Tailored Meal Delivery.

Care Managers, working with Utilization Management (UM) staff, facilitate service provision through all points of transition for our Members from admission to discharge to community-based aftercare or ongoing services. Care Managers enter the appropriate precertification and contact Providers to arrange services. They also assist with community-based services through outpatient and more integrated levels of care and service delivery for Members remaining in active care management. Employees of our Care Management team, including UM, work directly with Providers to conduct and coordinate discharge planning and concurrent review. This process coordinates the transition from one health care setting to another and supports communication with hospital staff, the Member, family, and discharge planning team to safely transition the Member to a lower level of care.

Our post-discharge planning includes Care Coordinator support with transportation to medical visits, arrangements for at-home care by a Provider if needed, pharmacist involvement in medication reconciliation, and a post-discharge re-assessment.

VALUE-ADDED SERVICES

Although Anthem's post-discharge planning is already comprehensive, we saw an opportunity to do more for our Members, so ***we will be offering Home-delivered Medically Tailored Meals as a VAS to help assure access to proper nutrition for healing and to help reduce hospital readmissions.*** We make sure meals are customized to enhance recuperation for each Member, offering special diet menus for all major health concerns including low-sodium and low-fat options, diabetic-friendly, gluten-free, vegetarian, renal-friendly, cancer support, and pureed. Eligible Members include Members in Kentucky Medicaid with food insecurities or chronic

medical conditions, including congestive heart failure (CHF), cancer, chronic obstructive pulmonary disease (COPD), diabetes, HIV/AIDS, and end stage renal disease (ESRD). We also offer enrollment into this program for pregnant moms with gestational diabetes who have been discharged from a hospital, Emergency Room (ER), or skilled nursing facility in the past 30 days, or who have been transitioned from homelessness into more permanent housing.

Bringing Successful Programs from Similar Medicaid Populations

Anthem is launching a new innovation for Member engagement, a significant and persistent barrier to sustainable quality improvement. QM Member Liaisons will handle issues causing Member dissatisfaction and disengagement from care. This team will log Member issues and complaints, find commonalities, and coordinate internally and externally to solve for systemic problems at the root. The team will collaborate with the QM/QI team. We will measure our success in CAHPS survey scores and reductions in the incoming volume of Member grievances. QM Member Liaisons will extend the reach of the health plan by cultivating trusting relationships with Members to improve whole-person care. In this capacity, the QM Member Liaisons will also collaborate cross-functionally to lead reinvigorated Quality and Member Access Committee (QMAC) meetings across the Commonwealth. Key responsibilities of this team are to:

- Support HEDIS and CAHPS improvements by creating a positive Member experience with care
- Foster Member engagement in key initiatives, projects, and programs
- Assist with problem solving and breaking down barriers, recommending and engaging resources as appropriate to address identified risk factors
- Promote key Anthem resources for Member use including Health Guides, Community Health Workers, Disease Management, and VAS
- Collect information for systematic quality improvement initiatives

We are adapting a model that was proven successful in our Indiana and Wisconsin affiliate plans, customizing it to meet Anthem's local needs. ***In Wisconsin, introduction of the model paralleled a steady increase in the CAHPS measure Overall Rating of Health Plan over three years (6% Adult version, 7% Child version).*** The Wisconsin team directly assisted 300 Members in the second half of 2019 alone.

BH Medication Management

Based on our comprehensive analyses, we believe there are opportunities to improve management of depression in Kentucky. Claims data indicates Members with a diagnosis of depression increased 48% from 2016 to 2017. Anthem has implemented Regional Public Health Consultants that are located throughout Kentucky, working with the Commonwealth's school systems, public agencies, Members, and Providers to develop new programs aimed at reducing depression in children. This includes strategies such as our ***Provider MedReview Note,*** which we currently use to support Members in Medicaid with diabetes, asthma, high cholesterol, hypertension, sickle cell disease, depression, and polypharmacy through monthly targeted Provider mailings with actionable information to promote safety, appropriate use, and adherence. Our ***BH Medication Management*** initiative addresses increased concerns about the safe, appropriate, and effective use of psychotropic and controlled substance medications, including opioids. It promotes more clinically appropriate prescribing, improves adherence to appropriate medication treatments, promotes Care Coordination between prescribers, decreases cost, and improves performance on quality measures.

Anthem's ***Controlled Substance Utilization Management (CSUM)*** program decreases over-utilization of controlled substances, including opioids, by identifying Members receiving multiple controlled medications, opioids from multiple Providers filled at multiple pharmacies, or combinations of controlled substances that may indicate risk. Table C.9.a-2 highlights the successes of our CSUM program including, for example, that in ***2019, 63% of Anthem's Kentucky Medicaid CSUM program Members reduced their claims for controlled substances to fewer than 10.***

Table C.9.a-2. CSUM 2019 Program Results

Report	Description	% Positive Outcomes
CSUM	Eligible Members in Kentucky Medicaid reduced the number of medications to less than 10	63%
Suboxone	Members with claims for buprenorphine and a concurrent claim for an opioid fill discontinued from the opioid	84%
Triple Threat	Reduced their concurrent claims for opioids, benzodiazepines, and muscle relaxant medications	49%

Table C.9.a-3 highlights Anthem's growing success using innovative strategies to enhance health outcomes as measured by HEDIS BH indicators.

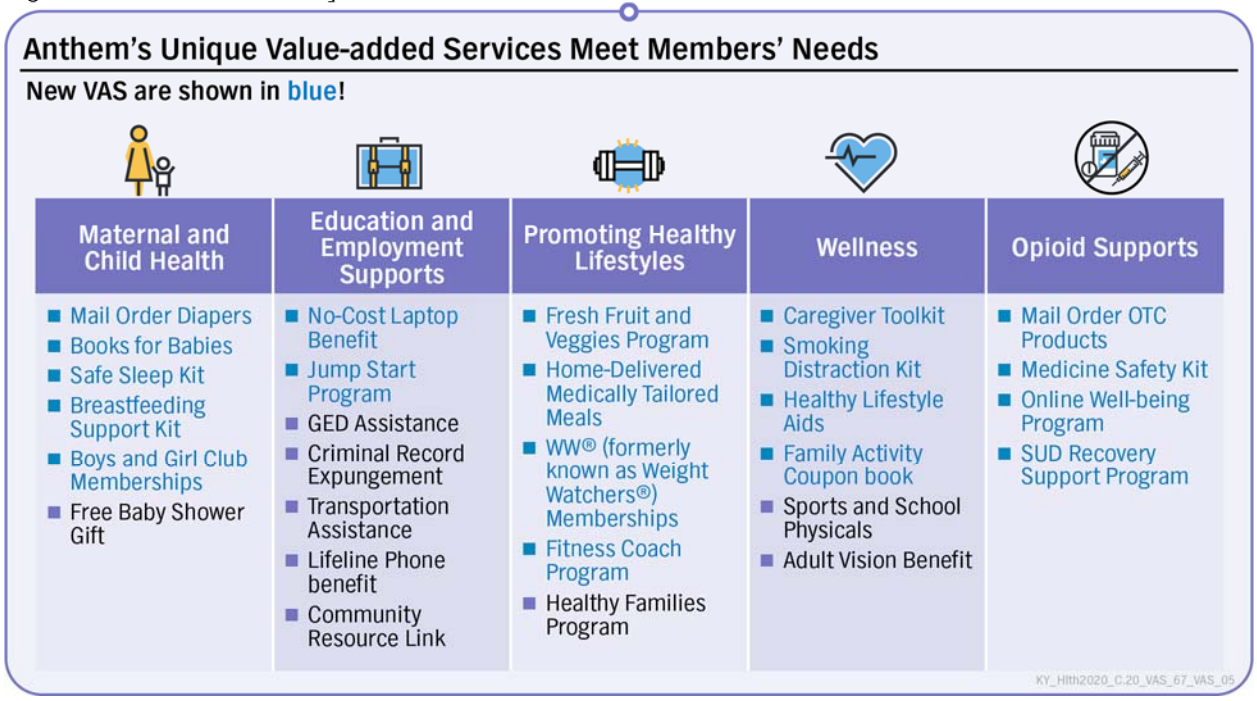
Table C.9.a-3. Anthem's BH Medication Management Efforts Yield Results

	HEDIS Rate 2018 (MY 2017)	HEDIS Rate 2019 (MY 2018)	Percent Improvement
Behavioral Health			
Follow-Up Care for Children Prescribed ADHD Medication — Continuation	48.15	60.50	↑ 25.65%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment — Initiation	45.68	51.84	↑ 13.49%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment — Engagement	21.27	23.75	↑ 11.66%
Continuing the trend of improvement in MY 2019 we are 7% higher in Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment-Initiation and 5% higher for Engagement and ***both are currently above the 95th percentile of the NCQA National Rate***.			

Additional Value-added Services Enhance Well-being

We developed our comprehensive suite of VAS after receiving and evaluating feedback from key stakeholders, including Members, community partners, our QMAC, Care Managers, and representatives from our Clinical, Quality, and Chronic Condition Management teams. We then combined this information with our deep understanding of the needs of people in Kentucky to target improved clinical and non-clinical outcomes, such as HEDIS and CAHPS® results. We reviewed all Covered Services within the Draft Contract to identify gaps or opportunities to expand offerings. Additionally, we evaluated all locally available community resources to make sure our VAS enhance without duplicating goods and services that Members already receive. The end result has more than doubled the number of useful VAS we offer to support whole-person health, including breastfeeding products and guidance for new mothers, fresh fruits and vegetables, caregiver resources, and the SUD Recovery Support program.

Figure C.9.a-8. Anthem's Unique Value-added Services Meet Members' Needs



From HEDIS 2018 to 2019, Anthem saw several statistically significant improvements in measures related to ADHD, weight assessment, nutritional and physical activity assessment, alcohol and drug use measures, and BH. ***Overall, Anthem improved 115 out of 148 total HEDIS measures year-over-year.*** Stronger HEDIS performance boosted our accreditation level from Accredited to Commendable. These health issues are further supported by our wide array of VAS.

Reducing Health Disparities

Our QAPI program includes a CLAS and Health Disparities component. ***We understand that the important work of achieving equitable health outcomes benefits all Kentuckians.*** The CLAS and Health Disparities work has these objectives: respond to current and projected demographic changes in our membership; identify and address disparities in the health status of persons of diverse racial, ethnic, and cultural backgrounds; improve the quality of services and health care outcomes; and meet legislative, regulatory, and accreditation mandates.

We collect, track, and trend Member data to identify health care disparities, barriers to treatment, areas of dissatisfaction, and gaps in Provider coverage related to cultural or linguistic representation. We compare this data against prior year performance and regional and national benchmarks, making sure all potential disparities are identified and addressed.

We collect demographic data on location, age, ethnicity, race, gender identity, sexual orientation, religion, primary language, disability status, and income level, as well as Member self-reported demographics, SDOH, and Health Risk Assessment (HRA) data.

Anthem Receives *Innovation in Advancing Health Equity* Award

In April 2019, Anthem, Inc. was awarded the Innovation in Advancing Health Equity Award from the National Business Group on Health for its efforts to advance health equity by addressing the demographic and socio-economic influences that impact environments where people live, learn, work, and play.

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Our Medicaid Disparities Analysis of HEDIS 2019 data shows many interesting trends that are informing our QM/QI approach and programs. ***We were happy to observe that disparities among Asian and Hispanic Members have improved for the Adult BMI Assessment measure. The disparity in Prenatal Care among African American Members also improved.*** While there is still a difference between these groups and White populations, they are no longer statistically significant. Statistically significant disparities between African American and White Members persist in eight HEDIS measures including Statin Therapy for Patients with Diabetes adherence, Medication Management for People with Asthma, and Antidepressant Medication Management. Anthem's data reveals we have the most work to do to improve African American Members' outcomes related to BH measures.

Addressing disparities and promoting more equitable health outcomes are goals we share with DMS. We stratify key quality measures and address health disparities through responsive programs customized to meet the individual needs and cultural nuances of diverse communities. We recognize Providers are key allies in reducing health disparities, so we offer cultural competency training on demand through our Provider website, as part of our orientation program, in monthly newsletters, and through our Provider Manual. Our wide-ranging training includes topics such as addressing racial and ethnic disparities in asthma care, creating an LGBTQ-friendly practice, reducing health care stereotypes, and increasing breast cancer screening for African American women. Most of these courses include free Continuing Medical Education credit. Tools like MyDiversePatients.com (Figure C.9.a-9) and Take Action for Health (Figure C.9.a-10) are available for the entire community, not just Anthem Members and Providers, to help reduce health disparities, move toward health equity, and empower individuals through engagement and education.

Figure C.9.a-9. MyDiversePatients.com Educates the Community in a Format That Is Easy to Read and Understand

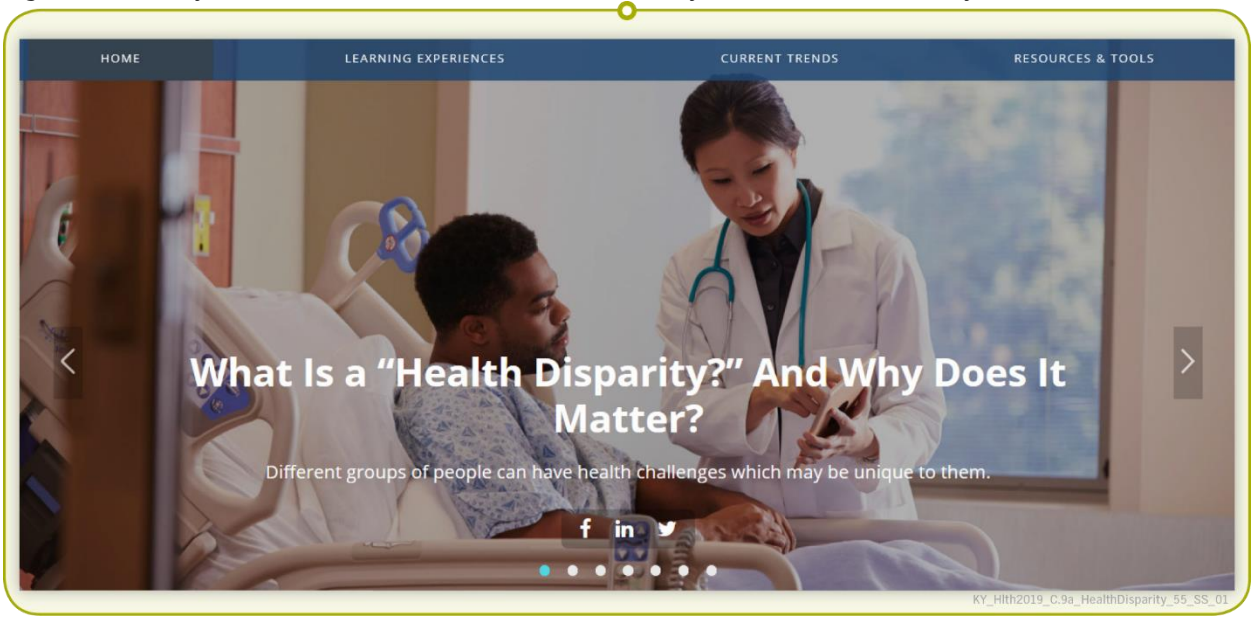

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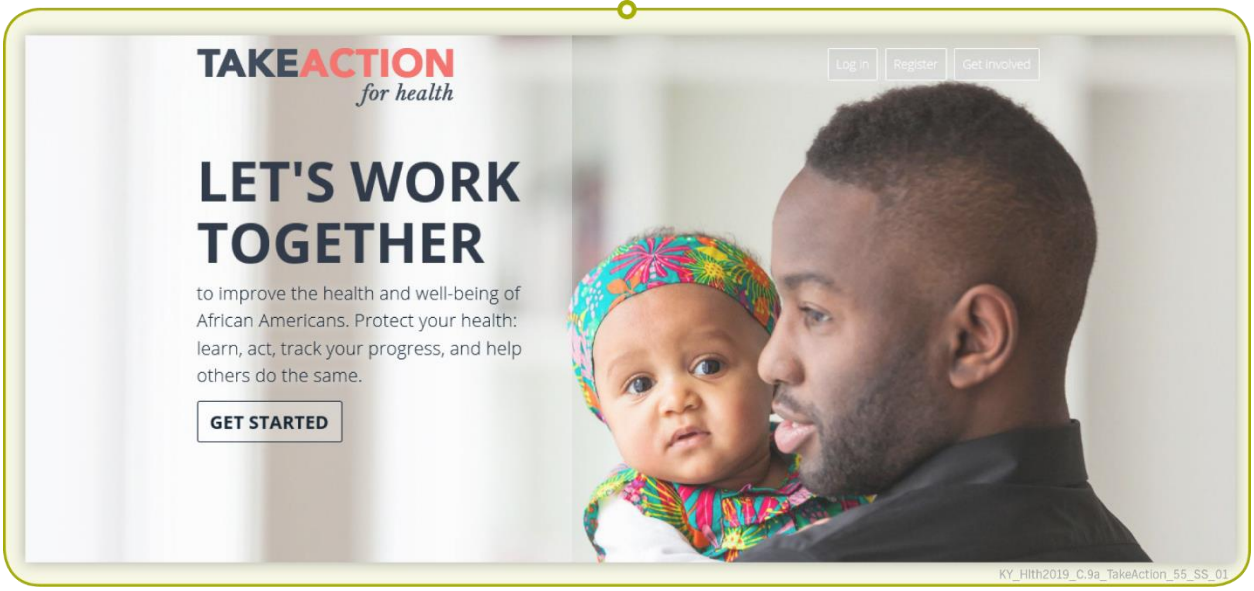
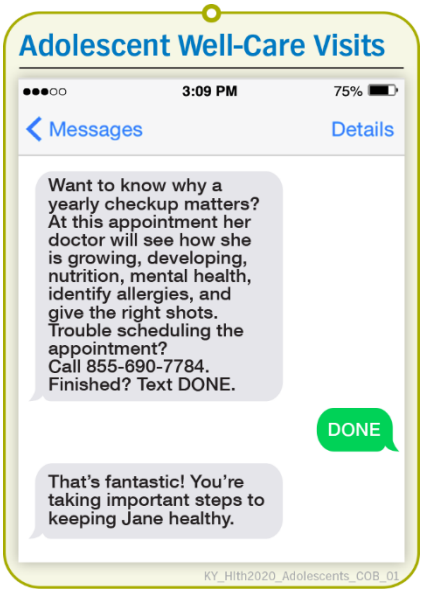
Figure C.9.a-10. Take Action for Health Works to Engage African American Members in Their Health Care



Additional Innovative Solutions Focused on Member Engagement



Addressing the needs of our Members is at the heart of what we do. Our strategies reflect our passion and will serve to advance the State Medicaid's Quality Strategy and drive improvements in the quality performance measures. These strategies include but are not limited to:

- **Member Outreach Using Text Messaging.** As illustrated here, Anthem uses an interactive platform for text messaging to send Members prompts to complete well-visits and screening services such as cervical cancer screenings. Additional campaigns via text message include but are not limited to:
  - Healthy behaviors
  - Scheduling preventive health appointments
  - Cancer screenings
  - Receiving immunizations
  - Follow-up after or BH Inpatient Visit
- **Timely Health Education.** We also focus on specific seasonal messaging, such as the importance of the flu vaccine. ***Our Flu Shot campaign sent information to more than 54,000 Members.***
- **Pharmacy New Start program** sends educational communications to Members on the importance of proper adherence of ADHD medications. The outreach to Members focuses on health education and health literacy. This includes an ADHD toolkit for parents who have a child newly diagnosed.
- **Refreshed Health Promotions Material.** Anthem has entirely revamped its promotion efforts to include health-related topics and we have developed banners, collateral materials, and interactive exercises to help reinforce healthy behaviors including such topics as

immunizations, screenings, appropriate use of a PCP, proper ER utilization, and telehealth options. Members receive both physical and digital materials.

- **Member Home Visits.** We are implementing a ***Nurse Practitioner Home Visit Model*** to focus on wellness and address gaps in care and access disparities. An example of this strategy is to engage pregnant Members who just delivered and if barriers are keeping the Member from seeing their OB Provider, a Nurse Practitioner will be scheduled to visit them and do a postpartum assessment, depression screening, and lactation counseling.
- **High Outreach to Promote Engagement (HOPE).** This program includes an intensive telephonic and face-to-face component as a supplement to care management and is focused on the integration of PH and BH. We perform home visits according to the needs of each individual Member, working in conjunction with UM Reviewers and direct Providers and staff to coordinate discharge planning as well as medication reconciliation. In spring of 2019, HOPE was expanded to provide in-person support by Care Managers in the Louisville and Lexington areas. Thus far in Kentucky, we have enrolled 43 Members in the program and have seen a 15% reduction in claims, resulting in an overall savings of $215,583.
- **Member Incentives.** Anthem supports Member incentives that promote healthy behavior change and work to drive sustainable improvements. The Anthem Healthy Rewards Member incentive program was implemented in 2019 and promotes the Commonwealth's goals and priorities as demonstrated in Figure C.9.a-11, highlighting new activities in red font, by encouraging our Members in Kentucky Medicaid to engage in their health care and improve their health. ***In 2019, more than 14,000 awards were distributed to Members for taking care of their health.***

Figure C.9.a-11. Anthem's Quality Strategy Rewards Member for Engaging in Healthy Behaviors

Kentucky's Quality Strategy and Quality Performance Goals	Incentivized Activities for Members	
Promote Wellness and Prevention	■ Adult Well Visit ■ Annual Well-Child Visit ■ Immunizations – HPV ■ Adolescent Well Visit ■ Breast Cancer Screening ■ Cervical Cancer Screening ■ Colorectal Cancer Screening ■ Well-Baby Visits during baby's first 2 weeks of life ■ 1st prenatal Care Visit completed within first trimester or within 90 days of enrollment	■ Ongoing Well-Baby Visits ■ Postpartum Visit ■ Portable crib or car seat after completing 7 or more prenatal visits ■ Completion of Health Risk Assessment ■ Annual Dental Visit ■ Flu Shots ■ Tobacco Cessation ■ Initial Adult Well visit within 90 days of enrollment
Improve Coordination and Transition Care	■ Follow-up visit after BH hospitalization completed within 7 days after discharge from inpatient mental illness stay - ages 6 and older	
Improve Chronic Condition Management and Control	■ Diabetic HbA1c test ■ Diabetic Retinal Eye Exam ■ Diabetic Attention to Nephropathy	■ Diabetic Medication Management and Adherence ■ Antidepressants Medication Refills -1st 3 refills

*Incentives in red are proposed for new contract; Incentives in black are current and would remain for new contract

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- **Enhanced Anthem Healthy Rewards Platform.** As part of our continuous quality improvement methodology, we looked for ways to enhance our Member incentive programs to benefit Members and their health. In 2020, we will increase Member engagement by creating a seamless health education experience within the secure Member website. It will combine Anthem Healthy Rewards with additional resources and tools for better health, including a link to complete a Health Needs Screening. After completing recommended actions and health services, Members will earn points redeemable for a large variety of rewards delivered through the mail or electronically. The program will use predictive modeling to learn which modes of outreach are most successful in motivating Members to make positive behavior changes. We will continue to use various forms of communication to notify Members of the ways they can earn and redeem incentives.
- **Community-based Strategies.** We strategically design our collaboration with community-based organizations to advance population health. As part of our ***Community Outreach Strategy***, Anthem utilizes PHM metrics to assess the population's needs, which includes SDOH metrics, and disseminates this information to our Community Engagement Navigators, who are certified Community Health Workers. Our Community Engagement Navigators and other trusted community Providers leverage trusted resources within the communities where our Members live. Community Engagement Navigators are a valuable resource in locating and engaging Members, building relationships with Members, identifying and eliminating barriers in accessing and understanding care and services through engagement and education, and helping Members reach their health goals. These employees engage Members who are new to Anthem, with emerging or high risk, and those with chronic conditions. We have a strong partnership with the ***Family Resource and Youth Service Centers*** and participate in their activities like family nights, health fairs, and supply drives. In addition to supporting their everyday needs and conferences, we have begun providing no-cost, engaging presentations on a variety of health and wellness topics. These health promotions are aimed at parents of school-aged children and cover important topics like immunizations, good nutrition, and physical activity.
- **School-based Activities.** Beginning in 2018, Health Promotion staff increased engagement and collaboration with ***School Health Advisory Councils*** to offer Anthem's support of student wellness, nutrition, and physical fitness, while reducing the amount of time children are absent from school. Some of our activities in Kentucky and affiliate markets include health fairs where we provide education on issues important to school-aged children, including wellness screenings. Anthem's West Virginia affiliate successfully employed an EPSDT project that we will establish in Kentucky. Our affiliate started the ***School-Based Well Visit Incentive Program*** in 2015. Because it is successful, it remains in place. Through this unique strategy, more than 8,000 exams were completed for their Members that likely would not have otherwise been completed. ***Associated HEDIS rates on three measures increased more than 11 percentage points.***
- **Telehealth.** We are also deploying TytoCare for telehealth in schools. TytoCare will allow video visits directly with licensed physicians from small school settings facilitated by a presenter at the school location. The student's PCP can receive details via the cloud, or the school nurse can connect the student to a clinician for immediate treatment on demand. In addition, our wide-ranging strategy increases Member access to care for PH and BH conditions as well as urgent and non-emergent issues. Our telehealth strategy also supports

integrated health care, including dental, through a BH Collaborative Care Pilot that will link primary care sites with BH Providers to improve health outcomes for Members with co-occurring conditions and increase capacity of PCPs to treat Members with BH diagnoses.

- **Shine Light on Depression.** A unique collaboration of organizations committed to raising awareness of depression and suicide prevention among young people including American School Health Association, Anthem, Inc., Erika's Lighthouse, JetBlue Airways Corporation, and the National Parent Teachers Association. Shine Light on Depression is a new school-based initiative that aims to tackle the issue of teen depression and suicide in middle and high school youth nationwide. The Shine Light on Depression e-toolkit (that is, website) provides school communities with free, ready-to-use tools designed to raise awareness of depression and suicide prevention in a positive, fact-based, and inclusive manner. This approach will help build a community in which there is open discussion and appropriate vocabulary about the subject of depression and places it in the broader context of good mental health. The e-toolkit features customizable classroom lessons to empower educators to lead effective depression awareness programs, family-community workshop materials to help adults and families talk about how to support teens, and teen club resources that empower students to lead activities and help each other by talking and listening.
- **Medication Therapy Management (MTM).** Through our ***Retrospective Pharmacy Review*** program, we identify and address Members with inappropriate and conflicting drug therapies to prevent future negative outcomes, promote clinical safety, and optimize therapeutic outcomes. In our ***HIV Targeted Intervention*** program, community-based pharmacists engage enrolled Members and discuss the importance of adhering to their anti-retroviral medications. The pharmacist regularly connects with the Member, providing tips for adhering to medication and helping facilitate refills or recommend changes to the Member's treating Provider. Members taking 10 or greater medications are identified for this program to help engage Members and Providers on evaluating their medication regimen.
- **Opioid Prescriber Management Program: Member Focus.** We help reduce opportunities for misuse of opioid treatment by assisting Members in gaining access to more clinically appropriate treatment. We assess Members' risk of opioid misuse and a pharmacist telephones prescribing physicians with Members identified as "at-risk" or "high-risk" to discuss concerns and develop an action plan to reduce potential opioid abuse or misuse.
- **Increasing Housing Stability.** Our approach to housing is multi-faceted, consisting of key strategies to assist Members experiencing homelessness or housing instability. Our Community Engagement Navigators regularly outreach to organizations across Kentucky, and we are constantly looking for innovative ways to collaborate with organizations on projects, collaborative programs, and advocacy efforts that focus on identifying, addressing, and preventing housing barriers. Whether a Member is experiencing homelessness, is "doubled-up," or has inconsistent access to housing, our priority is to locate, engage, and connect our Members with supportive resources, services, and Providers. This includes both medical and non-traditional services such as counseling and legal supports, employment resources, job training resources, and transportation. Our Housing Liaison will lead, coordinate, and be dedicated to our housing strategy initiatives through our Community Engagement Navigator team throughout the State. Additionally, our CEN team will perform internal and external training, review and analyze available housing data, and participate in community and agency

meetings. A few of the housing community resources we engage in order to assist our Members include but are not limited to:

- **Commonwealth Public Housing Authorities.** Kentucky has local Public Housing Authorities in each county across the Commonwealth. These entities assist and offer housing counseling guidance on home buying, renting, reverse mortgages, and default and foreclosure prevention.
- **Wayside Christian Mission.** A well-known homeless program in the area, they have day shelters, overnight shelters, as well as transitional housing.
- **The Healing Place.** They provide a homeless shelter, and are working to develop apartments as well as support for those in recovery from SUD.
- **The Center for Women and Families.** This is the local women's shelter for women in domestic violence situations. They have satellite offices in most surrounding counties.
- **Louisville Coalition for the Homeless.** This program is geared toward those who have been experiencing homeless for under a year. They also work with the Wayside Mission to influence many of the policies in the area in regards to helping those experiencing homelessness in this area.

Additional Innovative Solutions Focused on Provider Engagement

Anthem has dedicated PCCCs to educate Providers on proper documentation and coding and identify Members with gaps in care. To create efficiency for Providers we are collaborating to improve our data capture by setting up direct data feeds from Providers, and electronic health record systems. ***As a result of redoubling our efforts and focus, Anthem has been able to show remarkable improvement in HEDIS and CAHPS. For HEDIS 2019, 26 measures achieved 75th percentile or higher, 15 Adult CAHPS and 10 Child CAHPS measures achieved 75th percentile or higher.*** Anthem operates with an unyielding commitment to meeting our diverse Members' needs. Our purpose statement is, ***"Together, we are transforming health care with trusted and caring solutions."***

- **Provider Outreach and Engagement.** In addition to face-to-face visits with Providers, our QM and outreach staff engage Providers to address gaps in care and educate them on HEDIS® compliance. We continue to support Providers in clinical transformation and care improvement efforts at the regional and practice level. We annually evaluate the components of the Provider Support Plan, to identify opportunities for enhancements and improvements we can add.
- **VBP Programs.** Our comprehensive VBP portfolio, detailed in our responses to C.9.j and C.9.k, incentivizes and supports Kentucky Providers to drive locally provided Care Coordination with a focus on improving health outcomes, eliminating gaps in care, reducing low-value care, and supporting the care delivery system by reducing potentially preventable events such as ER use, inpatient admissions, and readmissions.
- **Patient Centered Care Consultants (PCCC).** The PCCCs engage Providers with the goal of helping to reduce administrative burden and promote holistic care and healthy lifestyles through providing tools, resources, and support they need. To encourage adherence to clinical practice guidelines (CPGs), our PCCCs help Providers interpret quality data, educate them on expectations for each CPG, and review medical record requirements to make sure they accurately document evidence of compliance. The support we offer Providers — such as gaps

in care listings within the portal, care management supports, and Member engagement outreach — to improve outcomes through CPG compliance drives positive results in health outcomes and HEDIS scores.

- **Provider Performance Reporting.** Providers participating in our VBP programs can view actionable, Member-specific information to identify Members for outreach and engagement through our Provider Care Management System (PCMS), as described in further detail later in Section C.9.a.iv.
- **Provider Training.** Our Anthem Training Academy offers multimodal training to advance Anthem's and DMS' shared goals. Many trainings offer the opportunity to earn Continuing Medical Education (CME) credits, as well as tracking of completion. We make it a priority to ensure trainings are relevant to the memberships' needs and opportunities for ongoing education in the Provider community. As an example, we developed a new eLearning module on the ADHD toolkit that launched in November 2019.
- **Health Promotion.** We strive to ensure we are meeting our Members where they are, both geographically but also in their continuum of health care. For example, we work with our dental Subcontractor, DentaQuest, and the DentaQuest Dental Director to develop county-specific materials to encourage Medicaid dentists to see children in their area prior to kindergarten and provide care gap data from the Kentucky Advocate. Guided by our own HEDIS gap in care reports, Anthem designs quarterly dental Clinic Days in collaboration with the DentaQuest Dental Director and Network dentists in targeted areas. Anthem reaches out to guardians of children indicated on the gap in care report for dental visits and schedules appointments in the targeted areas. With the use of individual mobile dental vans and collaborating with willing Medicaid dentists in communities, the goal is to provide all children 0-5 with dental services. We will also educate the parents and guardians of the Anthem Medicaid children at these events on the importance of dental care and assist families to enroll in Anthem Healthy Rewards so they can benefit from these incentives.
- **Opioid Prescriber Management Program.** This Provider focused program assesses physician opioid prescribing patterns against several utilization metrics, such as the percentage of Members who are newly prescribed opioids. An Opioid Prescribing Summary report details Providers' opioid prescribing patterns against evidence-based quality standards and peer comparisons. We collaborate with Providers to use this data and target opportunities to improve prescribing practices.
- **Health Fairs.** Anthem health fairs are staged where data indicates an opportunity to reach a large volume of Members in need. The health fair brings services to the community, such as preventive screenings, education, scheduling assistance, and chronic disease assessments and testing. A recent health fair held at a local church had over 500 attendees. Anthem health fairs are open to the entire community for those wishing to attend. Our next health fair is scheduled for March 2020.

iv. Infrastructure to Support Improvements

iv. Internal tools and technology infrastructure the Vendor will use to support improvements in health outcomes and to identify, analyze, track, and improve quality and performance metrics as well as the quality of services provided by Network Providers at the regional and statewide levels.

Anthem operates unparalleled QM/QI technology tools. We generate information on utilization and clinical quality indicators from our MIS infrastructure that contains our Quality Improvement Platform and HEDIS Data Warehouse. We run a best-in-class HEDIS engine that is certified by NCQA to analyze clinical quality metrics. These innovative tools systematically and objectively measure access to care, demand for services, and quality of services, allowing us to design and implement targeted interventions. The Quality Improvement Platform includes trended data as well as relevant local and national comparisons.

Technology and Tools that Support Improvements in Health Outcomes

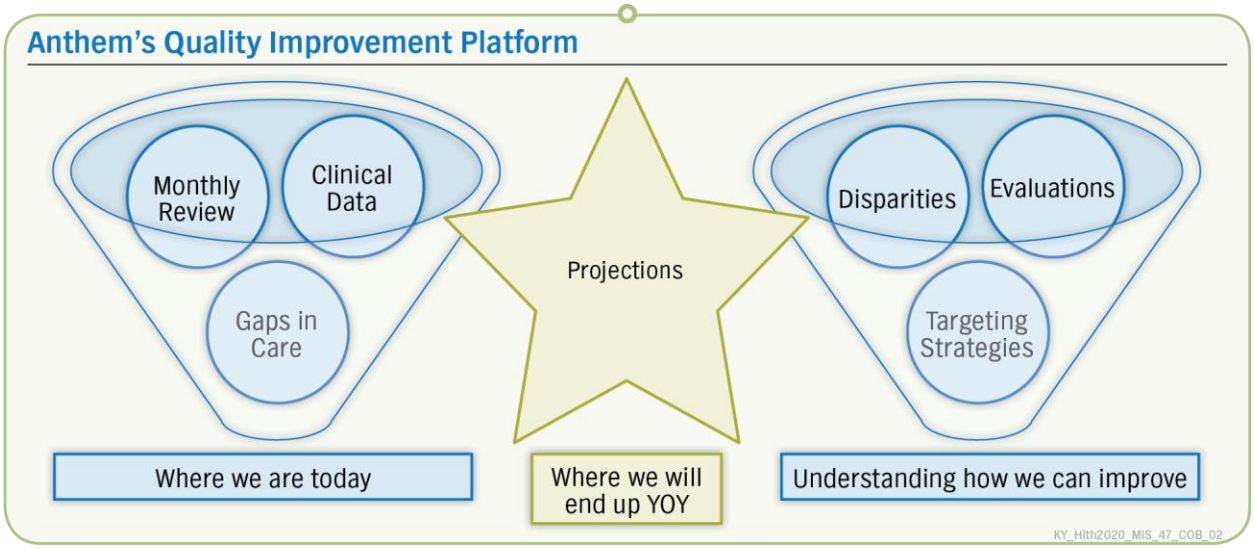
Anthem's sophisticated quality infrastructure provides us ready access to a wealth of data to assess utilization rates and identify potential areas for improvement.

Quality Improvement Platform

The Quality Improvement Platform is a dynamic, responsive, and scalable tool that provides comprehensive information about enterprise-wide QI/QM programs and health plan quality performance. This tool was established to provide critical analytical insights about what QI/QM programs are being implemented across Anthem, to monitor and improve the effectiveness of these programs, and to identify and implement the optimal mix of outreach programs in order to maximize quality outcomes and Member health most efficiently. Our quality and data experts are working continuously to enhance the tool with frequent updates, enhanced views, and visualization. ***Our most recent enhancement is the integration of SDOH data with clinical profiles.***

The following data is contained with the Quality Improvement Platform and refreshed monthly, quarterly, and yearly depending on the data element:

- Health plan performance by HEDIS measure for each market and product (trended over time); the tool is broadly inclusive of data from Anthem-affiliated plans as well as our competitors
- Number of eligible (denominator) and compliant (numerator) Members per measure
- NCQA national benchmark performance for each measure
- Data about QM programs implemented to improve HEDIS rates (for example, program name, program description, quality measures impacted, markets implemented, frequency and type of program, business owner)
- Data about QM program effectiveness (for example, participation rates, percentage of Members closing health care gaps, cohorts of the population that are more responsive to particular programs, return on investment for programs, barrier analysis for program compliance)
- Demographic data describing population distribution(s) and possible risks for non-compliance or missing recommended services (for example, age, gender, race/ethnicity, language, geographic location)
- Provider data including Provider groups and specialties



The QI Platform creates efficiencies and streamlines production of reports by facilitating the sharing of best practices. It contains enterprise-wide data and is easily searchable to determine the most effective program or mix of programs for a given measure. These tools equip our staff with dynamic information to target activities to areas where they can have the most benefit.

The Quality Improvement Platform contributes to better health outcomes by increasing the number of Members receiving recommended health care services through (1) better understanding of what is driving non-compliance, and (2) improved Member experience through improved targeting and tailoring of program outreaches.

Health Intech

Health Intech is Anthem's health care management information system for Medicaid used in all Medicaid markets. This fully integrated information platform leverages information from our care management and UM systems, as well as clinical and SDOH information collected from referrals, screenings, and assessments conducted by our Care Management team, CHWs, and Community Engagement Navigators. Health Intech integrates care management data related to HRA screenings, comprehensive assessments, medical history, past and current care plans, authorizations (including admissions and discharges), care management contacts and interventions, reporting and analytics, and unidentified or unmet social needs.

Our Health Intech Member dashboard is available to all Providers through our secure Provider website. It gives electronic access to detailed Member data and allows Providers access to a single view that displays data in an easy-to-navigate dashboard and includes HEDIS care alerts, authorizations, prescriptions, and claims organized by type, such as inpatient, ER, and office visits. The dashboard serves as our primary method for sharing Member care management information, including plans of care. Data is updated daily with near real-time Provider availability on demand and provides easy access to PHM information via alerts, status icons, and various search tools, enabling the user to filter available information by key conditions, risk factors, gaps in care, and visit history.

Member Access

Through text messaging, our Care Managers and specialists can text appointment and follow-up reminders to Members who have texting capabilities, allowing our staff the ability to connect to Members in a format that is easy and convenient to them. Additionally, we educate and help our Members download various free health and chronic condition management mobile applications so they may better self-manage their own health.

Through our Member website, Members have access to their personal health information online at any time. Members can review claims, benefits, and educational information. Health and wellness tools, such as disease-specific pathways linked to tracking tools, health education, and self-directed courses, are also available. The site is accessible online via computer or mobile application platforms for Microsoft, iOS®, and Android™. ***Members will also be able to easily access their care plan, comprehensive assessment results, care gaps, and outstanding service needs.***

Security and Role-based Access

The Health Intech platform integrates data from a wide variety of internal and external sources including our HITRUST-certified Core Services System; Health Innovations platform; data warehouse; Admit, Discharge, Transfer (ADT) systems; health information technology and exchanges (HIT/HIE); and electronic health records (EHR). We control access to data within these systems using unique user ID and role-based access security controls, and by limiting update capabilities and access to application functionality. Users with inquiry-only privileges are unable to modify or update information. These different security functions enable us to provide users with multiple levels of privileges.

Personal Electronic Health Record

Health Intech provides a personal EHR for each Member that integrates case files and available health history to support critical functions and reporting, including management of discharge and transitions, medication, BH needs, chronic conditions, complex care management, UM, social supports, long-term care needs, clinical analytics, and predictive modeling.

Operational Advantages

Our Health Intech platform provides solutions for PHM. Its functionality includes:

- Assessment screenings
- Data sharing between Care Managers, family members, and Providers
- Display of identified health problems, treatment goals and objectives, milestone dates, and progress
- Clinical decision support tools to assist reviewers in making appropriate medical decisions
- Views of utilization and care management activities

CommonGround

CommonGround is an online resource library designed for Members ages 18 and over with various BH conditions. As part of our overall BH programming, CommonGround is intended to leverage new digital platform capabilities for sharing videos and other innovative, educational materials with Members. It provides easier access of meaningful materials through our Member website, resulting in better engagement and outcomes. CommonGround's self-help materials emphasize an innovative approach to person-centered care, empowerment with respect to treatment, and shared decision-making. All materials are adult-oriented and designed to support Members recovering from a BH condition, an addiction, or both. Care Managers have access to materials in an internal

site to facilitate identification of Members who will benefit the most from these strategies and tools. Learning tracks are organized into four categories with different tools in each to help with different aspects of recovery. Each track has materials in English as well as Spanish; is accessible to people with disabilities; has received regulatory and State approval on content, landing pages, and text campaign messages; and has learning tracks including reading materials, personal worksheets, and compelling first-hand video accounts from other individuals in recovery.

Community Resource Link

VALUE-ADDED SERVICES

Anthem will continue to provide our Members with an online resource that locates and displays available local community-based programs, benefits, and services, such as housing, food, transportation, employment, and more. Community Resource Link continually updates this tool, which allows us to expand our care management program to include assisting Members with accessing resources that increase independence and stability and improve health outcomes. ***This VAS provides a reliable source of up-to-date information about the wide range of programs and services available for Members in Medicaid, promoting increased personal responsibility, empowerment, and self-management.*** The tool includes an internal component that links directly to our care management system, as described earlier, which enables our teams to track the resources Members search for and use most. Anthem staff can also access the tool to help match Members to appropriate public services programs.

Online Well-being Program

VALUE-ADDED SERVICES

Anthem continues to provide our Members with a comprehensive set of solutions that address whole-person health, including our Members' BH needs. Our Online Well-being program, ***offered as a VAS***, comprises evidence-based therapies, information, and tools to help individuals with a wide range of concerns and issues, enhancing BH access, improving outcomes, and complementing face-to-face therapy options at a fraction of the cost.

Our Online Well-being program's opioid, alcohol, and drug recovery resources include motivational interviewing, support for progressing through the stages of change, and cognitive behavioral therapy for relapse prevention, as well as peer stories and testimonials. Their chronic pain management programming includes support for Members to understand pain management options and provides information on how to address the cycle of pain and to reduce opioid use to manage pain. ***Our Online Well-being program users consistently demonstrate a reduction in clinical symptoms and functional impairment, with users reporting a 25% average reduction in depression and anxiety symptoms and 53% reduction in hours missed due to mental health concerns.***

Improving the Quality of Services Delivered by Network Providers

Our innovative Provider and Member incentives align with the State's health priorities and motivate behavior that helps assure the right care is delivered at the right place, at the right time. We employ incentives to reward Providers for improving quality, outcomes, and efficiency. Reflecting our population health approach, our proposed incentives also address factors that influence the health and well-being of our Members, such as integrating PH and BH Services and addressing SDOH barriers. In addition, we use our Provider profile reports to identify outliers and deliver Provider education. We also use our HIPAA-compliant data and information-sharing tools to help Providers understand their performance and implement targeted interventions, as

described in the next section. PCCCs engage Providers to collaborate on Member needs and provide comprehensive education to the Provider on performance and quality metrics and work to remove or reduce barriers to care.

VBP Programs that Reward Providers for Improved Performance and Value

Recognizing the positive effect improved Provider performance and value can have on our Members, Anthem has been designing and implementing VBP programs that advance Providers along the Health Care Payment Learning and Action Network (HCP-LAN) Alternative Payment Model (APM) continuum since 2016. ***Approximately 46% of our Members are attributed to Providers who participate in one of our Category 3A APMs.***

Providers who participate in our VBP programs can view actionable, Member-specific information through our PCMS tool, allowing them to identify Members who need outreach and engagement, and care gaps that may affect their performance on quality measures. In the Medical Economics Platform, Financial Recovery Groups (FRG)®, Providers can monitor cost of care and utilization drivers affecting performance. Through alerts, dashboards, and reports, Providers can stratify their Anthem Members based on risk and prevalence of conditions and view actionable clinical insights, including gaps in care, ER use, and Members at high risk for avoidable admissions or readmissions.

Encouraging Providers to Expand Services and Hours

After-hours primary care provides additional reimbursement to Providers who extend evening hours and weekend appointments, as this increases access to care for Members and helps avoid unnecessary ER use. Anthem has a 24/7 nurse hotline Members can contact to get questions answered and help in gaining access to care and services. The information from these efforts are analyzed and used when encouraging Providers to expand service hours.

Using Infrastructure to Offer Support to Providers

We promote Project ECHO® (Extension for Community Healthcare Outcomes) as a collaborative model of education and Care Coordination that supports Providers with evidence-based guidelines and tools to identify and treat OUD. We are collaborating with the West Virginia University School of Medicine to extend their Project ECHO Opioid Use Disorders Tele-Mentoring and Educational Sessions to our Providers. ***Our 2019 HEDIS rate for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Initiation Total surpassed the Quality Compass 90th percentile.***

v. Data-driven Methods to Support Anthem's Quality Improvement Process

v. Methods to ensure a data-driven, outcomes-based continuous quality improvement process, including an overview of data that is shared with Providers to support their understanding of progress in achieving improved outcomes

Anthem's QM/QI approach and QAPI program align with DMS priorities, goals, and objectives to transform the Medicaid program to empower individuals to improve their health and engage in their health care. Our program complies with the current Kentucky Medicaid managed care Contract, State, and federal laws and regulations, Kentucky Department of Insurance requirements, and industry standards, including measures defined by NCQA, Agency for Healthcare Research and Quality, and others as specified in the Draft Contract. We have

reviewed the Draft Contract and are fully prepared to implement the necessary changes to meet, if not exceed, requirements.

Ensuring an Outcomes-based Continuous Quality Improvement Process

The QAPI Work Plan organizes and facilitates continuous improvement activities. To assess the overall effectiveness of QI projects, we compare the results of re-measurement periods to the initial baseline measurements and evaluate the trend against our goal. We then determine if:

- There is quantitative, measurable, and sustained improvement
- The improvement in performance is a result of the planned interventions or some unrelated occurrence
- The improvement has meaningful change or further work is needed

The strategy incorporates the continuous tracking and trending of quality indicators to make sure we measure outcomes and attain our goals. This includes monitoring of quality of care interventions and outcomes through HEDIS measure reviews, EQRO activities, periodic medical record reviews (for chart maintenance, documentation legibility, chronic condition management compliance, continuity of care coordination, and information security), and as required by the Centers for Medicare and Medicaid Services (CMS). Data and information are also monitored in interdisciplinary committees, such as the QIC and Medical Advisory Committee (MAC), to evaluate effectiveness and promote collaboration.

Based on results, we determine if we should adapt, adopt, or expand the interventions. We implement successful interventions on a larger scale through an expansion plan and refine or replace unsuccessful interventions. Interventions selected for expansion are viable as best practices in multiple environments. We measure the results of new or enhanced interventions and, as needed, report the results of the analysis to our QIC. We adapt interventions based on actual results and repeat the process until we achieve the desired results.

Data Shared with Providers to Support Quality Progress

At Anthem, we know that collaboration and sharing of timely, actionable performance data is essential to helping Providers improve their performance. Sharing Provider performance data is an important component of our QAPI program, which informs our overall approach to Provider performance improvement.

As detailed in our response to C.9.j, we align Provider profiles with our VBPs and promptly share data with the Providers participating in our VBP programs through an enhanced array of performance reporting, including scorecards, action plans, and interactive management tools to improve efficiency, minimize administrative burden, and drive performance improvement. In an effort to ensure that the data we provide is relevant, current, and provides the opportunity to maximize Member-Provider interactions, we collect and analyze the following:

- Behavioral, medical, ancillary, lab, and pharmacy
- Enrollment data
- Claims and encounters data
- Authorization data
- Complaints, Grievances, and Appeals data
- Provider and Member satisfaction survey results
- HEDIS results

Sharing Actionable Data

Our HIPAA-compliant data and information-sharing tools help Providers understand their performance and implement targeted interventions. Tools include both profile reports, which compare a Provider's performance to peers and established benchmarks, as well as integrated data solutions, Member dashboards, and scorecards that support our VBP models and help Providers improve performance. We remain respectful of Providers' time and share meaningful information and data in a way that is most useful and least disruptive to their practices. We continually gather feedback on the data's value and validate its usefulness. We share detailed reports with Providers, as well as guidance from our Provider Relations and Quality Management teams, to interpret and act on that data. In addition to our Health Intech and PCMS platforms, we have an array of reports we can deliver to Providers to promote efficient Member engagement:

- **Electronic Medical Records.** Targeting Q2 2020, we will roll out a new functionality to Provider Quality Incentive Program (PQIP) Providers by enabling the ability to see additional acquired data from Member electronic medical records (EMRs). We will continue to roll out this functionality to additional Providers with the goal of including all Network Providers.
- **The Missed Opportunity List (MOL),** or gaps in care list, provides PCPs a list of Members with gaps in recommended care, such as missed preventive health services. This targets HEDIS-measured procedures and visits, such as Adolescent Well-care Visits, and includes Member contact information and a calculation of potential bonus payments available if care gaps are resolved.
- **Transformation Action Plans (TAPs)** are a profiling tool tailored to PCPs participating in our PQIP. This tool provides comparative performance information and identifies opportunities to improve quality outcomes and reduce unnecessary utilization, such as avoidable ER visits, through Member outreach, preventive health services, and chronic condition management.
- **OB Profile reports** enable OB Providers to compare their key clinical metrics (such as preterm birth rate, Caesarean section rate, and timeliness of prenatal care and postpartum care) to benchmarks and performance of all Providers in-state and nationally within their specialty and panel peer groups.
- **Performance Efficiency Reports (PERs)** support the provision of efficient, quality care by sharing objective data with Providers on practice patterns. The reports outline a Provider-to-peer comparison using an episode treatment group (ETG®) methodology — a patented case-mix adjustment and episode-building system that uses routinely collected inpatient and ambulatory claims data.
- **VBP Program Scorecards and Reconciliations** deliver performance scorecards and reconciliation reports that show performance relative to VBP measures and targets to Providers who participate in our PQIP, PQIP Essentials, Behavioral Health Quality Incentive Program (BHQIP), and Behavioral Health Facility Improvement Program (BHFIP) VBP programs.
- **Milestones and Indicators of Progress Chart** assists Commonwealth Providers to manage practice transformation and establish a road map for establishing the infrastructure and capabilities needed to participate in more advanced VBP programs available in Anthem's Accountable Reimbursement portfolio. They are intended as guidelines to inform interpretation of progression through the value-based continuum.

- **PCP Quality Profile.** Provides PCPs with a profile of their performance against key HEDIS measures, such as diabetes HbA1c testing.
- **Opioid Prescribing Summary.** Providers will receive a report detailing their opioid prescribing patterns against evidence-based quality standards and peer comparisons. Providers can use this data to target opportunities to improve their prescribing practices.
- **Hospital Profile.** Provides a profile of performance against key quality measures, such as potentially avoidable readmissions and ER visits, Member satisfaction and complaints, and utilization.
- **Service Coordination Platform.** Our integrated platform supports our profiling and reporting strategy, and provides access to a single view of Member-specific data in an easy-to-navigate dashboard. It is our primary vehicle for sharing service coordination information.
- **Extended BH Therapy Services.** This program pulls provider-specific data for a 12-month period. We initiate Outreach with a letter to the Provider explaining the intent is collaborative and educational. The letter details the types of claims analyzed and the findings (for example, utilization percentage is higher than providers in specialty and peer group). The letter also furnishes providers with the current medical practices that will help their decision-making process while caring for our Members.

C.9.b. Kentucky Medicaid NCQA Accreditation

b. Indicate if the Vendor has received NCQA accreditation for the Kentucky Medicaid market, and if not, the proposed timeline for achieving accreditation.

At Anthem, quality is foundational to everything we do: ***achieving excellence in quality is also a strategic emphasis of our Chief Executive Officer***, ***Leon Lamoreaux***. In the past year, we have progressed from an NCQA Accredited Plan to an NCQA Commendable Accreditation status. We tie for first amongst Kentucky Medicaid MCOs on our health plan quality rating from NCQA, and we have earned a Distinction in Multicultural Health Care status. We continue to build on our accomplishments to provide a better health care experience for the Members we serve. Our commitment to quality is demonstrated by our continued accreditation achievements. ***Neither Anthem nor our affiliate health plans have experienced a suspension, denial, or revocation of accreditation.***

Anthem Maintains NCQA Commendable Accreditation for Kentucky

Anthem has been fully accredited by NCQA since 2017, and in 2019, we earned a Commendable Accreditation status with NCQA. In addition, our affiliates in 20 other states also have NCQA Health Plan Accreditation. Across Kentucky and our affiliates, ***we have a 100% success rate on accreditation applications***.

Anthem's continued accreditation with NCQA underscores our ongoing commitment to quality and achieving the best outcomes for Members in Kentucky Medicaid. We constantly pursue solutions, innovations, and capabilities that maximize our performance and outcomes and that support DMS goals including:

- Reducing the burden of SUD and improving BH outcomes;

- Reducing the burden of and improving outcomes for chronic diseases and promoting evidence-based treatment for priority health conditions that affect Kentuckians;
- Increasing preventive services to improve population health;
- Promoting access to high-quality care and reducing unnecessary and wasteful spending; and
- Maintaining timely access to high-quality, equitable care for Medicaid Members, especially for Members with special needs.

In March 2017, and renewed in 2019, we also earned Multicultural Health Care Distinction from NCQA, confirming Anthem's commitment to meeting the cultural and linguistic needs and preferences of our Members in Medicaid: ***we are proud to be the first — and only — health plan in Kentucky to be awarded the Multicultural Health Care Distinction from NCQA***. In addition to Anthem, 17 of our affiliates have achieved Multicultural Health Care Distinction from NCQA.

The commitment to quality extends throughout our organization as demonstrated by our NCQA-accredited disease management programs. Our organization's national Chronic Condition Management department holds ***NCQA Patient and Practitioner Oriented accreditation for asthma, coronary artery disease, CHF, COPD, depression, diabetes, HIV/AIDS, schizophrenia, and child and adolescent depression***. Further, we recognize that NCQA has incorporated chronic condition management into the new Population Health Program (PHP) standards that support the overall movement of the delivery system to holistic, fully integrated care. We follow these standards, which aim to encourage and reward health plans for aligning with the delivery system to achieve better population health outcomes. We are fully committed to this evolution and are transitioning all of the current national NCQA Disease Management Accreditations to PHP in 2020.

Our Parent Organization, Anthem, Inc. and Affiliated Health Plans Bring Solid NCQA Accreditation Experience

- Health Plan Accreditation (for Medicaid product)
- Chronic Condition Management Accreditation
- Health Information Product Certification
- Managed BH Organization Accreditation
- Multicultural Health Care Distinction

We are the only Kentucky MCO that offers this depth of accreditation.

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We are fully prepared to maintain or improve our accreditation status. We continue to work to prioritize NCQA accreditation as part of our commitment to adhering to industry best practices so that Anthem Members receive the highest quality of services. Further, we continue to collect, evaluate, and manage NCQA's rigorous health plan standards and use HEDIS and other data measures to track and improve our performance. Table C.9.b-1 includes a list of all NCQA accreditations in the states where Anthem and our affiliates operate.

Table C.9.b-1. NCQA Accreditations in States Where Anthem and Our Affiliates Operate

State	Affiliate	Status
Kentucky	Anthem Kentucky Managed Care Plan, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
California	Blue Cross of California Partnership Plan	NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
District of Columbia	Amerigroup District of Columbia	NCQA Health Plan Accreditation
Florida	Simply Health Care Plans, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Georgia	AMGP Georgia Managed Care Company, Inc. (*dba Amerigroup Community Care)*	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care

State	Affiliate	Status
Indiana	Anthem Insurance Companies (*dba Blue Cross and Blue Shield in Indiana*)	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Iowa	Amerigroup Iowa, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Louisiana	Community Care Health Plan of Louisiana, Inc., (*dba Healthy Blue*)	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Maryland	Amerigroup Maryland, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Minnesota*	Blue Cross Blue Shield of Minnesota (*dba Blue Plus*)	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Nevada	Community Care Health Plan of Nevada, Inc. (*dba Anthem Blue Cross Blue Shield Healthcare Solutions*)	NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
New Jersey	Amerigroup New Jersey, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care, LTSS Distinction
New York	Health Plus HP, LLC	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
South Carolina*	Blue Choice Health Plan of South Carolina	NCQA Health Plan Accreditation
Tennessee	Amerigroup Tennessee, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care, LTSS Distinction
Texas	Amerigroup Texas, Inc.	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Texas	Amerigroup Insurance Company	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Virginia	HealthKeepers, Inc.	NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Washington	Amerigroup Washington, Inc.	NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
Wisconsin	Compcare Health Services Insurance Corporation (*dba Anthem Blue Cross and Blue Shield in Wisconsin*)	NCQA Health Plan Accreditation with Distinction in Multicultural Health Care
West Virginia	UniCare Health Plan of West Virginia	Commendable NCQA Health Plan Accreditation with Distinction in Multicultural Health Care

**Our affiliate serves as Subcontractor to Managed Care Organizations in Minnesota and South Carolina, where those MCOs hold the accreditation and our affiliate performs delegated QM functions.*

C.9.c. Quality Improvement Committee

c. Provide the Vendor's proposed use of the Quality Improvement Committee (QIC) to improve the Kentucky Medicaid managed care program.

Anthem's QM organizational and program approach complies with all applicable provisions of 42 CFR Part 438, including, but not limited to, Subparts D and E.

Our Kentucky Medicaid QIC has an ongoing mission to promote quality health care and services and access to care in a safe, culturally sensitive manner as well as to be compliant with

requirements mandated by DMS, the NCQA, and other related entities. The purpose of our QIC is to:

- Provide a forum for all levels of Medicaid leadership to review and evaluate the quality, safety, efficiency, accessibility, and availability of care and services
- Provide oversight and make recommendations for activities that relate to QM programs, improvement processes, and nationally supported services
- Review and approve quarterly and annual health plan reports, national support services reports, and the Kentucky Medicaid managed care program policies and procedures

Leveraging Our QIC to Improve the Kentucky Medicaid Program

The QIC oversees multiple specialized committees and advisory groups. Leadership from each functional area is responsible for analyzing and reporting performance, operational activities, and outcomes on a quarterly basis. With transparency and accountability as core tenets, this structure will continually improve results across our health plan in alignment with DMS Quality Strategy and value-based quality measures. The QIC guides development, implementation, approval, and ongoing monitoring of our QAPI program. The QIC oversees processes and structure to meet compliance requirements for accreditation and oversight of delegated services. Other key QIC responsibilities include:

- Review and approval of Anthem's annual QM Program Description, Work Plan, and Program Evaluation
- Analyze and evaluate the results of QM activities, recommend policy decisions, make sure Providers are involved in the QM program, assure Provider involvement for both PH and BH, institute needed action to address deficiencies, and monitor that appropriate follow-up occurs
- Review trends of HEDIS, CAHPS, SDOH, clinical and non-clinical data, and action plans for improvement
- Monitor accessibility and availability of services with CLAS through the Health Disparities program
- Measure compliance to medical and BH practice guidelines
- Analyze, review, and make recommendations on the planning, implementation, measurement, and outcomes of clinical and service QM studies
- Maintain records that document the QIC's activities, meeting minutes, findings, recommendations, actions, and results
- Share best practices and lessons learned for various programs, audits, and activities
- Recommend quality initiatives for possible implementation

We will continue to use the QIC to improve the Kentucky Medicaid managed care program. From 2017 to 2018 Anthem had a greater than 5% decrease in the HEDIS measure Follow-up Care for Children Prescribed ADHD Medication — Continuation and Maintenance. After conducting several analyses, the QIC assisted with focusing more specifically on BH medication management for the Members, specifically those ages 6-12. This approach includes:

- **ADHD Follow-up Care Standalone Mailing.** An educational mailing campaign to make sure parents and caregivers follow appropriate clinical guidelines for Provider follow-up appointments within 30 days after newly starting medication. This initiative also includes the Vanderbilt Assessment Scale for home and school that helps facilitate discussions with their Provider.

- **ADHD New Start Education Mailing.** Mailing campaign that focuses on ADHD medication education and reminders to parents and caregivers to have follow-up appointments scheduled and the importance of completing those appointments.
- **ADHD IVR Follow-up Care.** Telephonic messages for parents and caregivers on importance of physician follow-up care.

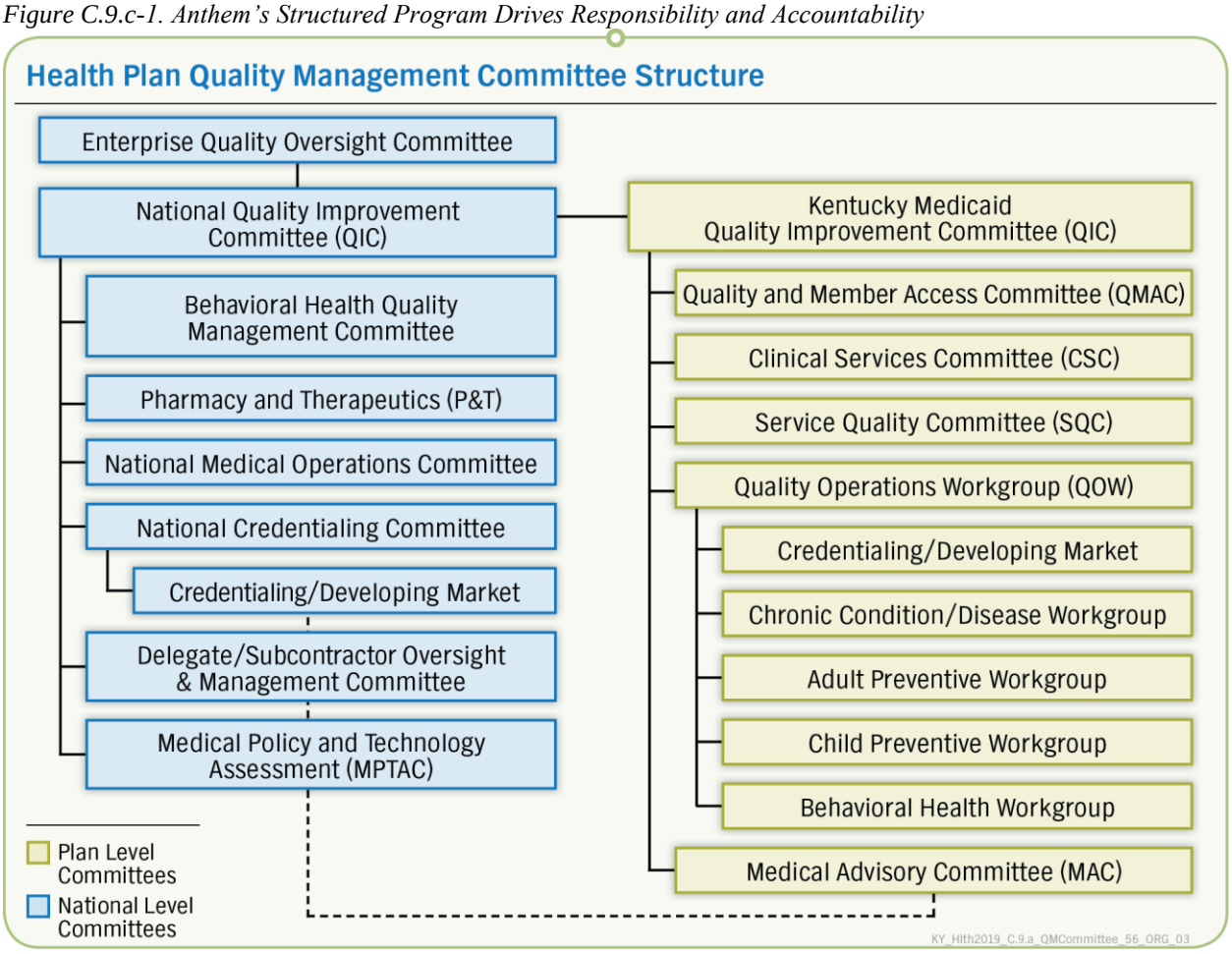
By adding these initiatives to our enhanced overall ADHD strategy, Anthem's efforts resulted in an increase greater than 25% in the measure from HEDIS 2018 to HEDIS 2019.

Anthem's Quality Improvement Committee Structure and Subcommittees

Anthem's QM program fosters local decision-making while benefitting from the knowledge and perspective of our national team. Reporting to our Board of Directors and national Medicaid Quality Improvement Committee, our health plan's QIC establishes strategic direction to monitor, support, and provide the framework for interdepartmental collaboration on QM activities. Our Anthem Quality Improvement Director chairs our QIC and has primary responsibility for our quality program. Our Medical Director co-chairs the QIC.

Figure C.9.c-1 depicts our quality committee structure.

Figure C.9.c-1. Anthem's Structured Program Drives Responsibility and Accountability



Additional QIC participation includes Anthem's Chief Executive Officer and numerous health plan leaders and staff representing UM, PHM, BH, Provider Services, Community Outreach, Stakeholder Engagement, SDOH, Pharmacy, Operations, Credentialing, and Subcontractor Oversight. All QIC staff participating are in Kentucky. The QIC meets on at least four times per year, with additional ad hoc meetings as warranted, and perform the responsibilities noted in Section 19.2 of the Draft Contract.

We provide DMS' Chief Medical Officer with 10 days advance notice of all regularly scheduled QIC meetings with an agenda and related meeting materials, as available, to support determination of attendance. QIC records are available for review upon DMS request, during the annual on-site EQRO review, or for NCQA accreditation review.

QIC Committees and Workgroups Facilitate Interdepartmental Commitment to Quality Improvement

The following committees and workgroups report to the QIC and inform the QM program.

> At our Q2 2019 QIC Meeting, a MAC representative informed us that an In-Network Provider was unaware of the VAS benefit for new glasses after completing a diabetic eye exam. In response, Anthem is actively working to enhance Provider education surrounding the VAS benefits offered to Members.
> KY_Hlth2020_C.9_Q2_COB_01

Medical Advisory Committee (MAC). Our MAC engages local primary care, specialty care, and Behavioral Health Providers in our QM activities and QAPI program. It reviews, provides input, and approves CPGs to confirm local Kentucky practice context; approves UM criteria and program descriptions; and reviews information on Appeals, Grievances, and quality of care issues. The MAC conducts peer reviews to assess levels of care and quality of care provided. It also monitors practice patterns and drug utilization to verify appropriateness of care and improvement and risk prevention activities, including review of clinical studies, development and approval of action plans, and recommendations for QI studies. Members include our Medical Director, BH Medical Director, quality leaders, and five Network Providers, including one dentist, BH Provider, and a pediatric ARNP.

Clinical Services Committee (CSC). Chaired by our Medical Director, our CSC oversees all our UM program activities and processes, including delegated CSC services. The Committee reviews, monitors, and evaluates CSC program compliance with Anthem standards, State and federal laws and regulations, the Kentucky Medicaid State Plan, and NCQA standards. The CSC reviews the annual UM and PHM Program Descriptions and Work Plans; assesses the program's overall effectiveness, including long-term inpatient (IP) stays; monitors Grievances and Appeals (including expedited Appeals and State Fair Hearings) related to UM activities for recommendations; and focuses on continuity of care for medical and BH. In addition, the CSC focuses on the adequacy of resources, committee structure, Provider participation, and leadership involvement in the UM program and determines future modifications to the program.

Service Quality Committee (SQC). Our SQC serves as a commitment to excellence in the quality of services provided to Members and to the availability of the Network's Providers, practitioners, and ancillary Network. Meeting at least quarterly, the SQC provides oversight of and monitors customer service metrics for improvement opportunities, as well as provides a forum to discuss and formulate recommendations for interventions to be implemented regarding Member and Provider service.

The following advisory committees and workgroups report to our Kentucky QIC.

Quality and Member Access Committee. As detailed in our response to C.9.d, QMAC serves as the voice of our Members. It guides us on Member-related services and activities, including outreach, care management, quality of care and services, cultural competency, health equity, and SDOH.

Provider Advisory Committee. Serving as our Provider Advisory Council, our Provider Advisory Committee is key to gathering Provider input and feedback on our programs, VBP, clinical policies and practice guidelines, and services we deliver to Providers and Members.

Quality Operations Workgroup (QOW). Meeting monthly beginning in 2020, the QOW is comprises staff all across all functional areas of the health plan and is charged with upholding optimal adherence to quality measures. The QOW meets to review the status of critical measures by evaluating our biweekly HEDIS reports to drive improvement; conduct strategic planning on activities to improve and initiate development; assign tasks, business owners, and timelines; develop solutions to close gaps in care and identify root causes; and continually monitor progress toward HEDIS goals. In addition, the QOW is responsible for analyzing data trends, developing interventions, interpreting barrier analyses, performing quality studies, and monitoring trends related to PIPs. Our QM Director, who attends all collaborative PIP meetings, leads PIP Workgroups.

QOW subgroups focus on quality measures within their assigned domain to identify disparities, barriers, and gaps. They also develop potential interventions to address identified gaps. Subgroups include the following:

- Maternal/Infant Workgroup
- Chronic Condition/Disease Workgroup
- Adult Preventive Workgroup
- Child Preventive Workgroup
- Behavioral Health Workgroup

C.9.d. Quality and Enrollee Access Committee

d. Provide the Vendor's proposed use of the Quality and Member Access Committee (QMAC) to improve the Kentucky Medicaid managed care program, including the following information:

i. Proposed stakeholder representation.

ii. Innovative strategies the Vendor will use to encourage Enrollee participation.

iii. Examples of successful strategies the Vendor has implemented to obtain active participation in similar committees.

Our Proposed Use of the Quality and Enrollee Access Committee

The Quality and Member Access Committee (QMAC) is a committee established with the goal of giving Members a direct voice and is essential for Anthem to gain Member insight and understanding of the challenges Members face in accessing their care and services. With this committee we gain additional understanding from our Members about barriers they encounter, such as Member-related services, access to care, care management, quality of care and services, cultural competency, health equity, and SDOH.

The QMAC reports directly to our multidisciplinary Kentucky QIC, which oversees all quality functions, and through this, minutes and action items are documented to the National QIC. The

QMAC has been and will continue to be used to improve the Medicaid managed care program by providing a forum to obtain new and relevant insights into Members' cultural values and beliefs, as well as disability accessibility of our programs and activities, to identify more effective health education, services, and care options.

i. Proposed Stakeholder Representation

i. Proposed stakeholder representation.

Anthem recognizes that the Quality and Member Access Committee is valuable in obtaining critical feedback from our Members, families, caregivers, and Member-focused stakeholders. The QMAC committee is chaired by the Community Outreach Manager, and Anthem QM staff and leadership attend every meeting to solicit feedback and present on relevant topics, such as our CLAS and Health Disparities program evaluations. Anthem provides a QMAC approach that connects our Members to key Anthem staff and leaders and understands this connection drives a greater understanding of the barriers our Members face on a daily basis. Having this avenue to learn from will help Anthem develop and enhance processes that will help our Members access care without known barriers.

To obtain feedback that reflects unique Member experiences, disabilities, and cultural backgrounds, Anthem will be extending invitations to all Members and their families and caregivers in the area in which the QMAC meeting is being held. We propose that each QMAC meeting will include attendees from the following stakeholder groups:

- **Anthem Members.** Member representation at each meeting will be consistent with the composition of the Member population, including such factors as aid category, gender, geographic distribution, parents, as well as adult Members and representation of racial and ethnic minority groups.
- **Community Advocates.** Community Advocate representation from community-based organizations to provide feedback and insights on local community issues.
- **Anthem Staff.** Including our CEO, PHM Director, Quality Improvement Director, Director of Community Outreach, local community outreach representative, Spanish speaking community outreach representative. Anthem will also include employees from key health plan departments, such as Member Services, CLAS, Health Education, Pharmacy, Provider Relations, and Grievance and Appeals, to address specific topics and agenda items as appropriate.

In addition, we encourage participation by DMS representatives and Network Providers. Anthem believes that holding QMAC meetings in different areas of the Commonwealth and inviting representatives from the stakeholder groups mentioned who live and work in the local area best enables us to glean crucial insights that allows us to better serve the local population, overall, and by region.

We also seek recommendations for recruitment into our QMAC from Members, Providers, Community Engagement Navigators, Public Health Consultants, Member Liaisons, Care Managers, and community partners. Members are provided free transportation, meals, and childcare when they participate.

Anthem's proposed stakeholder representation includes our CEO, PHM Director, local Director of Community Outreach, Member Liaison(s), community-based organization(s), Advocacy

Group(s), Public Health Consultants, Community Engagement Navigators, and Members that reflect the populations we serve. This representation opens the opportunity for Members to give direct feedback to critical decision makers, bring recommendations, and gain important information on how to navigate and advocate for patients. Our affiliates' experiences have shown many advantages to inviting ad hoc participants, as opposed to all participants comprising standing committee members. As a result, we seek to achieve diverse participation that will facilitate broad participation and engagement of key stakeholder groups.

In previous QMAC meetings, Anthem gained insight from our Members, community organizations, and advocates that lack of reliable transportation, for example, can have far-reaching negative impacts to a Member's health and well-being. Even in urban areas of Kentucky, where public transportation is more available, it can be difficult to use for parents with small children. Parents cannot hold bags of groceries on the bus if they are also holding an infant or young child's hand. Conversations with Members like this, in forums like the QMAC, have and will continue to inform our population health strategy and investments in social determinant of health supports for Members.

ii. Innovative Strategies to Encourage Member Participation

ii. Innovative strategies the Vendor will use to encourage Enrollee participation.

First, We Listen

Anthem recognizes there are several different barriers Members face when wanting to participate in the QMAC meetings. In 2019, Members provided feedback that they were experiencing local barriers and challenges, with the top three issues being: employment insecurity, housing insecurities, food insecurities, and lack of transportation. In response, and in alignment with our continuous quality improvement foundation, we created the Member Empowerment program, and we are aligning our organization investments to assist our Members with these gaps. We are addressing these barriers by making the following investments:

- **Housing Liaison.** The Community Engagement Navigator team will include Housing Liaisons who support a person-centered outreach plan and care planning activities for Members experiencing homelessness, work with housing agencies, and develop partnerships with community resources.
- **Employment Liaison.** Our Community Engagement Navigators will also serve in an Employment Liaison role, with a subject matter expert leading the strategy throughout the Commonwealth. They will provide Members with information about job entry and coach them on new career paths they may pursue.
- **Mobile Produce Distribution Van.** In the Kentucky regions served by God's Pantry Food Bank, one in six people struggle with hunger, including one in five children[2]. Anthem is committed to helping reduce food insecurity and improve Members' access to nutritious food. To that end, we recently donated a new, custom vehicle that will serve as a Mobile Produce Distribution Van to God's Pantry, helping the non-profit meet the nutrition needs of children and teens during the summer months by providing healthy,

Committed to Community

Our organization invested **$289,000** in Feeding America, Kentucky's Heartland, sponsoring 40 events with fresh produce; in 2020, we will support 72 more events.

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[2] FeedingAmerica.org

fresh alternatives. The van allows distribution in areas where a larger truck, typically what is used during produce distributions, cannot fit. The van was outfitted and redesigned by Anthem to allow the God's Pantry to set up a produce stand out of the back, while the inside can be used to transport produce.

Anthem will explore collaboration with other contracted MCOs to conduct joint QMACs, with DMS approval, if doing so is found to increase Member participation and input.

To increase Member participation, we are proposing the following options based on past lessons learned and Members' feedback:

- Hosting Providers on-site to offer screenings and a panel discussion
- Partnering with food banks and sites of other key community partners, such as schools, non-profits and churches, that Members frequent
- Utilizing health promotions to directly contact Members one on one and invite them to participate in the QMAC meetings near them. This can be done during their routine daily work when they communicate with Members
- Giveaways (gift cards, or raffles during meeting)

These initiatives are used in some of our affiliate markets and have resulted in more active participation and robust feedback. Anthem's welcome packet includes information related to participation in our QMAC. At least three weeks before the QMAC, we advertise the meeting locally, distribute an agenda, and invite local Members, their families, and key stakeholders to attend. Anthem will be adding text messaging invitations to Members in 2020.

We post the meeting on our Kentucky website page and inform our staff about the committee meeting to promote participation with Members. We also provide DMS with 10 days' advance notice of all regularly scheduled meetings of the QMAC with an agenda and related meeting materials, as available, to support determination of attendance. We are also strategizing how we can best coordinate meetings with additional community activities to promote attendance and reduce transportation barriers.

Valuable Subjects Relevant to Members on the Agenda

To illustrate the range of topics, our most recent QMAC agenda included review of Anthem's Empowerment program, quality access standards, Grievance and Appeals data, Member education materials to assess readability and relevancy; discussion of community outreach activities and ideas; and a Question and Answer panel with representatives from our Compliance department.

Additional responsibilities of the QMAC include:

- Assisting in policy and program design related to Member rights, complaints, and Grievances, marketing, Member Services, outreach, health needs, accessibility, and cultural competency
- Providing feedback and recommendations on how we deliver integrated PH and BH Services and addressing access barriers that Members experience
- Making recommendations on collaborating with community organizations and communicating with constituents regarding implementation of Medicaid programs, benefits, and services
- Providing feedback so that our Member educational materials (including the Member Handbook) and programs are culturally competent, understandable, and fully accessible, and address our Members' health education needs and concerns
- Offering feedback on the Provider Network adequacy and satisfaction

- Recommending community outreach activities
- Assisting in the review, development, implementation, and evaluation of Member health education tools

Anthem's QMAC will continue to meet at least quarterly, rotating the location site across the Commonwealth to enable Members and other stakeholders statewide to attend our meetings in person. Our Community Outreach Director documents attendance and minutes, retains event records, and submits meeting minutes to DMS within 10 days after each meeting, summarizing the meeting discussions, including Member concerns and issues. We submit a summary to DMS annually that includes a listing of Members participating with the QMAC, recommendations received from attendees, and information about if and how we will or have implemented the recommendations.

iii. Successful Strategies to Obtain Active Member Participation

iii. Examples of successful strategies the Vendor has implemented to obtain active participation in similar committees.

Anthem understands that even with many of the strategies to address barriers in participation that further encouragement is often necessary to drive participation. In an effort to increase Member participation in our QMAC, we are collaborating with our affiliates that have notably active Member Advisory Committees, to learn about and implement their successful strategies.

BRINGING PROVEN SOLUTIONS to the KENTUCKY MEDICAID PROGRAM

Successful strategies for increasing Member participation include:

- Hosting meetings at a clinic site and offering screenings and a panel discussion
- Hosting meetings during our health fairs, where Members already participate
- Partnering with food banks and sites of other key community partners, such as schools, non-profits and churches, where Members frequent
- Giveaways that are focused on participation during the meetings (that is, a small gift for those who speak up and share during meetings)
- Select a Member to be the "Member Chair" which gives them a true feeling of responsibility and accountability. We ask the Member Chairs to help reach out into the community and invite more Members to participate. The Member Chair also can call upon other Members to share during meetings
- Engaging our Community-Based Organizations (CBOs) to present important Member-specific useful information during meetings

Our Georgia affiliate holds their Member Advisory Committee meetings at local Provider offices, which has proven to increase their Member participation. They also rotate meeting locations throughout the region, which gives all Members an opportunity to access a QMAC meeting. By connecting to our Members in real-time in their communities, they have gained a much better understanding of their challenges and strengths. Examples of improvements or program modifications implemented as a result of our active participation in our Georgia affiliate's Member Advisory Committee include:

- The committee discussed barriers to access care, including appointment scheduling and difficulty reaching Members by telephone. As a result, they worked with MyHealthDirect to increase the number of outreach calls to schedule appointments and remind Members about

upcoming appointments. MyHealthDirect is an online tool that enables Outreach Care Specialists to schedule appointments directly for Members.

- During another Member Advisory Committee meeting, Members offered feedback on the Member incentive programs, whereby Members earn gift cards for completing preventive care, such as EPSDT screening services and perinatal visits. Members felt that the reimbursement process, which required sign-off from the PCP, was too complicated and preferred to receive the gift card at the Provider's office. As a result, the Georgia affiliate now offers point-of-service Member incentives as a VAS.
- Georgia Members shared their difficulty in accessing specialists and issues with long commutes to appointments during a committee meeting. To address this issue, our Georgia affiliate trained our Outreach staff to coordinate transportation with the State's non-emergency medical transportation brokers.

Anthem has learned from these experiences that it is critical to ensure agenda items are relevant to the Members we serve. The agenda needs to be open to elicit comments and valuable input, so assuring the agenda reflects Member grievances and complaints, quality measurements, Member-specific access to care reports, care management (CM) and UM are essential to help open communication on areas common to cause barriers.

In addition, our Maryland affiliate's Health Promotions team manages Member Advisory Committee meetings. The team coordinates with large Providers, including dentists and optometrists, to have health screenings done on-site in conjunction with the committee meetings. This affiliate serves lunch and structures the meetings in a panel format to allow Members to have questions answered. They also provide bus schedules and transportation information on the invitations to Members, and they have made that part of their process going forward.

This example helps us understand that we need to utilize our Health Promotions team to consistently reach out to our Members who are participating to keep them engaged, and continually reach out to Members who are not participating encouraging them to get involved.

C.9.e. Quality Assessment and Performance Improvement Program

e. Provide a comprehensive description of the Vendor's proposed Quality Assessment and Performance Improvement (QAPI) Program that meets all requirements of this Contract.

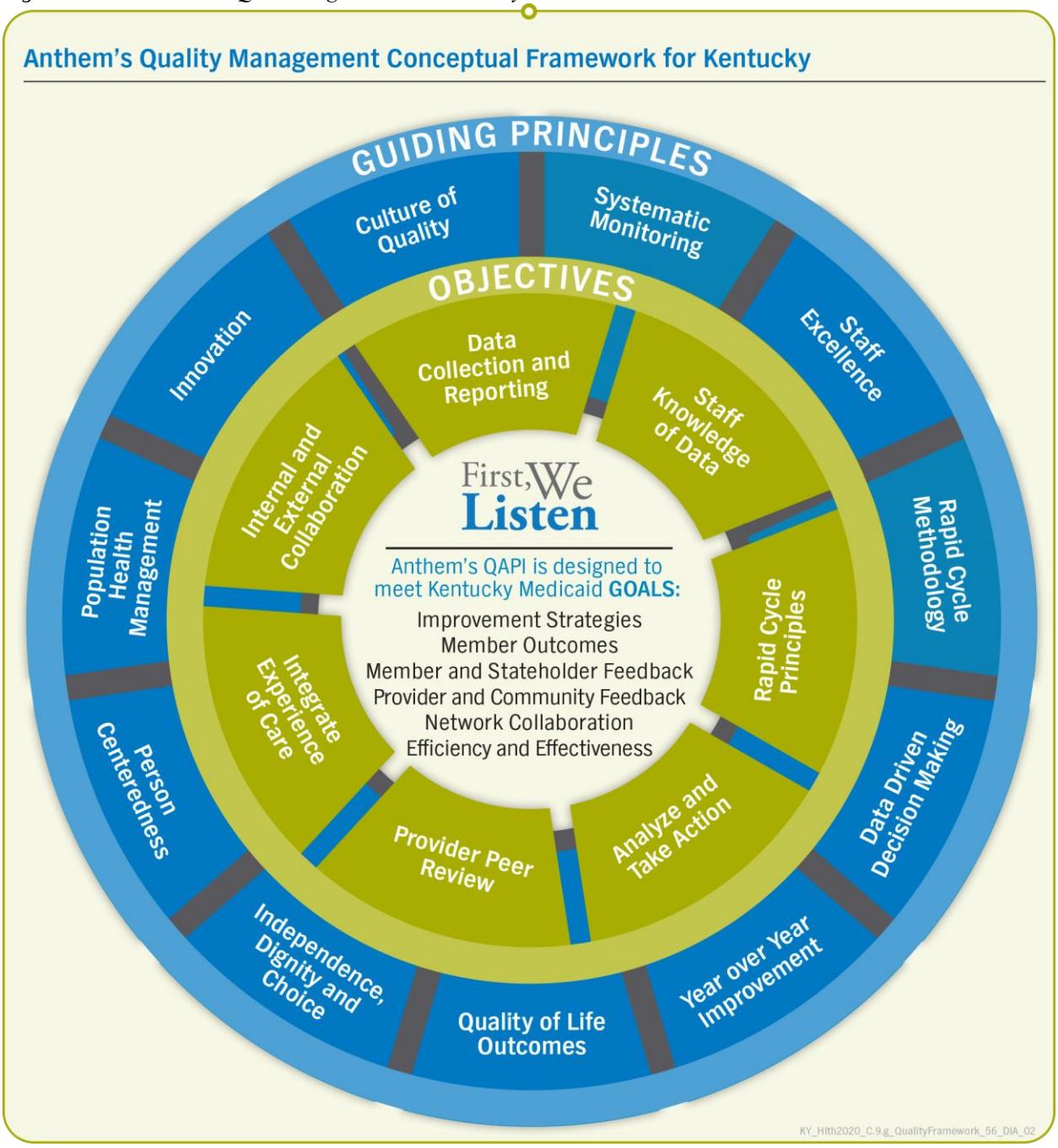
Our steadfast commitment to quality is demonstrated throughout Anthem. Quality is embedded in our organizational mission, embraced within our workplace culture, and is at the heart of everything we do. ***Every employee at Anthem is empowered to be a quality champion, practicing continuous quality improvement (CQI), supporting innovation, and being an essential stakeholder in our path to quality excellence.***

Quality Assessment and Performance Improvement Program Objectives

Anthem's QAPI program establishes quality improvement strategies and uses appropriate quality tools, resources, and quality improvement processes to accomplish its objectives. The QAPI program incorporates health promotion as well as performance monitoring to positively impact the quality of care and services delivered to Members. We have specialized expertise in

Medicaid Quality Management and our program is responsive to our Members' holistic needs. Our QAPI program's conceptual framework and objectives are illustrated by Figure C.9.e-1.

Figure C.9.e-1. Anthem's QAPI Program Meets Kentucky's Goals



Our objectives in delivering high-quality care to Anthem Members include:

- Monitoring and measuring the outcomes of clinical care and services by analyzing performance indicators, including HEDIS and health care outcomes; then identifying and acting on opportunities for improvement

- Assessing Members' cultural and linguistic diversity and analyzing data to identify health care disparities, barriers to treatment, or areas of dissatisfaction
- Coordinating QM program activities with applicable accreditation standards and State and federal regulations
- Conducting an effective EPSDT program monitoring compliance; and acting on opportunities for improvement
- Helping assure appropriate access to care by monitoring practitioner and Provider access and availability reports, and creating action plans to address gaps in access as needed
- Monitoring and assessing the integration of PH and BH Services through coordination of care and services for Members with complex health needs requiring care management, disease management, or complex case management
- Evaluating Member experience with clinical care and services using the annual CAHPS survey to compare performance against national benchmarks and State performance goals to identify improvement opportunities
- Coordinating through committees to assure appropriate Vendor delegation oversight

Our QAPI program reflects a CQI philosophy, as evidenced by:

- Ongoing performance evaluation using objective quality indicators and the robust health care quality methodologies and techniques
- Quantitative and qualitative data collection and data-driven decision-making
- Formal and informal vehicles to gain Member and Provider input in designing, planning, and implementing CQI activities through focus groups, and Member and Provider advisory councils
- Continuous measurement and re-measurement of the effectiveness of clinical and non-clinical initiatives, quality of care, access, safety, and more using valid and reliable methods such as our proprietary data analytic tools
- NCQA-certified vendors administer our CAHPS surveys and validate our HEDIS results
- Rapid-cycle improvement methodology to design and evaluate QM program interventions through continuous use of the Plan Do Study Act cycle to drive performance improvement activities

Anthem's QAPI Program Meets or Exceeds All Contract Requirements

Anthem's QM approach and QAPI program meets the requirements set forth in DMS' Quality Strategy, current Contract requirements, and 42 CFR § 438.330(a)(1); and aligns with DMS' priorities, goals, and objectives. Our program also complies with State and federal laws and regulations, Kentucky Department of Insurance requirements, and industry standards, including measures defined by NCQA, The Joint Commission, Agency for Healthcare Research and Quality, and others as specified in the Draft Contract.

Over the past six years, Anthem has been fully compliant with our QAPI Program Plan for review and approval by DMS on an annual basis. Our QAPI Program Plan clearly defines specific goals and activities to drive results over a 12-month period, representing our road map for the upcoming year's priorities and performance targets.

Anthem's QAPI Program Has Demonstrated Success in Kentucky

All of our efforts have been designed around critical quality measures in alignment with DMS' priorities that impact our membership. From 2018 to 2019, we made significant improvements in several measures, including those in Tables C.9.e-1 and C.9.e-2.

Table C.9.e-1. Anthem Has Achieved Significant Improvements in HEDIS Measures of Clinical Care

Measure	HEDIS 2018	HEDIS 2019	2019 Achievement
Follow-Up Care for Children Prescribed ADHD Medication – Continuation	48.15	60.50	↑25.65% 67th Percentile
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents – BMI	70.32	83.21	↑18.33%
Comprehensive Diabetes Care – HbA1c Control (<8.0%)	47.45	54.65	↑15.17% 67th Percentile
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Day	7.74	8.79	↑13.57%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation	45.68	51.84	↑13.49% 90th Percentile
Follow-up Care for Children Prescribed ADHD Medication – Initiation	43.97	49.27	↑12.05% 67th Percentile
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Engagement	21.27	23.75	↑11.66% 90th Percentile
Comprehensive Diabetes Care – HbA1c Control (<7.0%)	34.35	38.14	↑11.03%
Prenatal and Postpartum Care – Prenatal	78.59	84.91	↑ 8.04%
Controlling High Blood Pressure	58.88	63.26	↑ 7.44%
Statin Therapy for Patients with Cardiovascular Disease – Statin Adherence 80% – Total	59.30	63.29	↑ 6.73%
Medication Management for People with Asthma	47.86	50.78	↑ 6.10% 90th Percentile

Table C.9.e-2. Sample of High-scoring CAHPS Measures of Member Experience

Medicaid Survey	Measure	CAHPS 2019	2019 NCQA Percentile Exceeded
Adult	Rating of Personal Doctor	87.91	95th Percentile
Adult	Rating of Health Plan	84.59	90th Percentile
Adult	Rating of Health Care	80.77	90th Percentile
Adult	Customer Service Composite	91.33	90th Percentile
Adult	How Well Doctors Communicate Composite	94.73	90th Percentile
Adult	Getting Needed Care Composite	86.22	75th Percentile
Adult	Shared Decision-Making Composite	82.29	75th Percentile
Child	Rating of Health Care	89.39	75th Percentile
Child	Getting Care Quickly Composite	94.17	75th Percentile
Child	How Well Doctors Communicate Composite	95.75	75th Percentile
Child	Rating of Personal Doctor	90.96	67th Percentile

Reducing Disparities

Our QAPI program includes an annual CLAS and Health Disparities Program Description and Evaluation. Our CLAS and Health Disparities program objectives are to:

- Respond to current and projected demographic changes in our membership
- Identify and address disparities in the health status of persons of diverse racial, ethnic, and cultural backgrounds
- Improve the quality of services and care outcomes
- Meet legislative, regulatory, and accreditation priorities

We collect, track, and trend Member data to identify health care disparities, barriers to treatment, areas of dissatisfaction, and gaps in Provider coverage related to cultural or linguistic representation. We educate Providers on culturally competent communication and interactions. We collect demographic data on location, age, ethnicity, race, gender identity, sexual orientation, religion, primary language, disability status, and income level, as well as Member self-reported demographics, SDOH, and health needs assessment data. We compare this data against prior year performance and against regional and national benchmarks, making sure all potential disparities are identified. Addressing disparities and promoting more equitable health outcomes are goals we share with DMS. In April 2019, our Ultimate Parent Company was awarded the ***Innovation in Advancing Health Equity Award*** from the National Business Group on Health for its efforts to advance health equity by addressing the demographic and socio-economic influences that impact environments where people live, learn, work, and play. We stratify key quality measures to address health disparities through responsive programs that are customized to meet the individual needs and cultural nuances of communities. An example of this is running heat maps to identify specific geographical areas of concern, which has provided specific strategies within a specific location to address the access need and also led to the hiring of regional Health Promoters to bridge needs.

Our Ambulatory Care Sensitive Conditions Performance Improvement Project leverages stratified data to address discrepancies in health care. In a recent focused study conducted by IPRO, the EQRO, Ambulatory Care Sensitive Conditions were identified in more than half (50.47%) of the total Kentucky Medicaid managed care adult population (n=501,833).[3] Ambulatory Care Sensitive Conditions include diabetes, cardiovascular disease, COPD, and asthma. The study identified 17,990 Anthem Members with one or more Ambulatory Care Sensitive Conditions.

As we continued to analyze the data, we looked at any potential disparities, especially in alignment with these conditions. As such, we identified that African American Members had a statistically significant difference in the number of Members with cardiovascular disease and diabetes currently receiving statin therapy treatment. In an effort to close this gap, we are leveraging our communication platform to create targeted messaging. In addition, PCCCs will audit Provider adherence to recommended evidence-based guidelines and provide education, tools, and resources, such as our MyDiversePatients.com training website that offers a way for

[3] IPRO, Focused Study: Potentially Preventable Hospital Admissions and ED Visits due to Ambulatory Care Sensitive Conditions; 2018

Providers to explore learning experiences, techniques, and ideas that can translate into culturally competent individualized care every Member deserves.

C.9.f. Improving Specific Quality Measures in Kentucky Medicaid

f. For each of the below quality measures, demonstrate how the Vendor will work to make improvements in Kentucky's Medicaid population. Include discussion of strategies and interventions specific to each measure, partners that will be necessary to achieve improvement, data analytics, and anticipated timeframes for success in achieving improvements. Describe potential challenges the Vendor anticipates, if any, and how those will be addressed. Provide examples of successes in other state Medicaid programs, and how that success will be leveraged in the Kentucky Medicaid market.

i. Medication Adherence for Diabetes Medications

ii. Tobacco Use and Help with Quitting Among Adolescents

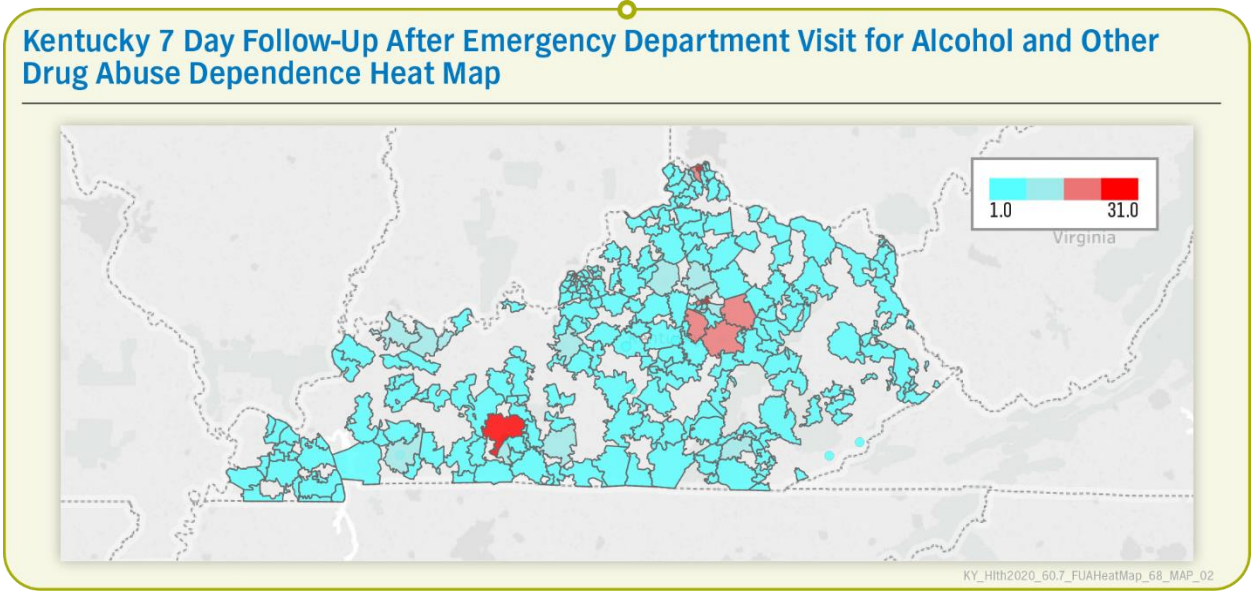
iii. Colorectal Cancer Screening

Anthem is committed to excellence in the quality of care and services for Members. We are dedicated to making improvements in Kentucky's Medicaid population, improving the health status and quality of care for our Members and the public, providing expanded benefits, improving Member safety, and assuring Member access to medical services.

Our QAPI program is an ongoing, comprehensive, and integrated system that defines how departments evaluate quality objectively. We systematically monitor and evaluate the quality, safety, and appropriateness of medical and BH care and services offered by our Provider Network and identify actionable opportunities for improvement. We are continuously evolving and building upon our culture of quality with a focus on continued improvement.

Emblematic of our culture of quality in action, our QM team analyzes data weekly, monthly, and quarterly to identify areas for improvement, including management of chronic and acute diseases and conditions. Our heat map capabilities (see sample in Figure C.9.f-1), a tool our QM team uses to drive strategic interventions, include the ability to depict Member gaps in care at the local level by zooming into a single county. Heat maps are also viewable by individual quality measures. We use this information to guide community awareness efforts and collaborations as well as Provider partnerships. For example, we are better able to target regional variations of gaps in care, such as diabetes gaps in the eastern part of Kentucky.

Figure C.9.f-1. Heat Mapping Identifies Opportunities for Improvement



i. Medication Adherence for Diabetes Medications

i. Medication Adherence for Diabetes Medications

Anthem's Medication Adherence for Diabetes Medications program is comprehensive and multi-faceted, incorporating Member outreach, incentives, ongoing data review, and strategic Provider partnerships. This approach complements our NCQA-accredited diabetes chronic condition management program.

Improvements in Medication Adherence for Diabetes in Kentucky

In 2020, Anthem will launch a comprehensive Diabetes Prevention Program (DPP) for our Medicaid Members. Program elements include: 1) 16 weekly meetings, followed by monthly sessions 2) a trained lifestyle coach 3) CDC-approved curriculum and 4) group support. Members will learn to eat healthy, manage stress, incorporate physical activity into their daily routine, and learn how to solve problems that may get in the way of healthy changes. The DPP program is a best practice from our commercial affiliate in Kentucky. Outcomes information from our affiliate highlights key benefits from the program:

- Q4 2017 through Q4 2018: 265 Members actively participating in 37 classes
- Total weight loss of 2,800 pounds
- Cumulative average weight loss of 4% (10.57 lbs.)
- Improved blood sugar control: 6.02 HbA1c beginning average; 5.64 HbA1c ending average

If a Member's weight is contributing to their diabetes diagnosis, the Chronic Condition Care Manager will encourage the Member to take advantage of nutritional counseling and our WW® (formerly known as Weight Watchers®) Membership VAS, which covers the cost of the enrollment fee plus 13 weeks of membership.

To further incentivize Members to control their diabetes and promote compliance with medication, we will be ***adding new diabetes management measures to our Member incentive program***, Healthy Rewards, where incentives will be identified via claims. The new measures

are diabetic retinal eye exams, screening for nephropathy, and diabetic medication refills (Adherence).

Provider and Community Partners

Providers are an invaluable resource for communicating the importance of medication adherence to Members during regular appointments. We are proud that our 2019 Adult CAHPS scored in the ***90th percentile***, or ***94.08%***, for Members stating that their doctor always or usually communicates with them well. This indicates a Member's Provider is a trusted ally in customizing a medication regimen the Member can follow. Anthem uses our Public Health Consultants to collaborate with Providers and Members on the following initiatives to increase diabetes medication adherence:

- Diabetes educational classes held in partnership with Providers throughout the community, especially in those areas where diabetes is more prevalent.
- Participating in health fairs and other community events to provide diabetes screenings, blood sugar tests, and blood pressure checks.
- Clinic Days in partnership with PCP offices where practices dedicate blocks of appointments for our Members to close identified gaps in preventive services, including diabetes testing and management.

Our Community Engagement Navigators and Public Health Consultants will connect Members to public health resources throughout the Commonwealth as well as our newly designed Diabetes Prevention Program and the online Kentucky Diabetes Resource Directory. The Community Resource Link we offer as a VAS contains a wide array of local supports for diabetes management including the Online Diabetes Support Team (for Members with type 1 diabetes), medical supplies and equipment, and food pantries. This web-based system includes an internal component that links directly to our care management system to enable tracking.

Data Analytics

Pharmacy data is a critical tool for understanding patterns in medication adherence and implementing improvement programs. Through retrospective drug utilization review and pharmacy claims data, we can identify Members who are not adhering to their diabetes medications. Additionally, a Diabetes Polypharmacy program identifies diabetic patients taking more than 10 medications to provide them with comprehensive medication reviews conducted by a licensed pharmacist out of our Clinical Pharmacy Care Center. Addressing unnecessary polypharmacy to simplify Members' medication regimen is another key strategy for improving adherence and avoiding potentially dangerous medication errors.

We measure the effectiveness of our Diabetes Medication Management program with the following indicators:

- HbA1c control (<8.0%)
- ER utilization
- Inpatient admissions
- Medication adherence

Anticipated Timeframes for Success in Achieving Improvements

As described in the following sections, Anthem's results in diabetes management are already trending up as evidenced by our HEDIS improvements. We anticipate continued success over the next three years, and beyond, with consistent incremental year-over-year improvements. QM will monitor progress monthly and adjust our interventions as necessary to achieve results. We will

provide quarterly status reports and further evaluate our program and clinical quality outcomes at least annually to measure our progress and revise strategies, as needed.

Resolving Potential Challenges

Kentucky has been experiencing an epidemic of diabetes for many years, especially in the eastern regions. Studies indicate that one out of eight Kentucky adults have diagnosed diabetes. Additionally, it is estimated that one out of 10 Kentucky adults has diagnosed pre-diabetes. Of the 1.1 million Kentuckians with pre-diabetes (diagnosed and undiagnosed), ***7 out of 10 do not know it, due to lack of testing and diagnosis***. Total medical costs and lost work and wages for people with diagnosed diabetes is estimated at $5.26 billion. Diabetes is a major cause of heart disease; stroke; kidney disease; loss of toes, feet, and legs; and is the leading cause of blindness.[4] This demonstrates that screening for diabetes and early intervention are critical to any program.

We use broad-based screening efforts, as well as health education and health literacy, to build trust between the Member and Anthem, as well as the Member and their PCP. Once a Member is aware they have pre-diabetes or diabetes, Anthem will work with them to engage in care and manage their condition with lifestyle changes and an appropriate medication regimen.

Leveraging Previous Successes for Kentucky Medicaid

Our 2018 outcomes for medication adherence in the Diabetes Polypharmacy program in Kentucky showed Members that received the intervention improved their outcomes to be adherent to drug therapy 55% of the time. Concurrently, Anthem's HEDIS rate for Comprehensive Diabetes Care – HbA1c control (<8.0%) improved over 15% from 2018 to 2019. This dramatic increase shows diabetes is being better controlled among our membership, through a combination of medication, healthy behaviors, and effective clinical care. ***In total, we are proud to note that Anthem had four 2019 HEDIS rates tied to diabetes improvements of 9% or greater during this time period.*** We continue to build on this success in diabetes outcomes by educating Members, collaborating with Providers, and leveraging community resources.

ii. Tobacco or Vaping Use and Help Quitting Among Adolescents

ii. Tobacco Use and Help with Quitting Among Adolescents

Anthem's tobacco reduction approach addresses the high rate of smoking and vaping in Kentucky, supports Provider engagement, and engages with individual Members — including adolescents — to help them reduce or quit tobacco or vaping use. Our multi-pronged program also addresses the use of electronic cigarettes, or vaping, recognizing that the use of these products has nearly doubled among Kentucky youths from 2016 to 2018.[5] Further, we understand that the concerns regarding tobacco use go beyond smoking itself; adolescent cigarette smoking has been

The Anthem Foundation is Committed to Fighting Cancer

The Anthem Foundation counts the American Lung Association and American Cancer Association as two of its primary philanthropic partners. The Foundation's active grants for cancer prevention totaled **$5.2 million** in 2019.

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[4] https://www.kylionseye.org/single-post/2019/05/21/Bluegrass-Lions-Diabetes-Project-Funded-by-LCIF-Grant
[5] 2018 Kentucky Incentives for Prevention Survey

linked to alcohol and other drug use by multiple studies over the past decades (for example, Eckhardt et al. 1994; Vega and Gil, 2005).

The same body of research also suggests that adolescent smokers frequently consider quitting smoking and, as such, may be amenable to intervention. Unfortunately, not enough youth who want to quit smoking or vaping are successful finding the right support to maintain long-term abstinence. Our programs utilize Anthem's Public Health Consultants to help reach out and encourage Members to participate in a cessation program.

Reducing Tobacco or Vaping Use and Helping Kentucky Adolescents Quit

Key to our efforts to prevent use of — and encourage quitting — tobacco, vaping and nicotine in adolescents and school-age youth, is our ***School-Based Nicotine and Tobacco Prevention program***. This program offers relevant education designed to engage and educate adolescents about tobacco and vaping cessation and prevention For example, Anthem has collaborated with Highlands Middle School to bring vaping prevention to adolescents. We are using an evidence-based curriculum as well as collaborating with other agencies in an effort to invite guest speakers at the schools and present to the kids. We will be giving before and after curriculum surveys in order to gather information about why kids vape as well as any behavior they are willing to change once they receive the education. In addition, we are going to host a health fair at the school at the same time to further drive home the information as well as provide support in other areas that effect teens.

In addition, in 2020 we are launching a school-based contest regarding wellness activities. As part of the initiative, our Public Health Consultant will work with the schools to provide educational material regarding tobacco and vaping cessation and prevention. Anthem also distributes evidence-based educational materials through targeted outreach and care planning including printed and electronic materials with subjects including:

- Tobacco Use — Reasons to Quit
- Tobacco Use — Breaking the Habit
- Tobacco Use — Teenagers and Tobacco
- Vaping Use

In 2019, we launched an educational campaign via social media platforms to increase appeal and outreach to our adolescent Members. These campaigns are designed to reduce and prevent adolescent smoking, vaping, and tobacco use. Content has a primary focus on prevention, treatment, and health impacts. Our messages were culturally relevant and designed to connect to younger people. We posted monthly for six months straight.

Through ***CommonGround***, we offer Members and their families access to online videos and resources that describe our tobacco and nicotine cessation program, offer community resources, and advise on important side effects. We have an additional outreach campaign leveraging our bi-modal communication services, primarily text and email, to link Members with CommonGround.

Our chronic condition management or care management clinicians perform assessments for each Member that include health risk due to smoking or exposure to smoke. When the assessment indicates a need, a Chronic Condition Care Manager educates the Member at risk on the effects of smoking and engages in a discussion around smoking cessation strategies and programs. We send

educational tools that address tobacco use to Members enrolled in chronic condition management or care management programs and who have been identified as using tobacco products.

We offer a holistic tobacco and nicotine cessation program to all Members, including adolescents that includes coaching, written and online education, and nicotine replacement therapy delivered to the Member's home. There are no "step-therapy" requirements. The cessation programs offer helpful medication, such as:

- All FDA-approved tobacco cessation medications, both prescription and over the counter, are covered for a minimum of 90 days. Prior Authorization is not required.
- Combination Therapy is allowed, including but not limited to the following:
  - Long-term (over 14 weeks) nicotine patch and other nicotine replacement therapy (gum or nasal spray)
  - Nicotine patch and inhaler
  - Nicotine patch and bupropion

In addition, Anthem will also offer several value-added services to help prevent tobacco and vaping use and encourage Members who use tobacco to quit:

- Eligible Members will receive a ***Smoking Distraction Kit*** that includes a fidget spinner, gum, mints, stress ball, and other items, enclosed in a convenient reusable bag. Our Smoking Distraction Kit will be part of Anthem's approach to helping Members stop using nicotine. The focus of this kit is to help Members reduce not only smoking but vaping and menthol use as well.
- Anthem will provide ***no-cost Boys & Girls Club of America memberships*** for children between the ages of 6 and 18 in an effort to promote healthy behaviors and reduce exposure to smoking environments. The program will provide supervised activities and exercise, providing a safe and healthy alternative to staying home alone. Kids who stay involved in a Boys & Girls Club of America are more likely than their peers to have healthy habits, including being physically active and abstaining from risky behaviors such as drinking alcohol, and using tobacco products and marijuana. Additionally, after-school programs may be especially beneficial to children with limited English proficiency. Some research shows that children from low-income families who attend after-school programs are less likely to exhibit anti-social and problem behaviors. Older children who attend after-school activities are more likely to attend college, vote, and volunteer later in life, and less likely to skip school and start drinking alcohol.
- Our ***Online Well-being program*** offers newly-developed resources to help people struggling with nicotine dependence, including: Medication-Assisted Treatment combined with the ability to be matched with a coach trained in nicotine recovery and a nicotine dependence offering, including vaping support for common co-occurring BH conditions. The online platform is well-suited for reaching youth and families.
- Through ***Community Resource Link***, we provide Members an online, continuously updated resource that locates and displays all available local community-based programs, benefits, and services. This web-based system includes an internal component that links directly to our Health Intech platform (our care management system). This helps our CMs and Community Engagement Navigators recommend resources and supports that Members find useful in quitting vaping or smoking.

Members are further identified for tobacco and nicotine use interventions in numerous ways. Members can self-refer to the program by contacting Member Services or be referred through a clinical program such as care management or chronic condition management.

Supporting Provider Efforts to Outreach and Assist Members

To rapidly identify Member needs and behaviors that place them at risk for poor health outcomes, we require PCPs and pediatricians to routinely screen Members for a range of BH conditions and substance use, including tobacco and nicotine, as a part of routine, preventive care. We provide our PCPs with the tools and expertise needed to complete the screenings and reimburse them for routine screenings. Screening requirements are included in our Provider contracts and Provider Manual. We also make many valid and reliable screening tools for BH conditions easily accessible on our Provider website and train PCPs on the appropriate use of them, including tools such as the "5 A's" Model for Treating Tobacco Use and Dependence: ***Ask*** about tobacco use, ***Advise*** to quit, ***Assess*** willingness to make a quit attempt, ***Assist*** in quit attempt, and ***Arrange*** follow-up.

Anthem also offers Providers comprehensive education regarding how to approach and educate adolescents about the impacts of tobacco and vaping. We encourage Providers to incorporate these outreach and education efforts during well-child visits, physicals, and sports physicals.

Provider and Community Partners

We will connect Anthem Members to CBOs focused on tobacco use in the context of applicable health disparities. For example, Kentucky QuitNow will connect Members to a personal quitting coach and offers services for family Members seeking assistance to help their loved ones. Members are also referred to local health education classes that include topics to cover smoking cessation. Members may also be referred to a BH Provider for evaluation and treatment of SUD, including tobacco use.

Data Analytics

Adult CAHPS surveys tell us the rate at which Members are receiving assistance from their Provider to quit smoking, including whether they have discussed cessation medication or other strategies. ***The rate of Advising Smokers and Tobacco Users to Quit has already increased by more than four percentage points from 2018 to 2019.*** Through the completion of Health Risk Assessments, we can identify those Members that have self-reported smoking, vaping, and tobacco usage. Through retrospective claims data, Members are identified to determine if they have shared with their Provider(s) that they smoke, vape, or use tobacco products. In combination with public health information, we use data analytics to target and coordinate our efforts based on geography, age, cultural sensitivities, and other factors.

Anticipated Timeframes for Success in Achieving Improvements

We anticipate improvements over the next three years, and beyond, with consistent incremental year-over-year improvements. Annual evaluation will check our progress.

Resolving Potential Challenges

As the decades-long fight to reduce tobacco and nicotine use among young people has proven, the challenges are many, but include visibility of smoking and vaping in the media, peer pressure, perceived normalcy, and public policies. These challenges are exacerbated by Kentucky's history as one of the top tobacco producing states. Anthem cannot address these

systemic challenges alone, but we can meet every Member where they are and provide them with the support they need for a healthy lifestyle.

To connect most directly with Kentucky's youth, Anthem will look to peer influences as motivation for change. For example, we will collaborate with trusted community institutions like schools to more directly reach teens and gather feedback on designing and implementing our anti-tobacco and anti-vaping initiatives. Our Regional Public Health Consultants will set up Teen Advisory Boards in their respective regions, meeting at least quarterly, to cover multiple issues facing adolescents today.

Leveraging Previous Successes for Kentucky Medicaid

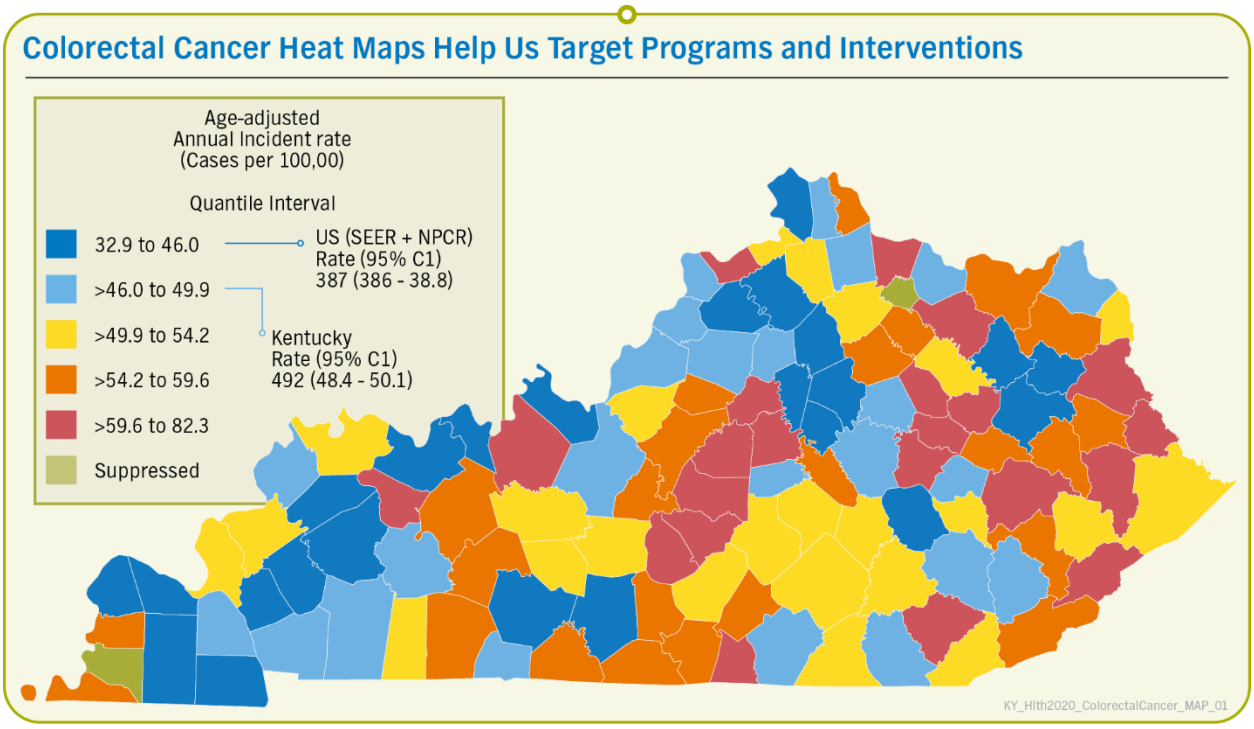
We will promote Provider-level interventions that help adolescents quit smoking modeled on the work of our Indiana affiliate. Our Indiana affiliate uses a quarterly Physician Champion Award to acknowledge Providers with the most Member referrals to the Indiana Tobacco Quitline. The affiliate highlights Providers' best practices across the Network and encourages others to adopt them with the goal of improving outcomes statewide. To address tobacco use in pregnancy and the multitude of risks it poses to mothers and babies, the affiliate also implemented a Tobacco Cessation in Pregnancy Incentive. Providers receive $30 for each pregnant Member referred to the Quitline and another $30 if she engages in it. Any Network Provider may refer a Member and qualify for the incentive payment. We are bringing this program into Kentucky to be a part of our comprehensive approach for helping adolescents, including those that are pregnant, to quit smoking.

iii. Colorectal Cancer Screening

iii. Colorectal Cancer Screening

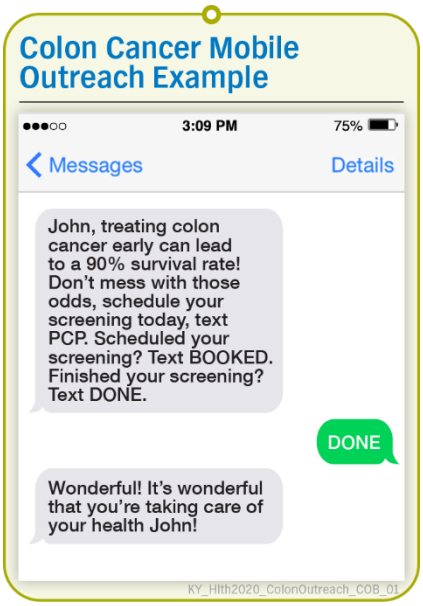
Colorectal cancer is a leading cause of cancer mortality worldwide, and specifically, the Commonwealth of Kentucky, which ranked fourth in the nation according to the Colon Cancer Prevention Project. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends that adults age 50 to 75 be screened for colorectal cancer. Timely and recurring screening is essential as screening tests can find precancerous polyps, which should be removed as soon as possible. Screening tests can also find colorectal cancer early, when treatment works best. However, screening participation remains suboptimal, particularly among underserved populations such as racial or ethnic minority groups.[6] Recognizing that millions of people in the United States are not being screened as recommended, Anthem implements a proactive and multi-pronged approach to help assure Members over the age of 50 complete screening.

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3982886/



Improvements in Colorectal Cancer Screening in Kentucky

As a strength of the Anthem, Inc. Medicaid family, we utilize best practices of our affiliate plans. Recently, our West Virginia Plan discovered that 9% of their membership was diagnosed with colorectal cancer in 2019. Those statistics developed quickly into a new partnership between our Provider community and our West Virginia Plan. Our West Virginia affiliate is partnering with the West Virginia University Cancer Institute's *Program to Increase Colorectal Cancer Screening* (WV PICCS) which is a CDC-funded program directed in West Virginia through Cancer Prevention and Control at WVU Cancer Institute. The purpose of WV PICCS is to increase colorectal cancer screening rates in persons aged 50-75 in partnering health care systems in West Virginia. To date, WV PICCS has partnered with 44 primary care clinics to help increase their colorectal cancer screening rates. Their Population Health Team of Health of Community Engagement Navigators & Public Health Consultants work in tandem with these same FQHC's, and primary care facilities to engage with our Members between the ages of 50-75 to assist in setting up appointments for colorectal screening. Our partnership between the WVU PICC team and the Provider assists in closing gaps of care in this screening initiative. Anthem is actively seeking to develop a similar partnership in the Commonwealth. Our monthly Gaps in Preventive Care reports tell Care Managers when a Member last had a colorectal cancer screening. With this information in hand, Care Managers can facilitate discussions about scheduling recommended screening during the



Member's annual or six-month assessment. Providers are also important partners in conducting outreach to Members who are due for testing. Anthem sends Providers a practice-specific list of gaps in preventive care and conducts Provider engagement visits. In these visits, we review appropriate coding, health education materials available for the Provider to use with our Members, and best practices they can employ to close care gaps related to cancer screening.

We use mobile messaging to engage Members via text message to promote healthy behaviors, such as scheduling colorectal cancer screening. When needed, we also visit some Members at home to facilitate access to care and provide education. This includes Members who have high ER utilization, have persistent gaps in screenings, and who were recently discharged from an inpatient BH setting. During these visits, we make sure proper Care Coordination is occurring, including connecting the Member to their PCP, scheduling necessary screenings, confirming appropriate follow-up appointments are scheduled, and providing targeted education.

Anthem will also host Community Health Days and Clinic Days to include colon cancer screenings for our Members. Our goal is to conduct one event per month, hosted by a Health Guide, rotating through regions across the Commonwealth. In addition, we will be adding colorectal cancer screening to our Member Incentives platform, Healthy Rewards. Upon completion of the screening, Members will receive a $50 reward.

Provider and Community Partners

As detailed in our response to section C.9.h, we are collaborating to design an innovative and collaborative pilot with the American Cancer Society (ACS), Division of Women's Health and Division of Prevention and Quality Improvement within the Department of Public Health, Kentucky Primary Care Association, Kentucky Regional Extension Center (KYREC), and Big Sandy Healthcare (BSHC) facility. These groups have come together to work with BSHC to implement evidence-based interventions approved by the United States Preventive Services Task Force to increase colorectal, breast, and cervical screening rates.

Data Analytics

All Members who do not have a colorectal cancer screening documented will be identified using Anthem's Quality Improvement Platform through monthly reporting and analyses and regularly occurring outreach. Success will be measured by the number of identified Members who complete the cancer screening as indicated by the HEDIS measure Colorectal Cancer Screening.

Anticipated Timeframes for Success in Achieving Improvements

Anthem plans to initiate our cancer screening pilot with the ACS by early 2020. Although we are hoping for an immediate impact, we anticipate we will start seeing success 6 to 12 months after kickoff with sustainable long-term impacts.

Resolving Potential Challenges

To improve screening overall as well as in underserved populations, we must overcome multiple challenges. While lifesaving, the procedure for colon cancer screening is stigmatized as invasive and inconvenient. Our staff and the Providers in our Network must work doubly hard to convince Members to participate. Our PHM and SDOH models are designed to help break down these barriers, as well as assist Members with resolving transportation issues and logistics. This begins at Anthem by identifying who needs this service, contacting them directly or through a Provider,

and facilitating prompt and friendly access. Where available, Anthem can also promote other forms of screenings for colon cancer such as home test kits that are mailed to a lab.

Anthem's powerful analytics and hot-spotting capabilities allow our team to identify concentrated areas where many Members need services and target our outreach appropriately. A study in August 2016 from The Foundation for a Healthy Kentucky detailed racial and ethnic disparities among African American and Hispanic populations. They report that these populations are less likely to have health insurance and more likely to have access barriers to preventive services like colonoscopies. The QM Process includes mapping measure rates by geographical distribution to identify areas of access concerns where we can work to increase availability. One successful strategy we have used are large health fairs, selecting geographical areas of need, where we provide information on preventive health screenings, assistance in scheduling visits, distribute home test kits, dental screenings, and other needed health education and supports.

Leveraging Previous Successes for Kentucky Medicaid

Most of our successes targeting colorectal cancer screenings in Medicaid markets are built upon our Medicare market strategies, where more Members need routine colonoscopies based on age. For example, Anthem implemented the following strategies to target increased compliance and gap closure:

- Dissemination of educational information to Members through multiple channels: mail, email, text, and phone
- A Provider challenge that rewards the office staff for completing appropriate action steps for each Member. Participating Providers have access to toolkits, fun educational materials, giveaways, and completion is rewarded by a lunch for the office provided by Anthem as a thank you

As a result, and in combination with additional outreach and educational strategies, the HEDIS rate for colorectal cancer screening improved year-over-year by 5.63%. We will adopt these strategies to target improvements in colorectal cancer screenings among Members in Medicaid.

C.9.g. Approach to Collaboration on Performance Improvement Projects

g. Describe the Vendor's proposed approach to collaborating with the Department, other MCOs, and Providers to ensure Performance Improvement Projects (PIPs) are effective in addressing identified focus areas and improving outcomes and quality of care for Enrollees, including the following:

i. Lessons learned, challenges, and successes the Vendor has experienced while conducting PIPs, and how the Vendor will consider those experiences in collaboration with the Department on identified PIPs.

ii. Recommended focus areas, including those for regional collaborative PIPs, for the first two years of the Contract resulting from this RFP and rationale for these focus areas.

iii. Methods for monitoring and ongoing evaluation of progress and effectiveness.

Anthem has demonstrated our commitment to achieving better outcomes for Members through our ongoing collaboration with the State and other MCOs to conduct Performance Improvement Projects (PIPs). We conduct PIPs to achieve and sustain improvement and to make sure that each Member can access high-quality, comprehensive health care services nearby. Using the PDSA improvement process, we carefully track and monitor each PIP to verify that project timeframes are upheld, to revise interventions to meet quality goals, and to help drive new information and

interventions to improve quality of care. We analyze interventions regularly and report results of the data analysis to our QIC. We refine interventions based on actual results, repeating the process until we achieve the desired results set forth in each PIP.

With full appreciation for the important success of PIPs, we are hiring a PIP Manager in 2020 who will be a fully dedicated FTE and work directly with the EQRO and DMS. The PIP Manager will be responsible for:

- Leading and developing PIPs with a focus on ensuring success in meeting identified targets
- Reporting progress to QM Leadership, including the Quality Improvement Director and the Kentucky Medicaid QIC
- Leading collaborations towards the success of PIP initiatives intended to meet key quality measures and objectives
- Ensuring the execution and continual assessment of strategies and plans for all PIPs
- Working with analytics to identify opportunities and monitor performance needs

For each of our PIPs, Anthem establishes a multidisciplinary workgroup comprising internal staff, Providers, and delegated vendors, who meet monthly, as applicable. This workgroup implements a formal Quality Management/Quality Improvement process, and all participants receive training on the process used during the workgroup meetings. Anthem selected the PDSA cycle as its formal process because the core concept of the PDSA cycle is the use of short cycles of change to accelerate the rate of improvement. Performance assessments on the selected indicators are based on systemic ongoing collection, and analysis of valid and reliable data and interventions must achieve demonstrable improvements.

PIP Monitoring and Progress

In 2020, our QOWs will complete a monthly review of our performance metrics, including those metrics within our PIPs, and monitoring and optimizing the level of interventions and activities to maximize improvement.

KY_Hlth2020_PIPMonitoring_COB_02

Our participation on the Ambulatory Care Sensitive Conditions (ACSC) Collaborative workgroup represents one example of our current and active collaboration with DMS and MCOs. This workgroup consists of representatives from each of Kentucky's five MCOs. We meet quarterly with the State's EQRO, IPRO, to discuss issues including:

- **PIP development and quality tools such as Driver Diagrams.** Anthem shared our Driver Diagrams and received input from IPRO, DMS, and other MCOs. We received feedback around the importance of redefining the numerator and denominator in an effort to more accurately reflect the impact of the intervention(s).
- **Tracking and reporting data.** For example, we presented Run Charts for one of our interventions at the most recent workgroup.

The meetings are very beneficial as they are an opportunity to share best practices, success, and challenges that apply to our shared goals. This venue also allows the MCOs and DMS to identify opportunities for additional collaboration.

Additional Collaboration with DMS

As part of our ongoing QAPI program, we conduct several DMS-approved PIPs consisting of State-mandated collaborative PIPs and additional PIP topics proposed and submitted for DMS approval. Through our completion of PIPs, we expect to achieve significant improvement to the quality of care and service delivery in areas expected to have a favorable effect on health

outcomes and Member satisfaction. In executing each PIP, we work in close collaboration with IPRO to follow DMS' required methodology and provide full documentation.

Our Quality Improvement Director attends all State collaborative PIP meetings to help assure transparency and ongoing communication regarding PIP progress, or barriers. We monitor results for sustained improvement, and we report project status and results of each project to the EQRO and DMS.

Ongoing Collaboration with Other MCOs

With the health and best interests of Members at the forefront of our goals, we appreciate the positive impact that regularly collaborating with other Kentucky MCOs to share information, resources, and best practices can have. We currently meet with MCOs through the ACSC Collaborative Workgroup to discuss PIP interventions and share data and improvements. We also meet with MCOs regularly through DMS' Technical Advisory Committee (TAC) meetings and quarterly IPRO meetings. In addition, Anthem has had an introductory meeting with the Lyft Executive leadership and will work collaboratively with other MCOs, similar to how we partnered with another MCO in Tennessee, to develop a proposal for a pilot program. With the approval of DMS, we will work with to determine if this benefit should be a VAS for our Members or if it should wrap around an existing transportation broker to improve responsiveness and access.

i. PIP Lessons Learned, Challenges, and Successes

i. Lessons learned, challenges, and successes the Vendor has experienced while conducting PIPs, and how the Vendor will consider those experiences in collaboration with the Department on identified PIPs.

Anthem is proud of our significant PIP experience in Kentucky working to improve processes and outcomes on behalf of Medicaid beneficiaries. Through this experience and our local presence, we know the breadth and depth of local issues and we understand DMS' goals. We will continue to support DMS in putting people on a path to better health by helping assure access to high-quality, comprehensive, cost-effective health care services.

Lessons Learned Through Conducting PIPs in Kentucky

Through our years of experience conducting Kentucky Medicaid PIPs, we have learned valuable lessons. This includes the importance of seeking and including Member and Provider feedback in the development of interventions. Doing so results in quality improvement activities that are more relevant to the Members we are seeking to assist and the Providers we rely on to deliver quality care. We conduct barrier analysis for PIPs at every meeting so that interventions may be quickly modified to remain effective and relevant. Based on this experience, we will introduce and discuss PIPs at QMAC meetings, solicit Member input, and jointly identify barriers to care in a holistic way.

Challenges

A recent challenge when implementing a PIP has been efficiently and effectively combine data from various sources due to the large volume of data. We typically combine HEDIS and enrollment data, and then apply specific numerator and denominator exclusions to inform the design and monitor the progress of a PIP. In addition, to further complicate this recent challenge, the measure specifications were complex which lead to more resource time than was originally expected.

Successes

Our Kentucky PIPs have been successful. Using our cervical cancer screening (CCS) PIP as an example, IPRO comments included: "***the PIP includes a robust set of Member and Provider interventions, with corresponding intervention tracking measures, and targets meaningful improvement***." Further, quantifiable successes from the CCS PIP include CCS rates showing a year-over-year improvement, increasing from 46.92% for 2017 when the PIP began to 57.18% in 2019. ***This equates to 21.87% improvement.***

Our current ACSC PIP showed a statistically significant improvement in potentially avoidable ER visits, decreasing from 24.6% to 18.5%.

Applying Our Kentucky Experience in Collaboration with DMS

Building on our track record of success, Anthem will continue our portfolio of collaborative and individual PIPs. As discussed previously, we will gather Member and Provider feedback on planned interventions to make sure they have face validity with these important stakeholders. Once plans are in place, we will proceed with the PDSA cycle to evaluate our progress and quickly retool if improvement is not achieved. We are making new investments in staff to focus on PIP development, implementing agreed upon interventions, tracking and trending of results, and reporting. Equipped with technical knowledge of QM/QI techniques and IPRO's local requirements for Kentucky, our QM team is well-prepared to achieve higher quality through PIPs.

ii. Recommended Focus Areas for First Two Years of Contract

ii. Recommended focus areas, including those for regional collaborative PIPs, for the first two years of the Contract resulting from this RFP and rationale for these focus areas.

Our QM team tracks and trends our HEDIS and State-specified measures through monthly reports, which we share with other Anthem departments and QM committees. Our Table C.9.g-1 summarizes recommended focus areas for future PIPs that reflect our Members' needs, DMS goals and priorities, and offer a meaningful opportunity for measurable improvement.

Table C.9.g-1. Recommended PIP Focus Areas

Proposed Focus Area	Summary of Initiatives	Regional Collaborations	Rationale for Focus Area
Weight Assessment and Counseling for Nutrition and Physical Activity	• Member outreach via text and phone to engage families in care • Provider incentives • Weight management support from WW	• School-based care to complete check-ups for youth at locations convenient for families • Public Health Departments	Childhood obesity is a concern across Kentucky: • 13.9% of children ages 2–5 • 18.4% of children ages 6–11 • 20.6% of adolescents ages 12–19 • Obesity-related medical costs for children and adolescents are $2.9 billion[7]
Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal	• Support to pregnant moms with OUD; provide substance use treatment, parenting assistance, peer	• 180 Health Partners in Regions 3, 4, 5, and 8 provides StrongWell program through one year postpartum to	• The number of NAS/NOWS cases in Kentucky totaled 1,115 in 2016 based on hospital discharge data • The rate of NAS/NOWS in the same year was 23.3 cases per 1,000 hospital births,

[7] 2015-2016 NHANES data

Proposed Focus Area	Summary of Initiatives	Regional Collaborations	Rationale for Focus Area
Syndrome (NOWS)	support, and medical care to reduce harm	support mother's recovery and healthy child development	with the highest rates occurring in the eastern counties of Kentucky River (69.0 cases per 1,000 hospital births), Big Sandy (68.7 cases per 1,000 hospital births), and Cumberland Valley (62.9 cases per 1,000 hospital births)[8]
Opioid Use Disorder	• Monitor for quality MAT • Member education on Member recovery programs • Provider education and resources on Member recovery programs • Telemedicine and expanded access to services • Pain management alternatives	• Project ECHO • Louisville Health & Wellness • Public Health Departments	• According to the National Institute for Drug Abuse in 2017, there were 1,160 reported opioid-involved deaths in Kentucky—a rate of 27.9 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons • Kentucky is among the top 10 states with the highest opioid prescribing rates (national institute on drug abuse) • The prescribing rate for opioids in Kentucky in 2017 was 86.8 prescriptions per 100 persons compared to 58.7 nationally (CDC) • Two out of three drug overdose deaths involve an opioid
Screening for Adverse Childhood Experiences (ACEs)	• Enhance capabilities of identifying Members that have experienced trauma • Increase targeted CM/PHM efforts for those identified as having trauma • Design an ACEs program specific to Kentuckians and based on the CDC's Preventing Adverse Childhood Experiences framework	• Family Violence Prevention Resources Branch • State and County Family Violence Prevention Branches • Children's Advocacy Centers	• According to the 2019 American Health Rankings, Kentucky scored worse than the national average for children ages 0-17 for the following categories: Economic Hardship (26.7% compared to 24.3%), Parent or Guardian Divorce or Separation (30.1% compared to 24.0%), Parent or Guardian Time in Jail (12.6% compared to 7.7%), Domestic Violence (5.8% compared to 5.3%), Mental Illness (8.1% compared to 7.4%), and Substance Misuse (11.5% compared to 8.5%)

Our PIP focus areas have been carefully selected to target improvement in relevant topic areas and reflect the population in terms of demographic characteristics, prevalence of important health conditions, and the potential consequences of those conditions. These topics are also discussed at the Children's Technical Advisory Committee and Quality Strategy meetings.

First, Weight Assessment and Counseling for Nutrition and Physical Activity addresses the significant public health issue of childhood obesity and its lifelong consequences on well-being. We will collaborate with Primary Care Providers of various types to increase well-visits for child and adolescent Members. Members and families can receive guidance about healthy eating habits and exercise.

[8] www.drugabuse.gov/opioid-summaries-by-state/Kentucky-opioid-summary

Second, we propose to leverage our innovative partnership with 180 Health Partners to engage pregnant women and new mothers who use opioids in SUD treatment, link them to peer support, and provide care that minimizes the harmful effects of drug use, such as NAS and NOWS, on infants.

iii. Monitoring and Ongoing Evaluation of Progress and Effectiveness

iii. Methods for monitoring and ongoing evaluation of progress and effectiveness.

We apply an improvement methodology to design and evaluate QM program interventions, including the clinical and non-clinical PIPs required by DMS and validated by IPRO. In 2020, our meeting structure will adjust to formalize this improvement using continuous PDSA cycles. The QAPI program monitors Member and Provider feedback as well as outcomes to evaluate interventions.

Assessing Progress and Effectiveness

To assess the overall effectiveness of PIPs, we compare the results of measurement periods to the initial baseline measurements. We also compare our data to national benchmarks when available. We then determine if:

- There is quantitative, measurable, and sustained improvement in processes or outcomes of care according to the predetermined study indicators
- Any qualitative analysis results
- The improvement in performance is a result of the planned interventions or some unrelated occurrence
- The improvement has meaningful change or further work is needed

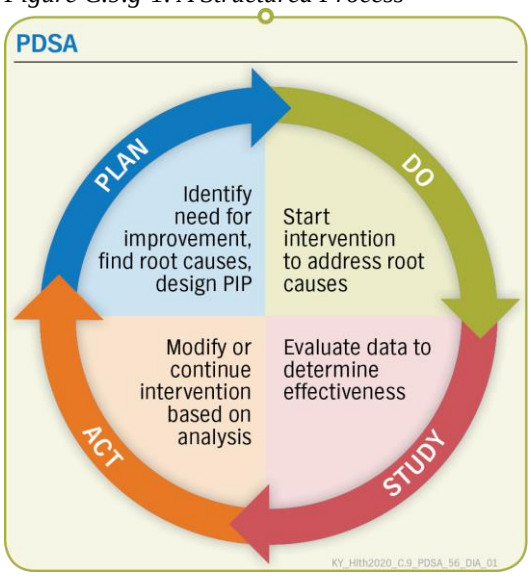
Based on results, we determine if we should adapt, adopt, or expand the interventions. We implement successful interventions on a larger scale through an expansion plan and refine or replace unsuccessful interventions. Interventions selected for expansion are viable as best practices in multiple environments. We measure the results of new or enhanced interventions and, as needed, report the results of the analysis to our Quality Improvement Committee. We adapt interventions based on actual results and repeat the process until we achieve the desired results. Anthem leadership, QM, and multidisciplinary care teams monitor results for continuous and sustained improvement.

Ongoing Evaluation of Performance Improvement Activities

We use the PDSA process to drive performance improvement activities, including designing, implementing, maintaining, monitoring, and adjusting clinical and non-clinical initiatives. We train all employees that report into quality-related committees and the entire Quality team on PDSA and use this process to design, implement, and evaluate PIPs.

We use a multifactorial evaluation approach to assess impact over time across multiple interventions and strategies. ***To identify and assess barriers to improvement, we use well-tested tools like Ishikawa or Fishbone Diagrams.*** Using rapid-cycle improvement methodology through the continuous PDSA cycle (see Figure C.9.g-1), we conduct small tests with pilot populations and measure results in real-time, facilitating prompt understanding of what works and does not work so we can retool, discontinue, or replace interventions that do not yield positive results and expand those showing quantifiable improvement. Lean and Six Sigma principles also support and enhance our processes, providing a variety of performance improvement tools to drive lasting change.

Figure C.9.g-1. A Structured Process



C.9.h. Opportunities for Collaboration with the Department for Public Health

h. Provide a description of opportunities the Vendor has identified to collaborate with the Department for Public Health to support improvement in public health outcomes. Where does the Vendor anticipate that collaborating on initiatives would have the most impact in addressing quality care and outcomes for Medicaid Enrollees? Explain the Vendor's rationale.

Anthem has a long history of supporting and providing health coverage to Medicaid beneficiaries in Kentucky and is familiar with the services and supports provided by DMS and has actively collaborated with the Department for Public Health.

For example, we have added Public Health Consultants in all geographical regions to help facilitate and encourage the collaboration with the Department for Public Health to support improvements in public health outcomes targeting SUD. ***We are partnering with the Louisville Metro Department of Public Health and Wellness (LMPHW), the University of Louisville School of Public Health and Information Sciences, and Norton's Hospital System in Downtown Louisville to pilot and fund a $157,000 grant for a Harm Reduction Provider Education Program.*** This program is focused on providing hospital medical staff with tools to improve their ability to provide care to people who misuse drugs, navigate the complicated relationships that often develop, reduce burnout due to compassion fatigue and vicarious trauma, and increase the efficacy of harm reduction efforts and reduce stigma surrounding SUD.

Anthem finds opportunities to advance public health priorities in collaboration with community partners and Providers. This is one major reason why we have added our Public Health Consultants (currently 8 FTEs), who are responsible for coordination with local public health agencies and community partners, bridging public health initiatives to care management workflows and referral programs. This role will support the State in all initiatives described in the following section. These team members will develop, manage, and lead complex, cross-functional initiatives that deliver high-quality solutions and meet State and federal requirements.

The Public Health Consultants work with staff and Members to encourage and educate about public health services that are available to them, including but not limited to:

- Promotion:
  - First Steps Program
  - Women, Infant, and Children (WIC) program
  - Tobacco and Vaping cessation programs
  - Physician Care Program
- Protection:
  - Environmental Management
  - Healthy Homes and Lead Poisoning Prevention
  - Immunization Program

We include Department for Public Health system-of-care partners in the Member's multidisciplinary care team and care plan as appropriate. We also reach out to these external case managers in collaboration for care planning so not to duplicate services. Anthem's Care Managers facilitate information-sharing with the entire health care team to make sure services are synchronized, unduplicated, and consistently delivered. With the support of our Public Health Consultant in coordination with our CM team, we will continuously look for other opportunities to leverage our Health Care Analytics and CM team to identify Members who may benefit from programs offered by public health to help support local Care Coordination and Member engagement in their health. Examples of additional opportunities we have identified follow.

Public Health Collaboration Opportunity Example 1: Cancer Awareness, Screening, Prevention, and Treatment

Anthem is actively participating in a collaborative effort to increase the number of colon, breast, and cervical cancer screenings in Kentucky with these stakeholders: American Cancer Society, Division of Women's Health and Division of Prevention and Quality Improvement within the Department of Public Health, and KYREC. As introduced in our response to C.9.f, our collaborative objective is to increase colon, breast, and cervical screenings of Anthem beneficiaries in the BSHC facility area, which is an underserved area that is lacking in cancer health care resources. We are currently expecting this pilot project to start in 2020 and will include Anthem beneficiaries served by BSHC in Floyd, Martin, Magoffin, Pike, and Johnson counties. Anthem promotes the following prevention programs that the Department for Public Health is emphasizing:

- Prevention:
  - Breast Cancer Screening (BCS)
  - Cervical Cancer Screening (CCS)
  - Colorectal Cancer Screening (COL)
  - Access to Care
  - Infectious Disease Program
  - Metabolic Foods and Formulas
  - Newborn Screening
  - Oral Health

These groups have come together to work with BSHC to implement evidence-based interventions approved by the United States Preventive Services Task Force to increase

colorectal cancer, breast, and cervical screening rates. Through this collaboration, a team of colon, breast, and cervical cancer experts and health system experts will assist the health care system in reviewing the clinic's baseline screening rate data, assessing current screening practices, and identifying opportunities for improvement.

Anthem has identified the pilot's targeted population by reviewing the claim data including gap in care reports. We will provide aggregate data of beneficiaries deemed as high priority for this project, such as Members who are assigned to BSHC and have a gap in care for cancer screenings. As of November 2019, our data currently identifies 116 breast cancer screening gaps in care, 686 CCS gaps in care, and approximately 315 colorectal cancer screening gaps in care. Our Care Coordination Team will engage any Members with complex needs and any Members identified with four or more ER visits for preventable ER diagnoses.

Impacting Quality of Care and Outcomes for Members in Medicaid

Cancer is most treatable when detected early. Working closely with the Department for Public Health and other key stakeholders in this initiative, we will be able to greatly close Member gaps and improve our Member's cancer screening rates in Kentucky.

Many of the Members identified for the pilot are already engaged with a Care Manager today. The Quality Management team reaches out to the remaining Members through text message awareness campaigns. All the participating stakeholders will jointly host a Community Health event day that will include colon, breast, and cervical screenings. Anthem will notify identified Members of the event by phone, text, or email to get a better response. The Members in this population that are already engaged in care management will be encouraged to join in this event. Our coordination team will work with beneficiaries to get transportation and resource needs met, using the State and stakeholders' available resources. This initiative includes a mammography van and gift card incentives for the beneficiaries that attend and receive services.

Anthem's Rationale

According to the report *Health Disparities in Appalachia*, written August 2017, Appalachian Kentucky's cancer mortality rate is 35% higher than the national rate and 18% higher than the rate in non-Appalachian Kentucky. The household poverty rate is 26.7% in Appalachian Kentucky, which is higher than the national rate of 15.6% with Kentucky ranked 45th and among the poorest states in the country. Lower levels of education attainment often accompany poverty, and Kentucky has the third lowest percentage of people who have completed high school. In addition, data from the Kentucky Cancer Registry shows that Kentucky has the highest incidence rate and fifth highest mortality rate for colorectal cancer in the nation.

While Kentucky's colorectal cancer incidence and mortality rates have decreased in the past decade, large gaps remain between men and women, African American and White individuals, and Appalachians and the rest of the Commonwealth. According to the Kentucky Cancer Registry (2011–2015), breast cancer is the second leading cause of cancer deaths behind lung cancer among Kentucky women. The Cancer Registry also reports that Kentucky is eighth in the nation in cervical cancer mortality rates.

Given these facts and Anthem's unyielding commitment to our Members, we are committed to leveraging both Member- and Provider-facing strategies to increase cancer screenings by 3–5% for colorectal, breast, and cervical cancer for Members throughout Kentucky.

This is a crucial step in combating cancer deaths in eastern Kentucky, which has some of the highest cancer rates in the U.S., according to a study by researchers at the Institute for Health Metrics and Evaluation at the University of Washington published in the Journal of the American Medical Association.

Public Health Collaboration Opportunity Example 2: Diabetes Testing, Treatment, Medication Adherence, Education, and Outreach Initiative

As detailed in our response to C.9.f, Anthem offers a comprehensive and multi-faceted program to improve health outcomes for Members diagnosed with diabetes or pre-diabetes. To supplement our internal Provider education and support efforts, Anthem sends Members postcards directing them to their local Department for Public Health for additional education and resources related to diabetes. As a result, and in combination with all our preventive and diabetes-specific efforts, we increased our HEDIS rate for Comprehensive Diabetes Care–HbA1c control (<7.0%) by over 11% from HEDIS 2018 to HEDIS 2019. While we are confident that our efforts will continue to make improvements, we believe an opportunity exists to partner with the Department for Public Health to assist all Kentuckians, especially those residing in Region 8, with better management of pre-diabetes and diabetes.

Improving Quality of Care and Outcomes for Members in Medicaid

In Q4 2020, Anthem will launch a comprehensive Diabetes Prevention Program for our Members in Medicaid. Program elements include: 16 weekly meetings, followed by monthly sessions; a trained lifestyle coach; CDC-approved curriculum; and group support. Members will learn to eat healthy, manage stress, incorporate physical activity into their daily routine, and learn how to solve problems that may get in the way of healthy changes. The DPP program is a best practice from our commercial affiliate in Kentucky. Outcomes information from our affiliate highlights key benefits from the program:

- Q4 2017 through Q4 2018: 265 Members actively participating in 37 classes
- Total weight loss of 2,800 pounds
- Cumulative average weight loss of 4% (10.57 lbs.)
- Improved blood sugar control: 6.02 HbA1c beginning average; 5.64 HbA1c ending average

Anthem's Rationale

In alignment with Quality Insights, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) is committed to collaboration efforts in reaching the CMS' goals of better care, smarter spending, and healthier people.[9] Anthem and the Department for Public Health can collaborate to unite stakeholders with a shared vision of improving diabetes self-management and to achieve:

- Improved HbA1c, lipid, blood pressure, and weight control outcomes for Kentuckians with diabetes
- Decreased number of people who require lower extremity amputations due to complications resulting from poorly controlled diabetes

[9] http://www.qualityinsights-qin.org/Initiatives/Diabetes-Care.aspx

- Improved the health literacy of people with diabetes
- Increased Providers' adherence to clinical guidelines related to HbA1c, lipids, and eye exams

Public Health Collaboration Opportunity Example 3: Prenatal Care Home Health Initiative

Anthem will collaborate with the Department for Public Health to identify pregnant Members and connect them to home visiting programs. Currently, we invite all pregnant women to enroll in our New Baby, New Life[SM] program that is comprised of evidence-based Member and Provider interventions for pregnant Members at all risk levels, with specialized interventions for women with high-risk pregnancies, including individualized OB care management focusing on an individual woman's specific risks and needs.

We also refer Members to Kentucky's Health Access Nurturing Development Services, HANDS, to provide support to pregnant Members during the prenatal and postpartum period, and newborn Members (through the first 90 days of life), including those hospitalized and discharged from the NICU. HANDS is a home visiting program for pregnant moms-to-be and new parents that support all areas of the baby's development.

Impacting Quality of Care and Outcomes for Members in Medicaid

Based on our experiences and the available public health data, we believe a partnership with the Department for Public Health and HANDS would be extremely beneficial towards improvements in low birthweight, infant mortality, and NAS. ***Through the prenatal interventions and referrals Anthem has made in Kentucky, the rate for Prenatal and Postpartum Care–Prenatal increased over 8% from HEDIS 2018 to HEDIS 2019.***

By electing to participate in HANDS and our New Baby, New Life program, Members receive help from knowledgeable professionals and peer mentors. This supports their transition from prenatal care through postpartum care and the importance of infant milestones that further support the bonding of mother and child. Through regular, planned home visits, parents learn preventive care steps that help their family stay healthy, identify concerns early, and provide opportunities to support and improve their health care needs. Home visits may include:

- Supporting preventive health (Prenatal and Postpartum practices)
- Assisting mothers on how best to breastfeed
- Well Baby Care and Periodicity table milestones
- Helping parents understand child development milestones and behaviors
- Promoting parents' use of praise and other positive parenting techniques
- Working with mothers to set goals for the future, continue their education, and find employment and childcare solutions

Anthem's Rationale

Kentuckians will benefit from the health department, MCOs, and HANDS sharing information on who is pregnant to reach the Member for quality service and care earlier in the pregnancy. We also believe that together we can improve birth outcomes through facilitating home visiting, which provides pregnant women and families who have young children with education and support, assessment, and referrals to community services. HANDS supports Anthem's efforts to ensure pregnant Members have the necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

C.9.i. Monitoring and Evaluating Progress in Improving Quality

i. Describe the Vendor's approach to monitoring and evaluating progress in improving the quality of health care and outcomes on an ongoing basis. Describe the following:

i. How the Vendor will use data to inform and prioritize initiatives to address Enrollee needs.

ii. Methods for measuring provider performance against practice guidelines and standards adopted by the QIC, and follow up activities to be conducted with providers based on ongoing review of findings.

iii. A summary of the Vendor's approach to annual evaluation of the overall effectiveness of the QAPI program and how the Vendor will use findings for continuous quality improvement efforts.

Achieving better Member outcomes and improving the quality of health care is not the responsibility of one program or specific employee but is the result of quality being infused throughout all Anthem departments. These outcomes are a culmination of efforts of our Customer Care Representatives, who offer support and resources to our Members, and Provider Services Managers who, in turn, provide actionable data and targeted education to our Providers. Claims Processors make sure Providers are paid in a timely and accurate manner, and our UM and CM teams make sure our Members are offered appropriate support, while our Pharmacy team proactively discusses best practices in prescribing with Providers.

Anthem's Approach to Confirming Quality Improvement Progress

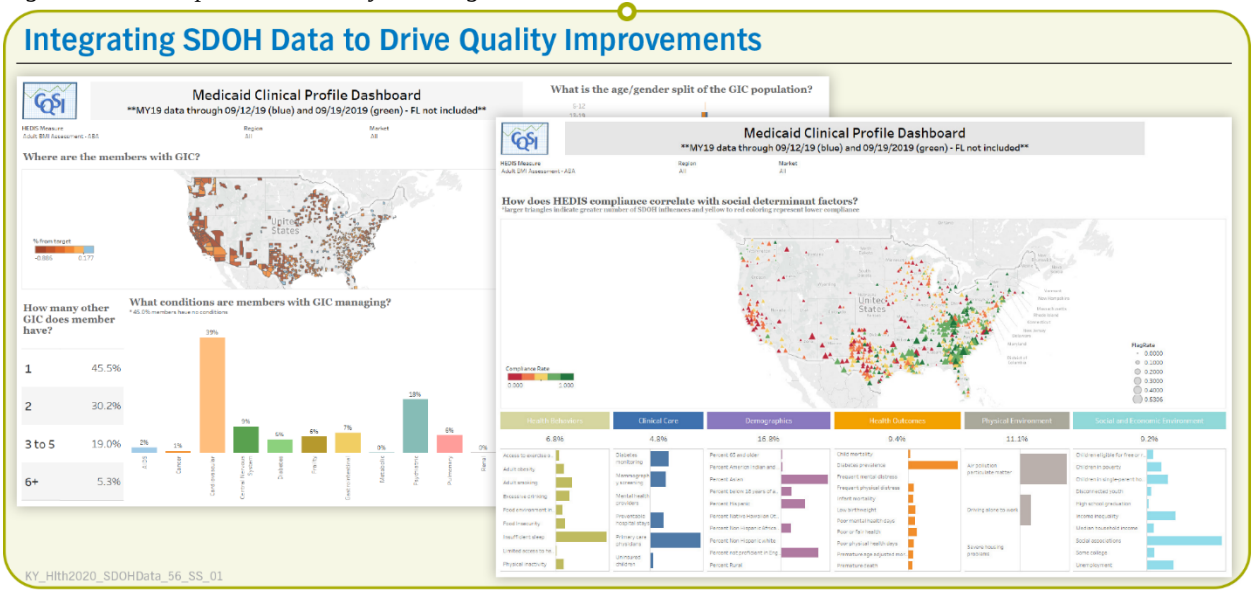
To continuously improve health care quality and solve problems before they occur, we use analytic tools to collect, analyze, report, and act on data. Anthem continuously monitors and evaluates quality data, our membership and membership characteristics, utilization patterns, and year-over-year performance measures to develop innovative strategies that enhance our NCQA-accredited framework to improve health outcomes for our Members, support Network Providers, and drive health plan performance. We monitor and evaluate important aspects of care and service that include high-volume, high-risk services and care for acute and chronic conditions. Multiple data sources, internal and external, enable issues to be identified and prioritized. These include Provider profiling and data analytics that support population health needs through innovative solutions that quickly identify high-risk Members through a comprehensive view of demographic, claims, and SDOH data.

We develop and compare clinical and non-clinical indicators to external benchmarks and internal performance goals for essential departments and clinical programs. The indicators include a broad range of trended clinical indicators that are compared against industry benchmarks and internal performance goals. Depending on the type of information, data is collected in real-time, weekly, monthly, quarterly, annually, and ad hoc from internal and external sources to proactively and objectively monitor, analyze, evaluate, and report health outcomes and indices of quality.

Monitoring and Evaluating Efforts to Reduce Health Disparities

Anthem integrates SDOH and clinical data to bring greater focus and personalization to Member engagement efforts. Our Quality Improvement Platform now incorporates a SDOH Dashboard that includes a visualization of local SDOH data. Six SDOH categories are included, with targeted measures within each such as Food Insecurity, Cultural Barriers, Income Inequality, Disconnected Youth, and Health Outcomes (See Figure C.9.i-1). The tool enables us to measure the impact of SDOH interventions and other programs on HEDIS quality measures.

Figure C.9.i-1. Sophisticated Analytics Integrate Clinical and SDOH Data



This holistic view supports our PHM approach. Our QM and Care Coordination leaders, along with our Population Health Director, apply population health managed principles to identify areas with the largest clinical gaps and social support risks. They then collaborate on resolving social and health-related barriers to connect Members with the care and services they need and want, improving outcomes and boosting quality performance. With a clear understanding of where care gaps and SDOH barriers are the most significant for our Members, we focus interventions and community investments on areas that will be most impactful for our Members.

Anthem continues to enhance our quality data infrastructure and analytics to reduce health disparities. We also use these systems to report against stratification criteria and increase our ability to meet the needs of our membership based on demographics and geography. Armed with this data, Anthem can identify opportunities for improvement, plan and implement interventions, study the impact of those changes globally and within stratification groups, and then repeat the process using the rapid-cycle QI method. This ability to quickly refine interventions and measure results is key to producing sustained and significant improvements.

i. Use of Data to Inform and Prioritize Initiatives

i. How the Vendor will use data to inform and prioritize initiatives to address Enrollee needs.

Anthem leverages our sophisticated information technology and data infrastructure to drive consistent, timely, evidence-based decision-making and high-quality Member outcomes. We follow best practices in Medicaid data management using a proven approach verified by national audit firms.

Information Technology and Data Drives Evidence-based Initiatives

Anthem's QAPI program incorporates our proprietary internal Quality Improvement Platform. These innovative tools systematically and objectively measure access, quality of care and demand for services. Our local capabilities are enhanced by our national Medicaid division's enterprise data warehouse to support operational processes, analytics, and reporting. This real-

time data warehouse receives data directly from the system of record to promote quality, control, and consistency. It creates the flexibility needed to support rapid development and deployment of any new data exchange through secure data transfer. Table C.9.i-1 summarizes the tools we deploy to trend performance over time and inform initiatives to address Member needs.

Table C.9.i-1. Anthem's Data Tools Support Member Needs

Quality Improvement Platform	• Information exchange across departments and committees to support a holistic QM approach • Identify gaps in care to support Member outreach and education during any touch point • Provide monthly trends by measuring and tracking disparities across groups • Support Provider profiling including quality payment incentive activities • Visualize patterns in quality results by Region, county, and ZIP code • Identify specific communities to target intensive interventions such as Clinic Days, and our other programs to address disparities
Predictive Modeling Tools	• Assess risk for ER visits, admissions and readmissions, high-risk pregnancies, BH issues, and pharmacy indicators with our Chronic Illness Intensity Index (CI^3) predictive modeling and other tools • Identify Members with high utilization or at emerging risk, and coordinate services and supports
Health Intech Platform	• Consolidate Member data and information from multiple sources into a single record • Deliver a holistic dashboard of utilization, care plan, and gaps in care to appropriate Providers and staff

Data Collection

We collect and analyze data across all functional areas, including enrollment and disenrollment survey data, Member assessments and treatment plans, claims and encounters, authorizations, complaints and Appeals, Provider and Member satisfaction surveys, call center performance, CAHPS surveys, and HEDIS results. Data sources include surveys, administrative or medical records, or a combination. Information includes enrollment data, claims, encounters, authorizations, Appeals, complaints, chronic condition and care management documentation, access and availability survey findings, Member medical records within Provider offices and facilities, surveys by external bodies such as accreditation entities or CMS, quality improvement studies, State data files, CAHPS, and HEDIS results.

Data is collected systematically at specified intervals: weekly, monthly, quarterly, yearly, and ad hoc. For example, we examine HEDIS rates on a monthly basis and present the results to our senior leadership team. Each quarter, HEDIS rates and improvement reports are analyzed by the QIC.

Data Sources Analyzed by Our QAPI Program

- Claims data
- Encounter data
- Enrollment data
- Data on unmet resource needs
- Subcontractor data files
- Network access reports
- HEDIS results
- Medical record reviews
- Results of Enrollee and Provider satisfaction surveys
- CAHPS reports
- Enrollee Grievances; Appeals
- Sentinel event reviews
- Reports generated from clinical and service studies
- UM reports
- Kentucky Immunization and lead registries
- Public Health data
- SDOH data
- EMR data

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Data Analysis

Our Quality Improvement Platform includes quality measure performance trended over time, with performance benchmarks and comparable data from our affiliate health plans, as well as our

competitors. Using this tool, we analyze participation rates, percentage of Members closing health care gaps, groups who are more responsive to programs, return on investment, and barrier analysis. We also analyze data by Provider, geographic area, race, and ethnicity to identify intervention opportunities. We use this information to target and tailor interventions that improve the Member experience and increase quality outcomes.

We train our staff on the tools available to extract, aggregate, and format data for reporting, and have a thorough and detailed understanding of the data that assists us in meeting reporting needs. This integration continues to improve accuracy, timeliness, and usefulness, and supports data mining that benefits our Members and Providers as we enhance our ability to understand trends, use actionable information, and maximize outcomes.

Identifying Problems in Quality of Care

Our QM team investigates all potential quality of care issues, including Provider preventable conditions. We have the capabilities to identify quality of care concerns when conducting utilization review; reviewing or trending Provider complaints, Member Grievances, and Appeals; and monitoring physician practice activities.

We may also learn of them from external sources, such as Members, Providers, CMS, or the State. Upon receipt of an identified or potential quality of care issue, all relevant information is entered into our Quality of Care (QOC) Event Tracking System and an Anthem QM Reviewer thoroughly investigates, gathers information (such as claims and authorizations history, Member communication logs, or medical management files), and obtains any necessary consents for release of information. We gather medical records, obtain the Provider's response, and develop an action plan to address the root cause identified during the investigation. If a trend is identified as it relates to QOC issues, it is reported up through our QIC.

Prioritizing Areas for Improvement

Cross-functional leaders routinely monitor medical trends, Grievances and Appeals, and additional data points for emerging or persistent areas for opportunity. We analyze data including the management of chronic and acute care diseases and conditions, public health data, statewide and community trends, impacts to core critical functions, SDOH, disparities, and more. Our heat map capabilities, a tool our QM team uses to drive strategic interventions, include the ability to depict Member gaps in care at the local level by zooming into a single county and even a single measure. We also prioritize our initiatives based on gaps in care.

For example, we identified that there were over 90,000 gaps in care at the beginning of 2019. We looked at historical trends by looking at Member-level data and were able to narrow down the gaps into several categories: Members that are Always Compliant or Always Close Gaps, New Members, and Members that are Variably Compliant or Never Close Gaps. By doing so, we can prioritize our outreach efforts in gap closure to those Members that are not likely to obtain the care or services they need. By completing this exercise, we narrowed the scope of efforts to roughly 11,000 gaps. This rolling report allows us to continuously deliver cost-effective, targeted initiatives and allows us to better design our efforts to be more in line with the needs of our Members.

In addition, we compare emerging areas for improvement to existing and planned initiatives. Where gaps exist, we review the impact for both short-term and long-term, sustainable health outcomes before implementing any new or modified programs.

Implementing Initiatives to Address Member Needs

We share actionable data with Network Providers to help close gaps in care and improve the health status of our Members. Actionable data assists Providers who participate in our VBP program, helping them meet their benchmarks and earn incentives. We meet Providers where they are and strive to be a trusted partner as changes in programs, policy and benefits, demographics, cultural needs, and public health initiatives occur over time. We work closely with Network Providers and include them in improvement committees and workgroups, such as our Medical Advisory and Regional Credentialing Committees. Our successful methodology is anchored by our local, hands-on approach.

We collaborate locally with Providers to improve access to care for Members who need services. We target practices with a high volume of attributed Members who are overdue for check-ups, screenings, or chronic condition management services. Providers agree to block off a segment of time for Anthem Members to be seen, potentially during evening or weekend hours. Our staff contacts Members in need of a visit to schedule appointments and help with arranging transportation, if needed, helping assure maximum participation from our Members.

Targeting Super-utilizers and Reducing Potentially Preventable Events

Increased ER utilization for low-acuity complaints is a growing burden on the health care system. According to a 2013 article in the *Journal of the Society for Academic Emergency Medicine*, "Non-ED Interventions to Reduce ED Utilization: A Systematic Review," the interventions with the greatest number of studies showing reductions in ER use include patient financial incentives and managed care, while the greatest magnitude of reductions were in response to patient education.

Anthem developed our High Emergency Room Utilizers (HERU) program to identify and reach out to Members who have four or more ER visits within a six-month time period. Members with high ER utilization can benefit from regular care monitoring and additional support to access the services they need. Members identified for the HERU program are linked to appropriate services, resources, education, and care management to address unmet needs that may be triggering preventable ER visits. Supports we provide Members focus on common reasons that high ER utilization behaviors occur, including:

- Absence of an established Medical Home
- Limited PCP access
- Lack of communication with PCP
- Gaps in care
- Chronic pain
- Limited alternatives for care
- Behavioral Health issues, including opioid dependence and SUD
- Knowledge deficit related to the appropriate use of ER
- Individuals with Special Health Care Needs (ISHCN)

Upon identification of a Member for our HERU program, we initiate outreach activities to make sure the Member has a Medical Home and understands how to contact and communicate with their PCP. We also provide education about appropriate ER use and available ER alternatives, as well as offer certain Members identified with the highest utilization or conditions that would trigger care management the opportunity to enroll into our care management program. ER

utilization has been decreasing following the HERU program implementation. Overall ER utilization among high ER utilizers decreased by 33% from 2016 to 2017. In addition to decreased ER utilization, urgent care center utilization increased by 28.8% among the high ER utilizers during this same timeframe as a result of interventions.

ii. Provider Performance and Practice Guidelines and Standards

ii. Methods for measuring Provider performance against practice guidelines and standards adopted by the QIC, and follow up activities to be conducted with Providers based on ongoing review of findings.

Anthem promotes the use of a comprehensive portfolio of evidence-based preventive health and CPGs that span more than 37 conditions and diseases. This includes ADHD, diabetes, high-risk obstetrical, hypertension in adults, hypertension in children and adolescents, and SUD. The guidelines keep Providers informed about scientific advances, support consistent delivery of care, and positively impact health outcomes. We adopt CPGs based on the health care needs of our Members and identified opportunities for improvement. CPGs are not a substitute for the professional judgment of health professionals, and we do not use CPGs for medical necessity reviews.

Measuring Provider Performance Against Practice Guidelines

We employ various tools and strategies to promote adherence to CPGs and increase high-value care. Our Provider Manual, which is an extension of Provider agreements, require them to comply with CPGs, and we reinforce compliance through ongoing monitoring, educational outreach, and offering financial rewards to Providers who meet targets and quality goals. Our Provider-centric approach to CPG adherence features local PCCCs, both medical and BH, who help Providers interpret quality data, educate them on the expectations for each CPG, and review medical recordkeeping to make sure they accurately document evidence of compliance. Table C.9.i-2 details select strategies to improve compliance.

Table C.9.i-2. Promoting Provider Adherence to CPGs

Strategy	Description
Care Gap Reports	We distribute lists monthly to PCPs that identify Members due or overdue for preventive services, including well-child visits. We also have PCCCs that work with Providers on gaps in diabetes services (for example, HbA1c testing).
Clinic Days	We are collaborating with PCP offices to hold Clinic Days, where practices dedicate blocks of appointments for our Members to close identified gaps in preventive care.
Provider Financial Incentives	PCPs can earn financial rewards through our PQIP and PQIP Essentials VBP programs for meeting HEDIS-like quality indicators, including measures for well-child visits.
Fidelity Monitoring of Providers	We monitor BH Providers to assure adherence to evidence-based practices. Anthem contracts with a Vendor, as requested by DMS, to complete an audit of Assertive Community Treatment Providers. We are working collaboratively with DMS on this initiative.
Monitoring PH and BH Providers	As part of our Provider monitoring process, we use audit tools that capture adherence to specific CPGs.

We employ specialized audit tools to measure Provider compliance with CPGs. We design and implement tools for each specific CPG to capture elements relative to the guideline. For example, our Diabetes CPG Audit Tool addresses elements such as:

- Hemoglobin A1c testing in the measurement year
- HbA1C control (<8)

- HbA1c control (<7)
- A nephropathy screening as evidenced by 24-hour, timed or spot urine for albumin or protein, urine for albumin/creatinine ratio, 24-hour urine for total protein, random urine for protein/creatinine ratio
- The most recent blood pressure level taken is <140/90
- A retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year, or in the previous year in the case of negative exam results for retinopathy
- If Member is >40 years, determine if Member is on Statin Therapy
- Lipid Profile in measurement year
- Diet counseling ordered or performed
- Foot exam performed
- Depression Screening
- Pneumonia or flu vaccine given, or last date given noted

Our locally based QM team, specifically, the PCCCs, perform on-site medical record reviews for Providers to confirm documentation requirements are met for EPSDT, State and federal mandates, and other Anthem requirements.

Follow-up Activities Conducted with Providers Based on Review of Findings

To encourage adherence to CPGs, our PCCCs help Providers interpret quality data, educate them on expectations for each CPG, and review medical recordkeeping requirements to make sure they accurately document evidence of compliance. In addition, this dialogue promotes open communication between the Provider and Anthem, including any recommendations as it relates to CPGs.

Incorporating Provider Feedback

We encourage Providers to offer recommendations for new guidelines for inclusion in our CPG registry and to provide comments on existing ones. For instance, we may place an article in our Provider newsletter or notice on our Provider website about the new CPG, encouraging Providers to contact Anthem with questions, comments, or concerns. We also offer Network Providers and experts an opportunity to share feedback and opinions on CPGs as part of our Provider Advisory Council (PAC), and we solicit feedback when Anthem is on-site during Provider medical record reviews. We will continue to encourage out-of-network Providers and experts to share their opinions.

The PAC is comprised of roughly 15 PCPs, Administrators, and other local health care leaders in Kentucky. PAC Members are selected based on their role as leaders within the PCP community and their own adoption of a patient-centered care model. PAC Members are also representative of geographical, ethnic, and gender diversity of our membership. Meetings are held either in person or via phone for one hour and thirty minutes on a quarterly basis. During these quarterly meetings, we discuss program changes, best practices for development and implementation, and general concerns the Providers have regarding their value-based arrangements or Anthem as a whole.

Updating and Revising Clinical Practice Guidelines

Our CPGs are reviewed, revised, and approved annually using nationally recognized, evidence-based literature and expert opinion from the U.S. Preventive Task Force, medical specialty societies (such as the American Diabetes Association, American Psychological Association, and American Congress of Obstetricians and Gynecologists), and other nationally recognized

societies and organizations. These organizations produce evidence-based guidelines using medical literature, professional standards, and expert opinions. Board-certified and credentialed Network Providers, our Medical Director, and our BH Medical Director review, revise, and approve CPGs at least every two years using evidence-based literature from medical specialty societies, the U.S. Preventive Services Task Force, and similar entities.

iii. Annual Evaluation of QAPI Program Effectiveness

iii. A summary of the Vendor's approach to annual evaluation of the overall effectiveness of the QAPI program and how the Vendor will use findings for continuous quality improvement efforts.

At least quarterly, Anthem's QM department formally evaluates the QAPI programs' effectiveness, analyzing outcomes realized from Work Plan activities, PIPs, and data trends. Through our annual evaluation of program trends and demands, we assess care and chronic condition management effectiveness, service delivery (for example, monitoring preventive screenings), Member and Provider complaints, satisfaction survey results, and population health data. Implementing these and other indicators of current performance allows us to identify areas of operations that require immediate corrective action plans, as well as areas where we meet standards, but desire continued improvement, ultimately improving health outcomes and quality of care for Members.

Approach to Annual Evaluation

The annual evaluation addresses the overall effectiveness of the QAPI programs and includes without limitation, the following:

- The QAPI program summary description
- Major accomplishments, including an assessment of progress made in influencing Network-wide safe clinical practices
- Measures trended over time including:
  - HEDIS data
  - CAHPS data
  - Grievance and Appeal data
  - Operational performance data
  - Health plan specific data
  - State performance measures as identified
- Outcomes analysis and evaluation including assessing the extent to which QM activities were completed and goals met
- Identification and analysis of issues or barriers to achieving goals and limitations of the data or measure
- Recommended interventions and actions to demonstrate improvements for the upcoming year
- Resources, training, scope, and content of the QM programs' adequacy and evaluation of Provider and Member participation in the QM and UM Programs
- Quantifiable improvements in care and service
- Opportunities for improvement

The QAPI annual evaluation is developed with participation and support from all applicable parties including, but not limited to: UM, Care Coordination, PHM, Marketing, Operations, Network, QM, Delegation Oversight, Pharmacy, BH, Credentialing, and Complaints, Grievances, and Appeals. The annual evaluation is presented to the QIC and the Board of Directors for final approval and recommendations. The Annual QAPI Evaluation describes the

level of success achieved in realizing set clinical and service performance goals through quantitative and qualitative analysis and prior years' trending, as appropriate.

The annual evaluation describes the QAPI program's overall effectiveness by:

- Describing ongoing and completed QM activities and projects
- Summarizing quantitative and qualitative analyses
- Assessing current opportunities for improvement
- Analyzing and evaluating the overall effectiveness

The strategy incorporates the continuous tracking and trending of quality indicators to make sure we measure outcomes and attain goals, including monitoring of quality of care interventions and outcomes through HEDIS measure reviews, external quality review studies, periodic medical record reviews (for chart maintenance, documentation legibility, chronic condition management compliance; continuity of care coordination, information security), and as required by DMS and CMS.

Using Annual Evaluation Findings for Continuous Quality Improvement Activities

Consistent with our culture of quality, each of our employees contribute greatly to improvement activities. By continually directing our employees and resources toward high-quality care, we improve our Members' health outcomes, access to care and services, quality of life, and satisfaction with care and services while delivering value to DMS. A foundational component of our strategy to improve health as measured by clinical and non-clinical outcomes, including HEDIS performance, is to encourage electronic data submissions either by gaining electronic medical records or by Provider-supplied supplemental data. As an example of the success of this strategy from November MY 2018 to November MY 2019, we improved our administrative insight into the HEDIS Controlling Blood Pressure by 12.14 percentage points. This allowed us to have insight into Members meeting the measure and then removing compliant Members from continued outreach and engagement attempts.

C.9.j. Developing and Implementing a Value-based Payment Program

j. Provide a summary of how the Vendor will collaborate with the Department and other Vendors in developing and implementing a value-based payment (VBP) program. Include proposed approaches for the following at a minimum:

i. The Vendor's lessons learned in developing and implementing VBP models, examples of models that have been most effective in improving performance and outcomes.

ii. Recommended goals and focus areas in the first two years of implementation of the VBP program.

iii. Proposed approaches to collaborate with the Department and other MCOs to develop the VBP program and to implement a coordinated approach to achieve statewide improvement in outcomes.

iv. Potential challenges specific to Kentucky and the Vendor's proposed methods for addressing identified challenges.

v. Regardless of the model implemented, the Vendor's approaches to analyzing performance against targets, frequency of analyses, reporting results to DMS, and use of analyses to modify interventions that are not making progress towards achieving targets.

Collaborating to Develop and Implement a Value-based Payment Program

Anthem recognizes that integrated Network solutions are needed for a healthier Kentucky, and that both VBP arrangements and patient-centered care initiatives are more effective when Providers can focus on their entire population, regardless of coverage. We are proud to deliver a Network solution for patient-centered, value-based care to Kentucky Providers that incorporates their entire attributed commercial, Medicare, and future Medicaid membership.

Anthem will work with DMS and other MCOs to further the previous work of the Kentuckiana Health Collaborative to establish a Core Measurement Set and will take the lead in forming a workgroup focused on adoption of standard quality measures, creation of a standard reporting program for Providers, and the development of consistent administrative policies that ease the Provider burden and allow us to collectively achieve the Triple Aim.

We propose a bi-annual symposium where subject matter experts from key Kentucky Providers, each MCO, and DMS convene to initially identify emerging health needs of Members in Medicaid and identify barriers to share best practices about how value-based approaches can incent better outcomes and to establish standards for new VBP models to address the challenges faced.

Anthem's Value-based Approach to Better Health Care

Our VBP and Provider collaboration models provide an effective framework to incent health systems and Providers to collaborate and engage with us on effective PHM strategies. We design our Provider enablement strategies to train and support Provider organizations in the techniques and tools for managing PHM risks, enabling them to become more willing to assume risk and more effective at producing improved outcomes.

Our aligned VBP programs deliver results for Kentucky Medicaid:

- Decreased potentially Avoidable ER percentage rates
- Improved quality measure compliance rate year-over-year
- Resulted in better health outcomes

Anthem is committed to assuring the majority of our Members are cared for by high-performing, engaged Providers that collaborate with us. Our Provider Promise is to simplify health care so our Providers can focus on health. Part of our promise is our commitment to Accountable Reimbursement; our strategy for collaborating with Commonwealth physicians, facilities, and non-traditional Providers to accelerate the shift from volume-based care to patient-centered integrated value-based care that improves quality and health status while also reducing costs.

In 2018, Anthem paid **$558,536** in VBP incentives to Kentucky Providers.
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Our VBP portfolio aligns our proven program support, built from Anthem's national experience executing our VBP strategy, which meets Providers where they are on the performance improvement continuum. We also offer a compendium of programs that increases the level of rewards for Providers who have the organizational and technical capabilities to assume greater responsibility and risk for managing and improving overall population health outcomes and costs of care. We recognize that some Providers may not be ready or technically capable of assuming downside risk, so for those Providers we will focus on rewarding continued performance improvement and accountability to ensure they deliver a standard of care consistent

with our vision. Our broader Provider strategy facilitates Provider progress along the APM continuum as they evolve throughout their relationship with Anthem. Our programs address the unique needs of our Members in Medicaid; for example, we will require VBP Providers to screen Members for SDOH needs as a requirement for program participation. Our custom portfolio of Medicaid focused programs highlighted in Figure C.9.j-1 assure proactive, coordinated, and personalized care is delivered and will yield higher levels of performance and better outcomes.

Figure C.9.j-1. Focusing on Improving Health

Improving Health Outcomes and Quality with Accountable Reimbursement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness ∘ *Pay for Quality HEDIS (P4Q HEDIS)** ∘ *Foster Care Access Incentive Program (FCAIP)**	**Focus on enhancing quality, efficiency and total cost of care savings** ∘ Provider Quality Incentive Program (PQIP) ∘ PQIP Essentials ∘ Provider Incentives • Toxicology screening in first trimester of pregnancy • Tobacco screening • Colorectal cancer screening • Hemoglobin A1c (HbA1c) testing	**Focus on specialized services and PH/BH integration** ∘ Behavioral Health Quality Incentive Program (BHQIP) ∘ Behavioral Health Facility Incentive Program (BHFIP) ∘ *Integrated Care Quality Incentive Program (ICQIP)** ∘ *Obstetrical Care Quality Incentive Program (OBQIP)** ∘ *Pediatric Residential Treatment Quality Incentive Program (PRTQIP)**	**Focus on social determinants of health and socially necessary services and supports** ∘ Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** ∘ Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) ∘ Trauma-informed Care Blue Ribbon Providers (Blue Ribbon Providers)

* *Indicates proposed programming subject to approval from DMS.*

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i. Lessons Learned Developing and Implementing VBP in Kentucky

i. The Vendor's lessons learned in developing and implementing VBP models, examples of models that have been most effective in improving performance and outcomes.

We have learned that to effectively drive quality and reduce cost in Medicaid, we must design VBP models to meet Providers where they are. We offer enhanced support and collaboration to VBP Providers aligned with their level of VBP collaboration and engagement with us with the goal of jointly improving outcomes.

Tailoring Programs to Meet Providers Where They Are

We recognize that Providers are different and our innovative approach to incenting Provider behavior and participation is to offer custom programs with different levels of support and reward based on Provider capability, attributed membership, and practice location with the ultimate goal of facilitating Provider advancement along Anthem's Accountable Reimbursement continuum. Our approach helps Providers move from FFS to Category 2 (linked to quality), to Category 3 (Models with Upside and Gain Sharing and Downside Risk), and finally to a Category 4 Program (Models with Population-based Payment).

We solicit feedback from our trusted Providers through our PAC, post-engagement survey process and our annual Provider satisfaction survey process about our VBP program design, challenges and needs of their patients, what support they need to succeed, and what truly will incent them to transform their practice.

This collaborative approach to improving health outcomes is outlined in our VBP programs described next. Each program includes custom quality measures selected to address Kentucky's greatest health challenges, offers differing levels of support tailored to Provider capabilities and varying levels of incentives for every PCP, regardless of their attributed membership, practice maturity, or location.

No Member Left Behind — Customized Incentive Programs for Providers of All Sizes

We recognize that Providers are different and our innovative approach to incenting Provider behavior and participation, so that every Member will benefit from being treated by Providers who participate in our programs, is to offer custom programs with different levels of support and reward based on Provider capability, attributed membership, and where they practice. For example, some Providers may not be ready or technically capable of assuming downside risk, so for those Providers we focus on rewarding continued performance improvement and accountability. Rural practices that lack substantial membership may be limited in their ability to earn meaningful incentives, so we have created our Provider Incentive Program to encourage adherence with the critical HEDIS and non-HEDIS screenings, customized to the health challenges we face in Kentucky.

Experiences and Lessons Learned

The experience of developing, launching, and overseeing VBP programs in Kentucky and our affiliate other markets has supplied our organization with valuable lessons learned. These lessons are imparted to the local VBP teams in each state, including Kentucky.

Challenge: The initial challenge is to design an attractive, feasible VBP program that is as streamlined and administratively simple as possible for Providers. Our Providers contract with other payers and must also use their systems and tools. This adds to their administrative burden and contributes to their hesitancy to engage in these types of payment strategies.

Lesson Learned: Anthem's initial VBP Provider Quality Incentive Program design required participating Providers to achieve both quality and cost thresholds in order to earn incentives under the program. Due to the high cost of care in Kentucky, Providers historically struggled to meet their cost targets under the program and therefore did not receive payments for their efforts. In response to Provider feedback on the efficacy of our programs, we redesigned our PQIP program for 2020. Our program continues to include cost and quality components as required for HCP-LAN Category 3 APMs. However, to help Providers earn program incentives, our refinements separate the cost and quality gates from each other to allow participating Providers who achieve their quality targets to earn payouts for their 2020 performance in 2021. This change will substantially increase Provider satisfaction and allow them to reap the benefits of their efforts, providing them with additional revenue to reinvest in their practices. We believe these program enhancements will also lower costs over time enabling Providers to achieve cost of care targets under the program.

Additionally, we have leveraged the experience of our affiliate markets to create new Physician Incentive Plans tailored to smaller Providers, and rural Providers who often lack the necessary membership to participate in our existing Physician Incentive Plans. Our Provider Incentive Program and Pay-for-Quality (P4Q HEDIS) programs will include dedicated PCCCs who will deliver custom analytics and gaps in care data, practice transformation services, and program support to our Providers. Additionally, for those small, rural Providers who have the capability and maturity to engage in more advanced models, our PCCCs will facilitate care compacts with similar rural Providers to create virtual panels. By participating in a care compact, Providers will be able to earn greater incentives, engage in true practice transformation, and shape the health care landscape in their unique area.

Challenge: A secondary challenge is to effectively demonstrate to Providers in our Network the benefits of participation, including the availability of multiple data collection tools that provide real-time information about their patients and how they compare to their peers, and provide a pathway to reap the rewards of VBP participation. We must persuade these practices, whose employees are already overburdened with administrative responsibilities and reporting to multiple MCOs, that the data analytic tools, education, and face-to-face technical support we provide will enable them to be successful in the VBP program both financially and in improving the health of their patients.

Lesson Learned: In order to achieve the Triple Aim and truly incent better health outcomes, we learned that it is critical for the Providers who deliver care and their staff to have dedicated support and education, and to be rewarded for their success under Physician Incentive Plan programs. We have deployed our CDT model of resources dedicated to helping participating Providers achieve performance goals.

VBP Providers appreciate our model as evidenced in their feedback during our 2019 CDT Model satisfaction survey:

- "The Care Consultants for Anthem Medicaid have consistently been responsive to questions, concerns and suggestions."
- "Collaboration & teamwork identifying opportunities for improvement and helping with data."

Additionally, Providers believe Anthem's model for Physician Incentive Plan support distinguishes them from other Kentucky Medicaid MCOs:

- "The personal touch is the piece that distinguishes Anthem from others."
- "Anthem is typically willing to collaborate and work together as a team. There is a certain rapport that is built with these relationships that allows this type of teamwork to exist. The support and guidance are excellent with the right Anthem employee."

Additionally, as part of our program model, we encourage large groups and health systems to pass through incentive dollars earned to the Providers delivering the care. This best practice has been adopted by the Kentucky Primary Care Association (KPCA) and we are promoting this best practice with all Physician Incentive Plan participating Providers.

After launching a physician incentive program, it is critical to provide hands-on support and education to newly participating PCPs, particularly smaller and those who may be less familiar with VBP programs, or how to use our data analytic tools and interpret our reports, which have been designed and streamlined to appeal to busy Provider practices. In addition, on an ongoing

basis, we must make sure that our participating physician practices are satisfied with our technical support and are incentivized to continue their investment in the program. This is why we offer multiple levels of support that include routine Joint Operations Committee meetings, and our CDT Consultant and PCCC models which deliver concierge level support.

Challenge: Providers struggle to achieve performance goals when programs are not designed to meet them where they are and do not deliver custom support based on their unique challenges and needs. Often they lack the expertise and analytic resources to fully assess drivers of program performance.

Lesson Learned: It is imperative for MCOs to identify upfront the appropriate measures, data sources, and reporting strategies necessary to monitor the arrangements and drive administrative simplicity. We are aware there cannot be a one-size-fits-all approach to incent Providers because their business models, goals, and patient profiles can differ significantly. In addition, Providers' needs and experiences can vary by geographic region. We know the value of gathering feedback from our VBP participating Providers on improving our portals, data visualization, content organization, and embedded reports, as well as enhancing our reports based on that feedback. We have also learned that physicians are competitive and by seeing their performance measured against their colleagues, they are more inclined to improve their performance and standing.

Above all, we have come to understand the importance of providing expert technical support to our VBP participating Providers — support that is provided at the onset of the program and consistently throughout and at a level that meets their capabilities and needs. Out of this awareness, we have developed our CDT Consultant program. CDT Consultant and PCCCs are highly skilled professionals who provide practice consultation services to help Providers optimize their performance under VBP arrangements. They analyze performance based on quality metrics, utilization trends, and Provider profile tools to help VBP participants identify practice-centric solutions and improvement opportunities. They also guide Providers in development of performance improvement action plans to improve cost, quality, and Member experience. Through Provider feedback and the notable improvements in quality outcomes by those who have been coached by CDT Consultants, we are confident that our CDT Consultant program is a significant contributing factor in the success of our physician incentive programs.

Anthem's Physician Incentive Plans for Kentucky Providers

Anthem currently offers two Health Care Payment Learning Action Network (HCP-LAN) Category 3 APM Physician Incentive Plans to Kentucky Providers — Provider Quality Incentive Program (PQIP) and PQIP Essentials. To increase participation, we will implement new Physician Incentive Plans this year that include our Provider Incentive Program and an HCP-LAN Category 2 program, Pay-for-Quality (P4Q) HEDIS program. Detailed descriptions of our Physician Incentive Plans follow.

Provider Incentive Program

Our Provider Incentive Program is a hybrid of clinical measures and non-clinical quality goals to improve health outcomes, incentivize adherence to quality standards, and decrease administrative costs associated with HEDIS non-compliance. The program will offer incentives to Providers who conduct critical screenings Kentuckians need most that will assist in early detection of costly, difficult health issues later on. We will incent screenings for:

- Toxicology screening in first trimester of pregnancy
- Colorectal screening
- Tobacco use — Cotinine test
- HbA1c control (<8.0%)

Provider Incentive Program Highlights	
Description	Provider Incentive Program offers Anthem Providers an additional payment for completion of the following screenings and incentives: • Toxicology screening in first trimester of pregnancy • Colorectal screening • Tobacco use – Cotinine test • Hemoglobin A1c (HbA1c) testing
Provider Type	• Claims based – Incremental increase on claim for qualified Member/service when paid
Reporting	• Quarterly summary highlighting incentive payment earned for completion
Payment	• PCPs • OB/GYNs • BH Professionals • FQHCs • CMHCs

KY_Hlth2020_PIPHighlights_COB_03

Pay-for-Quality (P4Q) HEDIS

Anthem's Pay-for-Quality (P4Q) HEDIS program, aligned with HCP-LAN Category 2 objectives, rewards Providers when they successfully close Member care gaps related to HEDIS quality measures and execute business practices that support improved health outcomes for their attributed membership. Our program is designed for smaller Providers who are not eligible to participate in our shared savings program. Under P4Q HEDIS, enrolled Providers will receive an annual financial reward for selected gaps closed for their attributed membership during the measurement period. This incentive will afford our Network PCPs with additional revenue to sustain and expand their practices, which we anticipate will lead to improved health outcomes.

Pay-for-Quality (P4Q) HEDIS Highlights	
Description	P4Q HEDIS offers Providers an annual financial reward for HEDIS gaps closed for their attributed membership during the measurement period. • Comprehensive Diabetes Care - HbA1c control (<8.0) • Adult BMI – ABA • Adolescent well-child visits
Provider Type	• PCPs • FQHCs
Reporting	Monthly gaps in care report
Payment	Claims based – Incremental increase on claim for qualified Member/service when paid

KY_Hlth2020_P4QHighlights_COB_03

Our proposed P4Q HEDIS program clinical measures were selected based on the most prevalent health disparities in Kentucky. They will include the following HEDIS measures:

- Diabetes care HbA1c control (<8.0%)
- Adult BMI – ABA
- Adolescent well-child visits

Example of program success: Our P4Q HEDIS program is new to the Commonwealth, but our New Jersey affiliate has seen several notable results since implementing their P4Q program in 2017, and we hope to see similar trends in the Commonwealth.

Our New Jersey affiliate offers incentive payments to Providers statewide to improve access to women's and maternal health care incentives, preventive care, and comprehensive diabetes care. Measures improved markedly over a three-year period in primary preventive care, specifically in Adult BMI Assessment with a 16.43% baseline administrative rate in measurement year 2015 to 37.59% in 2017, child BMI from 17.39% to 52.87%, and nutritional counseling from 13.04% to 43.53%. Likewise, maternity and diabetes care demonstrated significant improvement in their sub-measures of prenatal and postpartum care, HbA1c testing, nephropathy, and retinal eye exam, respectively.

Provider Quality Incentive Program Essentials (PQIP Essentials)

PQIP Essentials incents smaller practices, focusing on PCPs with 250-999 attributed Members. The program also measures PCP performance against the following set of HEDIS quality indicators listed:

- Adolescent Immunization – Combination 2
- Adult Access to Preventive Care – AAP
- Adolescent Well Care
- Breast Cancer Screening
- Childhood Immunization Status – COMBO10
- Comprehensive Diabetes Care – CDC eye exam
- Diabetes Control HbA1c (<8.0%)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life – W34

Provider Quality Incentive Program (PQIP) Essentials	
Description	PQIP Essentials will incentivize smaller practices, focusing on PCPs with 250-999 attributed Members and will measure PCP performance against prescribed quality.
Provider Type	• PCPs • PCMHs
Reporting	• Quarterly interim performance reports during the measurement period • Annual year-end performance scorecard
Payment	• Per Member per month (PMPM)-based • Annual payment six months after the end of the measurement period

KY_Hlth2020_PQIPEssentials_COB_03

Providers receive both quarterly and year-end scorecard reports. Earned incentive payments are made annually. PQIP Essentials was implemented in Kentucky in 2018. ***We currently have six physician practices that includes 170 Providers in Kentucky participating in PQIP Essentials, with 5,283 attributed Members.***

Example of program success: In 2018, our PQIP Essentials Providers in Kentucky achieved an overall adherence rate greater than 58% with program quality measures and the change between PQIP Essentials Providers and their non-Physician Incentive Plan peers for completion of new patient PCP visits exceeding 10%. PQIP Essentials Providers also performed better than their non-participating peers for overall annual wellness visit and follow up within 14 days of an inpatient stay.

Provider Quality Incentive Program

PQIP provides incentives for our Network PCPs, such as those affiliated with KPCA and Baptist Health, to undertake systemic improvements that affect both health care outcomes and cost trends. Practices must be in the Anthem Network for at least one year and have at least 1,000 of our Members assigned to their panels. PQIP includes HEDIS quality indicators and shared savings principles to encourage efficient, preventive, and cost-effective service delivery, protecting the best interests of our Members and reducing unnecessary utilization. HEDIS measures included in our 2020 PQIP program include:

Provider Quality Incentive Program (PQIP)	
Description	PQIP will provide incentives for select PCP practices to undertake systemic improvements that affect both health care outcomes and cost trends. Practices must participate with us for at least one year and have at least 1,000 assigned Members to participate. PQIP will use prescribed quality indicators and shared savings principles to encourage efficient, preventive, and cost-effective delivery of health care services.
Provider Type	• PCPs • Hospitals with PCPs • PCMHs • IPAs
Reporting	• Monthly care opportunity view reports through PCMS • Quarterly medical cost management (MCM) reports including Member-specific cost on total claim dollar and PMPM basis • Quarterly reports listing premium, total medical expenses, calculated program year medical loss ratio (MLR) performance against the target MLR, and earned shared savings minus withholds
Payment	• Performance-based • Interim quarterly payments • Annual final reconciled payment six months following the end of the measurement period

KY_Hlth2020_PQIP_COB_02

- Adolescent Immunization – Combination 2
- Adult Access to Preventive Care – AAP
- Adolescent Well Care
- Breast Cancer Screening
- Childhood Immunization Status – COMBO10
- Comprehensive Diabetes Care – CDC eye exam
- Diabetes Control HbA1c (<8.0%)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life – W34

Quarterly, we perform interim shared savings reconciliations and issue payments. Each quarter, PQIP PCPs receive a performance scorecard for each quality indicator to assess their performance and a medical cost management report that includes medical cost information on their attributed Members.

Annually, we perform a final full year reconciliation comparing PCPs' total medical cost performance for their assigned Members and the Medical Loss Ratio (MLR) against a target MLR. PQIP Providers can receive up to 50% of the savings, not to exceed 25% of their total underlying reimbursements for services rendered to Members.

Example of program success: The quality scorecard received by all PCPs indicates their performance on HEDIS quality measures. As Table C.9.j-1 shows, PQIP Providers in Kentucky

perform better than non-PQIP Providers on seven of these 13 measures included in our 2018 program.

Table C.9.j-1. PQIP Providers Exceed the Performance of Non-PQIP Providers on Seven HEDIS Measures

Measure	PQIP % Higher Performance
Appropriate follow-up and medication management of children with ADHD	14.2%
Diabetic eye screening	6.7%
Breast cancer screening	4.2%
Diabetic nephropathy screening	2.9%
Adolescent well-care visits	2.8%
Diabetes care HbA1c testing	2.6%
Adults' access to preventive and ambulatory care	1.0%

PQIP was first implemented in Kentucky in 2016. ***We currently have six physician practices participating that include 1,509 Providers in PQIP with 54,255 attributed Members.***

Incenting Whole-person Health

In addition to our regulatory compliant physician incentive programs detailed previously — and consistent with our focus on whole-person, integrated care — our Accountable Reimbursement portfolio includes VBP and incentive programs for specialty Providers, which are described in the following subsections.

Behavioral Health Quality Incentive Program

We incent BH Providers, such as Bluegrass.org, to deliver proactive, coordinated, and personalized care for Members by rewarding them when they improve quality and clinical outcomes while appropriately managing costs. BHQIP will incent Core Service Agencies (CSAs), Community Mental Health Centers (CMHCs), and other high-volume BH professional groups to improve coordination of Members' PH, BH, and SUD needs, as well as the quality of care provided to those with BH/SUD conditions. Our BHQIP program supports a variety of HEDIS and efficiency measures:

- Diabetic HbA1c testing
- Appropriate follow-up and medication management of children with ADHD (ADD)
- ER utilization
- PCP visits
- Seven-day follow-up visit after mental health inpatient discharge
- Thirty-day follow-up visit after mental health inpatient discharge
- Diabetic screening for Members with schizophrenia or bipolar disorder on antipsychotics
- Thirty-day BH-related readmission rate
- Opioid Medication-Assisted Treatment – Medication only
- Opioid Medication-Assisted Treatment – Medication and MAT Support

Behavioral Health Facility Incentive Program

The BHFIP is designed for Behavioral Health inpatient facilities that serve our Members with BH care needs, including:

- Psychiatric hospitals
- Freestanding mental health facilities
- Acute care hospitals with psychiatric units

BHFIP utilizes the performance indicators (efficiency and HEDIS quality) highlighted, rewards both absolute performance targets and year-over-year improvement, and includes a year-end bonus incentive driven by performance indicators.

Performance measures included in our BHFIP program include:

- Seven-day follow-up visit after MH IP discharge (FUH7)
- Thirty-day follow-up visit after MH IP discharge (FUH30)
- Thirty-day BH-related readmission rate
- Sixty-day BH-related readmission rate
- Ninety-day BH readmission rate

Integrated Physical and Behavioral Health Quality Incentive Program

Through our Integrated Physical and Behavioral Health Quality Incentive Program (ICQIP), we will offer incentives to eligible BH Providers such as CMHCs, community services boards, local mental health authorities, community-based outpatient Providers, and large Provider groups for providing quality care and service to our Members with BH needs.

We have designed ICQIP to encourage the integration of BH and PH in Provider practices. The goal of our integration efforts is to improve the Member experience, identify underlying BH needs in Members through whole-person care, identify Members at risk for complications due to behavioral and psychosocial needs, intervene and prevent exacerbations of BH issues, and decrease costs by treating Members effectively and holistically.

Anthem will facilitate the establishment of a care compact between PH and BH Providers who are not part of interdisciplinary groups who share attributed membership. Providers participating in the program who meet quality, service, and utilization goals will be eligible to receive incentive payments.

Performance measures included in our ICQIP program include:

- Non-emergent ER utilization rate
- ER utilization rate
- PCP visits
- Seven-day follow-up visit after MH IP discharge (FUH7)
- Thirty-day follow-up visit after MH IP discharge (FUH30)
- Diabetic Screening for Members w/ schizophrenia or bipolar disorder on antipsychotics (SSD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Obstetrics Quality Incentive Program

Our Obstetrics Quality Incentive Program (OBQIP) offers incentives to participating OB care Providers for improving access and quality of care and outcomes for our Members with obstetrical needs throughout all phases of their pregnancy. OB Providers with at least 10 attributed Members that are enrolled in the program can earn incentives/financial rewards for achieving performance targets on specific measures such as first prenatal visit, overall C-section rate, preterm birth rate, postpartum visit rate, and tobacco use assessment/intervention. OBQIP Providers receive periodic reports indicating interim performance throughout the year as well as an annual performance

scorecard. Providers receive earned incentive payments annually. Applicable Provider types include obstetrical care specialists.

Performance measures included in our OBQIP program include:

- 1st prenatal visit
- Overall C-section rate
- Preterm birth rate
- Low birth weight rate
- Postpartum visit rate
- Tobacco Use Assessment/Intervention

Pediatric Residential Treatment Quality Incentive Program

This program offers incentives to eligible residential treatment facilities (RTFs) for providing quality care and service to our pediatric Members. Providers participating in the Pediatric Residential Treatment Quality Incentive Program (PRTQIP) who have met the requirements of the program during the Member's stay at the facility, and have effectively discharged Members from the facility will be eligible to receive incentive payments.

Performance measures included in our PRTQIP program include:

- Successful discharge without ER visit or readmission within 30 days of discharge
- Standard of care-based checklist score

Social Determinants of Health Provider Incentive Program

A complement to our Physician Incentive Plans, this incentive program offers SDOH-related incentive measures for Providers with the following objectives:

- Obtaining a baseline of SDOH needs for our membership
- Increasing Provider awareness and utilization of Community Resource Link as a resource to refer our Members to community organizations that can help them with SDOH needs and improve Member health outcomes by addressing their SDOH needs
- Incentive payments are independent of what Providers earn in our Physician Incentive Plans

Providers are incentivized based on the following measures:

- Completed SDOH Member Assessments to capture Member's SDOH needs
- Community Resource Link referrals to Community Organizations for Member's identified with SDOH needs
- Provider refers Member identified with one or more SDOH

Custom VBP Models in Development

Episode Bundles

We are working to finalize the following Episode Bundle arrangements that will be most meaningful for Members in Kentucky Medicaid:

- Physical Therapy with ProRehab
- Behavioral Health — MAT therapy bundle with University of Louisville Physicians

Anthem's Current VBP Experience in the Commonwealth

Across Kentucky, we have a significant number of Providers who participate in the described programs, as demonstrated by Table C.9.j-2.

Table C.9.j-2. Provider Participation and Member Attribution in Anthem Kentucky Medicaid VBP Programs

Program	Unique NPIs	Provider Groups	Attributed Members
PQIP	1,509	76	54,255
PQIP Essentials	170	8	5,283
BHQIP	2,007	16	4,073
BHFIP	4	1	211

ii. Recommended Goals and Focus Areas

ii. Recommended goals and focus areas in the first two years of implementation of the VBP program.

Health Advocacy
Provider Promise

Anthem is a leader in and strongly supports the use of VBP Provider incentive programs to drive improvements in quality, access, and evidence-based clinical performance while containing costs. Our VBPs, and recommended focus areas, support DMS' goal of assuring we pay Providers increasingly focused on PHM, appropriateness of care, and other measures related to value. Anthem's strategy will align payment to quality and efficient care and reward Providers for their measured performance across these dimensions.

Focus Areas and Specific Goals Tailored to Kentucky Medicaid

Based on our experience in Kentucky with VBP, coupled with our affiliates' experience nationwide, we recommend focusing on the following issues in the next two years of the Contract term:

- Improvement on HEDIS measures
- Reduction of unnecessary ER utilization and readmissions

Year One Focus: Improvement on HEDIS Measures

Between December 2016 and December 2018, we noted a **148% increase** in Membership attributed to Category 3 Providers.
KY_Hlth2020_MemberIncrease_DP_01

Anthem's proposed enhanced P4Q HEDIS program, aligned with HCP-LAN Category 2 objectives, will reward high-performing PCPs when they successfully close Member care gaps related to HEDIS quality measures and execute business practices that support improved health outcomes for their attributed membership. This component of our VBP portfolio incents superior health outcomes for Providers of all sizes (with no minimum attribution threshold) who were not previously eligible for participation in our VBP programs due to minimal membership. Our expanded Accountable Reimbursement portfolio will assure that ***100% of Anthem's Network PCPs are eligible to participate*** in VBP.

In addition to implementing our P4Q HEDIS program, Anthem will continue to work with DMS and other MCOs to further the work of the Kentuckiana Health Collaborative to establish a Core Measurement Set. We will take the lead in forming a new workgroup focused on adoption of standard quality measures, creation of a standard reporting program for Providers, and the development of consistent administrative policies that ease the Provider burden and allow us to collectively achieve the Triple Aim.

Year Two Focus: Leveraging VBP Principles to Decrease ER Utilization

In Year Two, we will seek to incorporate ER utilization measures into our portfolio of VBP programs to ensure all PCPs and other Providers are focused on decreasing the overuse of the ER for non-emergent issues.

iii. Proposed Approaches to Collaborate with DMS and MCOs

iii. Proposed approaches to collaborate with the Department and other MCOs to develop the VBP program and to implement a coordinated approach to achieve statewide improvement in outcomes.

Anthem understands that the best outcomes are achieved when the incentives and goals of all stakeholders, including Members, Providers, DMS, and MCOs are coordinated. Thus, Anthem's VBP programs will incent all participants in the following ways:

- **Members** to take action on their health care needs
- **Providers** to focus on improving quality and outcomes rather than maximizing FFS reimbursement
- **MCOs and DMS** to collaborate on programs and support structures that benefit from consistent messaging to Members and maximize outcomes while minimizing administrative burden for Providers

Collaborating to Develop and Implement a Coordinated Approach

Anthem will continue to work with DMS and other MCOs to further the work of the Kentuckiana Health Collaborative to establish a Core Measurement Set. We will take the lead a new workgroup focused on adoption of standard quality measures, creation of a standard reporting program for Providers and the development of consistent administrative policies that ease the Provider burden and allow us to collectively achieve the Triple Aim.

Additionally, Anthem proposes to take the initial 30+ measures identified by the Kentuckiana Health Collaborative (KHC) and collaborate with DMS and MCOs to identify a standardized, manageable, core set of measures applicable to the different Provider specialties. For instance, a standard core set for OB, pediatricians, family medicine, and BH.

Historic Experience Collaborating

In 2018, Anthem served as an active participant on the KHC's Performance Measures Alignment Committee (PMAC). The purpose of the PMAC was to develop a core health care measures set for Kentucky's Primary Care Providers, with the ultimate goal of aligning the priorities of Medicare, Medicaid, and commercial insurers. The intent is to align measurement efforts toward shared areas of focus, making Kentucky one of the first states in the nation to create a health care measurement set.

The inaugural PMAC consisted of a diverse mix of payers, Providers, purchasers, and consumers across Kentucky. Throughout 2018, Anthem worked collaboratively to narrow hundreds of unique quality measures to 34 core measures. Today, Anthem's Medicaid VBP program (PQIP) overlaps a great deal with the PMAC Core Measure Set as 10 of PQIP's 12 measures are part of the suggested 34 core measures. Anthem continues to act as a participant on the PMAC in 2020 as we continue to align our efforts.

iv. Potential Challenges in Kentucky and Resolutions

iv. Potential challenges specific to Kentucky and the Vendor's proposed methods for addressing identified challenges.

Based on our history of serving Kentucky, we understand the statewide and regional variations in terms of challenges, resources, and opportunities. Many of Kentucky's Providers do not have the membership density to participate in VBP programs or are unable to advance to risk agreements.

Smaller Providers, and those in rural areas, may have lower quality scores due to a lack of resources, (that is, office staff to work gaps in care reports and make outreach calls) or perhaps Member transportation is an issue.

VBP Program Eligibility

Based on Provider feedback, we believe we have an opportunity to deploy VBP programming to our existing small rural PCPs who would benefit from the opportunity to receive financial rewards for delivering better outcomes. We recognize that the challenges differ for Providers based on where they practice and have tailored our proposed P4Q HEDIS program to include meaningful measures that are relevant to their experiences and where Kentucky has historically experienced increases in utilization rates due to lack of effective screening.

To enhance our VBP portfolio in 2020, we will introduce these smaller Providers with limited VBP experience to the principles of VBP, in preparation for future programs to be developed in collaboration with the State and other MCOs. We selected our proposed measures highlighted earlier based on the highest priority health challenges in the area, knowing we can collectively incent Providers to deliver higher quality care.

We also offer our Providers with fewer attributed Members our PQIP Essentials program, described earlier. The program measures PCP performance against a set of HEDIS quality indicators.

Anthem's initial Physician Incentive Plan design required participating Providers to achieve both quality and cost thresholds in order to earn incentives under the program. Due to the high cost of care in Kentucky, Providers historically struggled to meet their cost targets under the program and therefore did not receive payments for their efforts. In response to Provider feedback on the efficacy of our programs, we redesigned our PQIP program for 2020. Our program continues to include cost and quality components as required for HCP-LAN Category 3 APMs; however, to help Providers earn program incentives, our refinements separate the cost and quality gates from each other to allow participating Providers who achieve their quality targets to earn payouts for their 2020 performance in 2021. This change will substantially increase Provider satisfaction and allow them to reap the benefits of their efforts, providing them with additional revenue to reinvest in their practices. We believe these program enhancements will also lower costs over time enabling Providers to achieve cost of care targets under the program.

Additionally, we have leveraged the experience of our affiliate markets to create new Physician Incentive Plans tailored to smaller Providers, and rural Providers who often lack the necessary membership to participate in our existing Physician Incentive Plans. Our Provider Incentive Program and Pay-for-Quality (P4Q HEDIS) programs will include dedicated PCCCs who will deliver custom analytics and gaps in care data, practice transformation services and program support to our Providers. Additionally, for those small, rural Providers who have the capability and maturity to engage in more advanced models, our PCCCs will facilitate care compacts with similar rural Providers to create virtual panels. By participating in a care compact, Providers will be able to earn greater incentives, engage in true practice transformation, and shape the health care landscape in their unique area.

Lack of Integrated Care Impacting Ability to Address Opioid Epidemic

Seventeen counties in Kentucky are particularly impacted by our national opioid epidemic. To care for Members suffering from OUD and address the challenges associated with truly integrated and

coordinated care, especially in rural areas where access can be a barrier, we offer eligible BH Providers our ICQIP program to incent Providers and treat Members effectively and holistically.

SDOH Barriers to Better Health Outcomes

We believe that staying healthy means not only having access to doctors and medical care, but also having access to resources that address SDOH, such as education, healthy food, transportation and job supports. These non-medical factors, such as social and economic conditions, can drive up to 40% of an individual's health.[10]

Recognizing coordination of PH and SDOH supports can also be a challenge, our VBP portfolio for the Commonwealth includes our Social Determinants of Health Provider Incentive Program (SDOHPIP). This program will incent VBP Providers to complete screenings for SDOH and subsequently refer our Members to CBOs to address them. To assist Providers with the referral process, we will offer Providers participating in our SDOHPIP the use of the Community Resource Link as a resource to improve Member health outcomes by addressing their SDOH needs.

Anthem Will Offer VBP Providers Incentives to Address SDOH

Through our extensive experience caring for Kentuckians, we recognize the higher prevalence of colorectal cancer and diabetes, both occurring at a later onset and due to delayed or no screenings conducted. Additionally, in Kentucky the number of newborns with NAS has increased 24-fold since 2001 (46 in 2001 vs. 1,115 in 2016), with 80% of those babies covered by Medicaid.[11]

To help encourage greater health outcomes, we are proposing our Provider Incentive Program and P4Q HEDIS programs. This combination of programs will incent Providers to conduct screenings and deliver preventive care for: Diabetes care HbA1c testing, Adult BMI – ABA, Adolescent well-child visits, Toxicology screening in first trimester of pregnancy, colorectal screening, Tobacco use – Cotinine test, and Hemoglobin A1c (HbA1c) testing. We believe that by focusing on early identification and intervention, we can collectively improve the health of Kentuckians.

Supporting Providers to Help Address Challenges

The Anthem team actively works with Providers to develop their readiness for, and level of engagement in, our VBP programs as well as their progression along the VBP continuum.

Providers in our PQIP and PQIP Essentials program receive consultation, program management, identification of performance improvement opportunities, and support in developing action plans from our ***CDT Consultant and PCCCs***.

Our CDT Consultant offers technical assistance, including coaching, practice transformation consultation, and assistance using and interpreting our reporting tools. These tools include custom data analytics through our reporting platforms, performance scorecards, dashboard reports, and

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[10] https://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf

[11] https://chfs.ky.gov/agencies/dph/dmch/Documents/DPHNASReport2016.pdf

patient profile reports that compare a Provider's performance to peers and established benchmarks. Our integrated data solutions, Member dashboards, and scorecards that support our VBP models help Providers improve performance and manage care more effectively. Our CDT Consultant is a VBP expert that serves as the Provider's VBP navigator and performance coach. This position helps Providers understand population health data-sharing tools, including Provider Care Management Solutions that help identify practice-centric opportunities, solutions, and external learning collaboratives. By analyzing quality metrics, utilization trends, and reports for care improvement opportunities, our CDT Consultant helps implement service coordination and performance improvement initiatives to improve Members' experience.

Through consultation, coaching, and working closely with the PCP's staff, our CDT Consultant encourages the adoption of practice management strategies based on best practices and strategies used by top-performing peers. For example, a CDT Consultant may assist a Provider's director of quality in developing solutions to address sub-par performance on quality measures. If a Provider has their own health coach, a CDT Consultant will collaborate with that individual to help extend and optimize their resources in meeting VBP program performance objectives. The CDT Consultant is dedicated to reducing administrative burdens on VBP Providers by training them to efficiently and effectively use our data analytic tools.

Our PCCCs will provide education and technical support to P4Q HEDIS and PQIP Essentials Providers upon request, or when Anthem identifies opportunities for them to improve their performance on the program's measures. They will meet with PQIP Essentials Providers quarterly, at a minimum. Our PCCCs will send P4Q HEDIS Providers a monthly Gaps in Care report that identifies attributed Members needing specified preventive or chronic condition interventions. Anthem's PCCCs, focused on Provider enablement, work with Providers to achieve quality goals by ensuring they have the tools, resources, and assistance needed to earn additional incentive payments available through our Provider Incentive Program. Our PCCCs:

- Deliver Provider-specific performance analysis of quality metrics, profile reports and tailored gap in care reports
- Identify opportunities to earn additional incentives, review charts with Provider office staff
- Work collaboratively to facilitate Provider advancement along our Accountable Reimbursement continuum by establishing transformation action plans
- Monitor Provider progress through a Milestones and Indicators of Progress Chart

v. Analysis of Performance Against VBP Targets

v. Regardless of the model implemented, the Vendor's approaches to analyzing performance against targets, frequency of analyses, reporting results to DMS, and use of analyses to modify interventions that are not making progress towards achieving targets.

Our HIPAA-compliant data and information-sharing tools help Anthem and our Network Providers understand their performance against targets and implement interventions, as needed. Tools include both profile reports, which compare a Provider's performance to peers' and established benchmarks, as well as integrated data solutions, Member dashboards, and scorecards that support our VBP models and help Providers improve performance. We remain respectful of Providers' time and share meaningful information and data in a way that is most useful and least disruptive to their practices. We continually gather feedback on the data's value and validate its

usefulness. We share detailed reports with Providers, as well as guidance from our Provider Relations and Quality Management teams, to interpret and act on that data.

Approach and Frequency of Analyzing Performance Against Targets

We offer custom data analytics capabilities and reporting to our VBP Providers structured to facilitate Provider queries and enable them to examine current performance, identify opportunities for improvement, and develop action plans, processes, and workflows to improve quality and cost outcomes. These include the quality and performance data-sharing platforms, Provider profile reports, and VBP performance management tools described in Table C.9.j-3.

Our data-sharing policies and agreements with our Providers address and comply with applicable federal and State privacy and security requirements and will continue to align with the Provider profiling and data-sharing formats and frequency specifications issued by DMS.

Table C.9.j-3. Anthem's Solutions for Collecting and Sharing Quality Performance Data

Method	Description	Frequency
	Quality and Performance Data-Sharing Platforms	
Data Collection Forms During PCP Visits	We collect and analyze relevant data (medical, behavioral, ancillary, lab, and pharmacy) to support our VBP programs, including enrollment, claims and encounters, authorizations, Grievances and Appeals, Provider and Member satisfaction surveys, and HEDIS results, which are available through both the Availity and PCMS portals.	Updated daily
Integrated Member Dashboard (Health Intech)	This tool is available to all Providers through our secure portal. It gives electronic access to Member data and enables Providers access to a single view that displays data in an easy-to-navigate dashboard. This includes HEDIS care alerts, authorizations, prescriptions, and claims; and is organized by type such as inpatient, ER, and office visits. The dashboard is also our primary method for sharing Member care management information, including HRAs, and the care plan.	Updated daily; real-time Provider availability on demand
	Provider Profile Reports	
Opioid Prescribing Summary	Providers will receive a report detailing their opioid prescribing patterns against evidence-based quality standards and peer comparisons. Providers can use this data to target opportunities to improve their prescribing practices.	Updated and distributed monthly
OB Profile	Enables OB Providers to compare their key clinical metrics (such as preterm birth rate, C-section rate, and timeliness of prenatal care and postpartum care) to benchmarks and performance of all Providers in-state and nationally within their specialty and panel peer groups.	Updated annually; distributed to our Providers by Network Relations Consultants or PCCCs
HEDIS Provider Summary	Assists PCPs to identify gaps in HEDIS compliance. PCP practices receive this report, which shows the number of Members and compliance rates for each HEDIS measure and compares the practice's compliance rates with State and NCQA targets.	Updated and distributed monthly
	VBP Performance Management Tools	
VBP Provider Scorecard and Reconciliation	Our scorecards provide performance profiles aligned with program measures for Providers participating in each of our VBPs. Based on quality indicator scores and care opportunities, reports detail Members who need services. Our PQIP Providers receive scorecards that detail scores for each quality measure (Peer Comparison Scores and Quality Improvement Scores). PQIP and Risk and Shared Savings Providers receive performance reconciliations against target MLR, and whether the Quality Threshold Level is met with HEDIS reports.	Updated and available monthly, quarterly, and annually

Method	Description	Frequency
Provider Care Management Solution Portal	Delivers actionable data to identify Members needing outreach and engagement, such as those without preventive health services. Provides real-time information, including alerts, icons, hover-overs, drop-downs, and drill-throughs to support PHM. Filters patient populations by key conditions, risk factors, gaps in care, and visit history. **Care Opportunities.** Alerts on attributed Members with gaps in care, due dates for next clinical interventions, and pending gaps in care. **Hot Spotter.** Identifies high-risk Members' clinical opportunities that can make an impact, as well as Members who are at increased risk for hospital readmission. **Inpatient Census.** Presents information about Members who are in the hospital to facilitate early and active involvement in the discharge planning process. **ER Visits.** Alerts about Members using the ER, including avoidable visits. **Pharmacy-related Reports.** This information includes information about Members who are not adherent to key classes of medications and patient-specific alerts like controlled substance prescription drug use, among other things. The information enables Providers to quickly identify Members who are not adherent and take appropriate action.	Updated daily; real-time Provider availability on demand
FRG Medical Economics Platform (MEP)	FRG's Medical Economics Platform reflects dynamic performance such as claims process and data cuts on a monthly basis that enables Providers to trend present performance to historical, month-to-month, and year-over-year data, in advance of official reconciliations. MEP's AccuReports® presents information from multiple sources in a crisp, drillable format (such as Top 10 utilizing Members), with customizable dashboard graphs, enabling users to quickly spot trends, understand the drivers, and act on opportunities to improve financial performance. Reporting includes comparisons to peers and benchmarks.	Updated monthly; real-time Provider availability on demand
Tableau Provider Insights	Tableau Provider Insights offers a suite of reports including PHM, utilization, benchmarking, HEDIS results, and total cost analysis, among other things. The reporting in these tools includes comparisons to peers and benchmarks. The Tableau Provider Insights model offers three categories of reports: • Total Cost Analysis (TCA). One of the most popular reports, TCA provides a comparison of the Provider's performance to that of Kentucky Providers as a whole and Anthem Providers across the country. • Cost and Utilization Report (CUT). Analyzes Provider group utilization metrics across various service settings over time so Providers can understand where Members receive their care. • Population Health Management Dashboard. Takes data from PCMS and displays it visually, enabling Providers to explore Member information, including demographics, cost of care, risk drivers, and chronic conditions.	Updated monthly

Additionally, our Milestones and Indicators of Progress Chart, highlighted in Figure C.9.j-2, will assist Providers to manage practice transformation and establish a road map for establishing the infrastructure and capabilities needed to participate in more advanced VBP programs available in Anthem's Accountable Reimbursement portfolio. Our Milestones and Indicators of Progress Chart components are drawn from industry best practices and our expertise understanding the determinants needed for practice success derived from our role as a trusted Medicaid MCO and value-based leader. They are intended as guidelines to inform interpretation of progression through the value-based continuum. Our Milestones and Indicators of Progress Chart will sequence suggested practice activities over a 15-month period from the time of initial assessment

and serves as a resource to help Providers understand their capabilities and establish future action steps necessary to prepare the Provider for more advanced value-based programming.

Figure C.9.j-2. Tracking and Analyzing Performance

Milestones and Indicators of Progress

Milestones and Indicators of Progress: A Reference for Kentucky Providers

How to Use This Guide

The following Program Milestones and Indicators of Progress are drawn from industry best practices and Anthem Blue Cross and Blue Shield (Anthem) understanding of determinants for practice success in medical home transformation. They are intended as guidelines to inform interpretation of progression through Anthem's Value-based payment program continuum. Suggested practice activities are sequenced over the first 15 months of program participation. These are meant as a reference to help evaluate progress and anticipate future steps.

Milestones and Indicators Timeline

	Time Frame				
	Pre-Launch	Program Launch (Months 1-3)	Months 4-6	Months 7-9	Months 10-15
Transformation Core Elements					
Patient-Centered Care Consultants	Data requirements communicated	Data feeds delivered			
	Finalization of payment structure and terms	New Provider Orientation and Availity Provider Portal registration completed			
	Contracting terms completed	Training needs for all job roles identified.	Process and resources in place to execute Physician Incentive Plans		Quality Assessment completed and delivered
	Determine practice capabilities				
Practice Care Consultant Team		Planned Practice Care Consultant visits embedded and standard protocol for high-risk patients coordination established.		Planned care visit workflows embedded and s tandard for special populations.	
Quality Improvement Team		Completed initial assessment.		Completed follow-up assessments.	
Use of Provider Toolkit		Representatives from the practice using provider toolkit resources.			

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Reporting Results to DMS

On a monthly and quarterly basis, Anthem reviews and provides real-time information and data focused on VBP initiatives to achieve required targets. In addition, we submit reports annually and on an ad hoc basis upon request by DMS, based on agreed upon reporting requirements. Through these reports, we highlight status and progress of initiatives, as well as successes and challenges.

Modifying Interventions Based on Analysis of Performance

Anthem supports Providers' performance improvement through actionable data, in-person support, and targeted education. We give Providers the information and tools they need to modify interventions through reports including:

- **Transformation Action Plans.** Delivers a profiling tool tailored to PCPs participating in our PQIPs. Provides comparative performance information and identifies opportunities to improve quality outcomes and reduce unnecessary utilization, such as avoidable ER visits through Member outreach, preventive health services, and chronic condition management.
- **Missed Opportunity List (MOL).** Provides PCPs a list of Members with gaps in recommended care, such as missed preventive health services. Targets HEDIS-measured

procedures and visits, such as Adolescent Well-care Visits, and includes Member contact information and a calculation of potential bonus payments.

- **VBP Program Scorecards and Reconciliations.** Delivers performance scorecards and reconciliation reports that show performance relative to VBP measures and targets to Providers who participate in our PQIP, BHQIP, and OBQIP VBP programs.

C.9.k. Implementing VBP Arrangements

k. Will the Vendor and Subcontractors implement VBP arrangements with Providers? If so, describe the following:

i. The types of VBP arrangements the Vendor and Subcontractors plan to use and why these models were selected. As part of your description, map your proposed VBP arrangement to the HCP-LAN APM Framework maturity level.

ii. How improvement in health outcomes will be addressed through the VBP arrangements implemented.

iii. Methods for evaluating the effectiveness of VBP, including tracking of costs and improvement in health outcomes.

Implementing VBP Arrangements with Providers

Anthem will continue to implement VBP arrangements with Providers in the next contract term with DMS. We incent Providers to deliver proactive, coordinated, and personalized care for Members by rewarding them when they improve quality and clinical outcomes while appropriately managing costs instead of continuing to reimburse Providers only on a FFS basis. Our performance-based VBPs are available for PCPs, certain specialists, BH professionals, and facilities.

The composition of managed care Members is changing, and the need for more integrated care is imperative, requiring performance models dedicated to solving the challenges our State partners face. We employ an iterative program development approach that forecasts the potential needs of our State partners and weighs national trends to build leading-edge programs to bend the cost curve and increase quality of care.

Meeting Providers Where They Are

Most importantly, ***we meet Providers where they are*** on the performance improvement continuum. Anthem's performance based VBP portfolio represents a continuum of programs that increases the level of rewards for Providers who have the organizational and technical capabilities to assume greater responsibility and risk for managing and improving overall population health outcomes and costs of care. We recognize that some Providers may not be ready or technically capable of assuming downside risk, so for those Providers, we focus on rewarding continued performance improvement and accountability to ensure they deliver a standard of care consistent with our vision.

Provider Promise
Engage • Incent
Empower

Our broader Provider strategy facilitates Provider progress along the VBP continuum as they evolve throughout their relationship with Anthem and includes opportunities for Providers to participate in new, innovative programs as they are deployed.

Anthem's ***locally based CDT Consultant and PCCCs*** partner with our Providers to offer technical assistance and practice transformation consultation as well as accountability to optimize performance. Our multi-layered Provider Accountable Reimbursement model supports

our Providers and develops Provider readiness and progression along the VBP continuum to Population Health Management by delivering consultation, training, and delegation of administrative functions to support Providers. We provide enhanced support to participating Providers, aligned with their level of collaboration and engagement with us with the shared goal of improving outcomes.

We offer Providers customized tools and actionable data allowing them to better identify which patients need the most focused care management approach, yielding more savings for our State partners by reducing fragmentation and duplication of services. Anthem's PCMS tool, available to all Providers participating in our VBP programs, displays results on gaps in care, various quality measures (such as preventive and chronic care) as well as utilization (for example, ER and ambulatory sensitive admissions) and overall medical cost performance relative to established targets. Our Health Intech platform affords Providers on-demand access to an integrated picture of their patient's utilization, care management services, and gaps in care derived from Member Health Risk Assessments, care plans, longitudinal health records, and clinical data.

i. Types of VBP Arrangements to Be Used

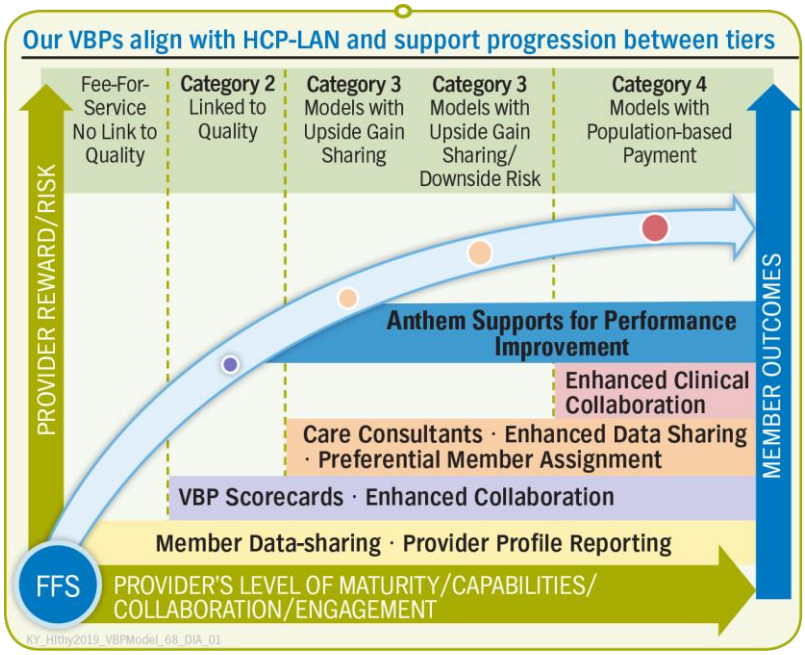
i. The types of VBP arrangements the Vendor and Subcontractors plan to use and why these models were selected. As part of your description, map your proposed VBP arrangement to the HCP-LAN APM Framework maturity level.

Anthem leverages our affiliates' experience to strategically design our proposed VBP portfolio to encourage innovation and improvement in Member outcomes, quality, access, and evidence-based clinical performance. Anthem is a leader in the health care landscape by giving Providers the tools, resources, and meaningful insights they need to holistically manage the health of our Members at all times, not just when they show up for an appointment.

Types of VBP Arrangements to Be Used

VBP models are categorized according to the HCP-LAN framework and measurement methodology. As shown in Figure C.9.k-1, Anthem's VBP models span Categories 2 through 4, and align with HCP-LAN in that Categories 3 and 4 VBPs provide the best opportunity for delivery system transformation and optimize quality and efficiencies. Through these pay-for-performance quality incentive models, we will meet Providers where they are and focus on issues prevalent

Figure C.9.k-1. Anthem VBPs Reward Providers and Are Designed to Help DMS Meet Its Goals



in their practices. Our performance-based suite of VBP offerings represents a continuum of programs that increase the level of rewards for Providers who have the organizational and technical capabilities to assume greater responsibility and risk for managing and improving overall population health outcomes and costs of care. We designed our VBPs to encourage innovation and improvements in Member outcomes, quality, access, and evidence-based clinical performance. Our strategy facilitates Provider progress along the VBP continuum, and includes opportunities for them to participate in new, innovative programs as we deploy them.

Anthem's VBP Portfolio

Anthem's VBP portfolio for Kentucky has been developed based on our experience in Kentucky and is tailored to meet the needs of Providers and address opioid dependence, smoking, obesity, and mental distress. As illustrated in Table C.9.k-1, Anthem's comprehensive VBP portfolio for Kentucky aligns with the HCP-LAN framework and supports the unique and diverse needs and capabilities of Providers across Kentucky. Additional details regarding these models can also be found in our response to section C.9.j.

Table C.9.k-1. Anthem's Comprehensive VBP Portfolio for Kentucky

Program Name	Target Providers	HCP-LAN Category	Effective Date
Provider Quality Incentive Program (PQIP)	PCPs with at least 1,000 Members	3A	2016
Behavioral Health Quality Incentive Program (BHQIP)	Outpatient BH Providers (CMHCs, individual BH specialists) with > 100 attributed Members	2C	2017
Provider Quality Incentive Program Essentials (PQIP Essentials)	PCPs with 250-999 attributed Members	3A	2018
Behavioral Health Facility Incentive Program (BHFIP)	Hospitals and freestanding BH facilities	2C	2018
Provider Incentive Program	All Providers	Incentive Program	We propose to implement these programs in 2020, with approval from DMS
Pay-for-Quality (P4Q) HEDIS Program	PCPs; no size threshold	2	
Obstetrician Quality Incentive Program (OBQIP)	OB/GYNs with >10 attributed deliveries	2C	
Integrated Care Quality Incentive Program (ICQIP)	PQIP Providers and Outpatient BH Providers (CMHCs, individual BH specialists) participating in BHQIP	Incentive Program	
Pediatric Residential Treatment Quality Incentive Program (PRTQIP)	RTFs or psychiatric RTFs that provide inpatient residential services to Medicaid-eligible individuals under the age of 21	2C	
Social Determinants of Health Provider Incentive Program (SDOHPIP)	Participating PQIP, PQIP Essentials, BHQIP Providers; Providers who participate in future State program upon implementation (OBQIP)	Incentive Program	

Our VBP models represent a continuum of programs that align with Provider capabilities and services. We designed this continuum to increase the level of rewards for Providers who have the organizational and technical capabilities to assume greater responsibility and risk for managing and improving overall population health outcomes and costs of care. We augment this by providing enhanced support and collaboration to VBP Providers aligned with their level of VBP

collaboration and engagement with us to jointly improve outcomes and help Providers move further along the value-based continuum.

ii. Improvements in Health Outcomes Through VBP Arrangements

ii. How improvement in health outcomes will be addressed through the VBP arrangements implemented.

Anthem partners with physicians and facilities to accelerate the shift from volume-based care to patient-centered, value-based care that improves quality and health status while also reducing costs across Kentucky.

Outcomes Expected at Each Stage of the Continuum

We view each HCP-LAN Category as representing a stage along the VBP continuum. The overall outcomes we expect to see throughout the life cycle of our VBP continuum are:

- A higher level of collaboration and increased engagement by our VBP Providers in efforts and initiatives to drive improvements in Member outcomes and reductions in unnecessary costs, including potentially preventable events (PPEs), to maximize value and achieve enhanced incentive reimbursement
- More Members being cared for by high-performing, highly engaged Providers who collaborate with us because of our competitive value proposition, our Provider collaboration, and Network optimization strategies
- A trend toward overall improved quality results and Member outcomes from our VBP Providers in comparison to non-VBP Providers
- Migration over time to higher forms of VBP (higher HCP-LAN Category models) by qualified Providers and Provider organizations who have the organizational and technical capability to assume greater responsibility and risk for managing total cost of care and improving overall population health outcomes and costs of care

Provider Quality Incentive Program

PQIP provides incentives for PCPs to undertake systemic improvements that affect both health care outcomes and cost trends. Practices must participate for at least one year and have at least 1,000 of our Members. It uses a system of HEDIS-like quality indicators and shared savings principles to encourage efficient, preventive, and cost-effective service delivery, protecting the best interests of our Members and reducing unnecessary utilization. Quarterly, we perform interim shared savings reconciliations and issue interim payments. PQIP PCPs receive a quarterly performance scorecard for each quality indicator to assess their performance and a quarterly medical cost management report that includes medical cost information on their Members.

Provider Quality Incentive Program Essentials

PQIP Essentials incents smaller practices, focusing on PCPs with 250-999 attributed Members. The program measures PCP performance against a set of HEDIS-like quality indicators. Providers receive both quarterly and year-end scorecard reports. Earned incentive payments are made annually.

Behavioral Health Quality Incentive Program

BHQIP incents eligible BH Providers that are enrolled in the program (such as CMHCs and high-volume BH groups) to improve coordination of Members' physical and BH needs and the quality of care provided to those Members with BH conditions. Providers receive incentive payments for achieving performance targets on specific measures important to our Member's

health (for example, reduction in BH inpatient readmission rates, a decrease in non-emergent ER use/visits, an increase in PCP visits, and follow-up after discharge for treatment of a mental health disorder). Providers receive earned payments annually. Applicable Provider types include eligible BH Providers.

Behavioral Health Facility Incentive Program

BHFIP offers incentives to BH inpatient facilities that are enrolled in the program for quality care and service to our Members with BH needs. Participating facilities can receive incentive payments for improvements in indicators related to clinical quality and patient outcomes (readmission rates, follow-up rates with a BH Provider). Providers receive earned payments annually.

Obstetrical Quality Incentive Program

OBQIP offers incentives to participating OB care Providers for improving access and quality of care and outcomes for our Members with obstetrical needs throughout all phases of their pregnancy. OB Providers with at least 10 attributed Members that are enrolled in the program can earn incentives and financial rewards for achieving performance targets on specific measures such as first prenatal visit, overall C-section rate, preterm birth rate, postpartum visit rate, and tobacco use assessment and intervention. OBQIP Providers receive periodic reports indicating interim performance throughout the year as well as an annual performance scorecard. Providers receive earned incentive payments annually. Applicable Provider types include obstetrical care specialists.

Integrated Care Quality Incentive Program

This program offers incentives to eligible BH Providers such as CMHCs, community services boards, local mental health authorities, community-based outpatient Providers and large Provider groups for providing quality care and service to our Members with BH needs. BH Providers participating in the program who meet quality, service, and utilization goals are eligible to receive incentive payments. We have designed ICQIP to encourage the integration of behavioral and physical health in Provider practices. The goal of integration is to improve the Member experience, identify underlying BH needs in Members through whole-person care, identify Members at risk for complications due to behavioral and psychosocial needs, intervene and prevent exacerbations of BH issues, and decrease costs by treating Members effectively and holistically.

Pediatric Residential Treatment Quality Incentive Program

This program offers incentives to eligible RTFs for providing quality care and service to our pediatric Members. Providers participating in the PRTQIP who have met the requirements of the program during the Member's stay at the facility, and have effectively discharged Members from the facility will be eligible to receive incentive payments.

Social Determinants of Health Provider Incentive Program

A complement to PQIP and PQIP Essentials, this incentive program offers SDOH-related incentive measures for Providers with the following objectives:

- Obtain a baseline of SDOH needs for our membership
- Increase Provider awareness and utilization of Community Resource Link as a resource to refer our Members to community organizations that can help them with SDOH needs and improve Member health outcomes by addressing their SDOH needs
- Incentive payments are independent of what the PQIP Provider is able to earn in PQIP

Providers are incentivized based on the following measures:

- Completed SDOH Member Assessments
- Provider completes a Member assessment to capture Member's SDOH needs
- Community Resource Link referrals to community organizations
  - Provider refers Member identified with one or more SDOH needs to a community organization in the Community Resource Link tool

Optimizing Health Outcomes

We designed our VBPs to align with DMS and Anthem quality and performance goals and to optimize outcomes and results. Figure C.9.k-2 indicates the alignment of a sample of our quality and efficiency measures, including HEDIS-like measures, with each of our VBPs.

Figure C.9.k-2. Designed VBPs to Align with DMS and Anthem Quality and Performance Goals

Our Comprehensive Programs

Provider Incentive Program

- Toxicology screening in first trimester of pregnancy
- Colorectal screening
- Tobacco use – Cotinine test
- Hemoglobin A1c (HbA1c) testing

P4Q HEDIS

- Comprehensive Diabetes Care - HbA1c control (<8.0)
- Adult BMI – ABA
- Adolescent well-child visits

PQIP Essentials

- Adult Access to Preventive Care – AAP
- Breast Cancer Screening
- Comprehensive Diabetes Care - CDC eye exam
- Diabetes Control HbA1c < 8%
- Adolescent Immunization – Combination 2
- Childhood Immunization Status - COMBO10
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life – W34
- Adolescent Well-Care

PQIP

- Adolescent Immunization – Combination 2
- Adult Access to Preventive Care - AAP
- Adolescent Well Care
- Breast Cancer Screening
- Childhood Immunization Status - COMBO10
- Comprehensive Diabetes Care - CDC eye exam
- Diabetes Control HbA1c < 8%
- Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life - W34

BHQIP

- Appropriate follow-up and medication management of children with ADHD (ADD)
- Emergency department (ED) utilization
- Seven-day follow-up visit after mental health inpatient discharge
- Thirty-day follow-up visit after mental health inpatient discharge
- PCP visits
- Diabetic screening for members with schizophrenia or bipolar disorder on antipsychotics
- Thirty-day BH-related readmission rate
- Opioid Medication Assisted Treatment – Medication only
- Opioid Medication Assisted Treatment – Medication and MAT Support

BHFIP

- Seven-day follow up visit after MH inpatient discharge (FUH7)
- Thirty-day follow up visit after MH inpatient discharge (FUH30)
- Tobacco use – Cotinine test
- Hemoglobin A1c (HbA1c) testing
- Thirty-day BH-related readmission rate

OBQIP

- First prenatal visit
- Overall C-section rate
- Preterm birth rate
- Low birth weight rate
- Postpartum visit rate
- Tobacco Use Assessment/ Intervention

ICQIP

- Non-emergent ER utilization rate
- ER utilization rate
- PCP visits
- Seven-day follow up visit after MH inpatient discharge (FUH7)
- Thirty-day follow up visit after MH inpatient discharge (FUH30)
- Diabetic Screening for Members w/ schizophrenia or bipolar disorder on antipsychotics (SSD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

PRTQIP

- Successful discharge without ER visit or readmission within 30 days of discharge
- Standard of care-based checklist score

SDOHPIP

- Completed SDOH Member Assessments
- Provider completes a Member assessment to capture Member's SDOH needs
- Community Resource Link Referrals to Community Organizations

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iii. Evaluating the Effectiveness of VBP Arrangements

iii. Methods for evaluating the effectiveness of VBP, including tracking of costs and improvement in health outcomes.

The primary goal of Anthem's VBP programs is to increase the quality of care delivered to Members. With that guiding our VBP program design and evaluation, we track and monitor HEDIS and quality measures on a monthly and quarterly basis to determine program efficacy and determine whether enhancements are needed. Our VBP evaluation and tracking methodology fully complies with the requirements set forth in Draft Contract Section 19.9.

We evaluate the results of our VBP programs by examining year-over-year performance of each program in reducing applicable medical cost or utilization trends and driving improvements in quality measure outcomes in comparison to program targets. We also compare the results from program participants against the results from non-participants to assess the overall effectiveness of each model in driving improvements in performance and Member outcomes. As we identify and understand what performance components that Providers are struggling with, we help them to address these issues, and develop detailed action plans and interventions to improve outcomes.

Evaluating the Effectiveness of VBP

Consistent with industry standards for tracking and reporting VBP volume, Anthem and our affiliates track and project the volume of our VBPs based on the percentages of Members and medical spending that are included under our VBP arrangements. We believe this approach most accurately reflects the true impact of VBPs rather than the percentage of contracts. Tracking VBPs based on the percentages of contracts does not reflect the true impact of VBP because the volume of Members and the scope of services covered under individual Provider contracts can vary greatly and can cover multiple service categories. Moreover, to accurately measure performance against benchmarks and to be an effective incentive mechanism, higher density of membership is required. VBP programs are most effective when implemented with medium to larger volume Providers who serve a higher percentage of our membership. Thus, these Providers may represent a small percentage of overall contracts, but represent a significant percentage of the membership and medical spending needed to drive overall quality and cost performance.

Sharing Data and Supporting Providers to Optimize VBP Performance

Our Provider data-sharing solutions support Providers' ability to monitor and improve their performance. We share Member-specific data with all Providers using Anthem's Provider-facing Health Intech platform and integrated Member Dashboard. In addition, VBP Providers have access to our array of performance monitoring and reporting solutions, including our Provider Care Management Solution, VBP Provider scorecards, and reconciliation reports. These tools include reports that compare a Provider's performance to peers and established benchmarks, as well as integrated data solutions, Member dashboards, and Provider scorecards that support our value-based reimbursement models and help Providers improve performance and manage care more effectively. Table C.9.k-2 describes these solutions.

Table C.9.k-2. Anthem's Solutions for Tracking Performance to Improve Health Outcomes for Providers Participating in Our VBP Arrangements

Method	Description	Access
Health Intech Platform	The Provider-facing Health Intech platform, available to all Providers through our secure Provider website, gives Providers electronic access	Updated daily

Method	Description	Access
	to Member data. Our Provider-facing Health Intech platform allows Providers to access a single view that displays Member data in an easy-to-navigate dashboard including HEDIS care alerts, authorizations, prescriptions, and claims organized by type (inpatient, ER, and office visits). The dashboard also serves as our primary method for sharing Member care management information, including Health Risk Assessments and the care plan.	Real-time Provider availability on demand
Provider Care Management Solution	PCMS will be available to Kentucky Providers who participate in our PQIP or PQIP Essentials VBP programs. PCMS allows Providers to see actionable, Member-specific information to help identify Members who need outreach and engagement, as well as care gaps that might impact a Provider's performance. PCMS provides real-time information including alerts, icons, hover-overs, drop-downs, and drill-throughs to support PHM. PCMS has the ability to filter Member populations by key conditions, risk factors, gaps in care, and visit history.	Updated daily Real-time Provider availability on demand
VBP Provider Scorecard and Reconciliation	VBP Provider scorecards show performance data for Providers participating in each of our Category 2 VBP arrangements (such as BHQIP, BHFIP, OBQIP, PRTQIP, or P4Q HEDIS) These reports show Provider performance relative to VBP payment arrangement measures and targets. In addition, Providers who participate in our Category 3 programs receive reconciliation reports indicating the status and results of their incentive program.	Updated and available quarterly and annually
Missed Opportunity List (MOL)	MOL reports provide PCPs with a list of Members with gaps in recommended care, such as missed preventive health services, targets for HEDIS-measured procedures and visits such as Adolescent Well-care Visits, and include Member contact information and a calculation of potential bonus payments under our P4Q HEDIS incentive program, when the needed services are delivered.	Updated monthly Available to all PCPs with a gap in care
OB Profile Report	OB Profile reports enable OB Providers to compare their key clinical metrics (such as preterm birth rate, C-section rate, and timeliness of prenatal care and postpartum care) to benchmarks and performance of all Providers in Kentucky and nationally within their specialty and panel peer groups.	Updated annually Distributed by Network Relations Consultants and PCCCs via in-person meetings
Performance Efficiency Report (PER)	PER supports the provision of efficient, quality care by sharing objective data with Providers on practice patterns. Outlines a Provider-to-peer comparison using an episode treatment group (ETG®) methodology — a patented case-mix adjustment and episode-building system that uses routinely collected inpatient and ambulatory claims data.	Updated annually Distributed by Network Relations Consultant in person
Transformation Action Plan (TAP)	TAPs are performance action plans tailored to PQIP Providers. Our CDT Consultants use TAPs to provide comparative performance information and collaborate with Providers to identify opportunities and actions to improve quality outcomes and reduce unnecessary utilization, such as avoidable ER visits, through Member outreach, preventive health services, and chronic condition management.	Ad hoc Developed by CDT Consultant in collaboration with VBP Providers

Calculating Bonuses

We reward PQIP and PQIP Essentials Providers for successfully managing the quality and overall health care costs of our Members participating in these programs. We project expected costs, known as MLR targets, by reviewing historical medical costs for the Providers who care for our Members and trending those costs forward. We then compare the actual costs incurred to the MLR target and if the Provider meets a quality threshold, then the Provider becomes eligible to receive a portion of the savings, known as a shared savings bonus. If a Provider does not meet

the quality threshold, the Provider is ***not*** entitled to any performance bonuses, regardless of the savings generated.

If the Provider meets the quality threshold and therefore is eligible to earn a performance bonus, the amount of the bonus earned varies based on the Provider's performance on the quality measures. The better a Provider's quality scores, the higher the percentage of the performance bonus the Provider will earn, subject to a maximum payment amount.

Providers participating in our Category 2 VBP programs are rewarded when they achieve their quality threshold based on the performance percentile they achieve. Payouts for all programs are distributed to qualified Providers annually, six months following the close of the measurement period.

C.9.I. Provider Satisfaction Surveys

I. Provide results of any Provider satisfaction survey reflecting the Vendor's performance in Kentucky or any other state Medicaid program over the last three (3) years. Where results identified Provider dissatisfaction, Describe strategies the Vendor has implemented to address improvement, and examples of how those strategies have been effective.

Using Comprehensive Provider Surveys to Measure Satisfaction

Through the Provider satisfaction survey, we evaluate Provider satisfaction with our communications, services, and procedures, then use the results as part of our continuous QI efforts. Our surveys also assess Provider satisfaction with the training and education Anthem offers, Provider enrollment, complaints resolution, claims processing and reimbursement, and UM processes. We complete our comprehensive Provider satisfaction survey annually. Survey questions focus on key operational service areas with which Providers have contact, including but not limited to authorization processes, claims and reimbursements, Provider Services call center, Member education and health, enrollment processes and complaint systems, Quality Management, chronic condition management, Provider Relations, communications and technology, UM, and continuity and coordination of care. This survey will replace Provider surveys previously conducted to gather information about Provider satisfaction with UM, chronic condition management, and care management.

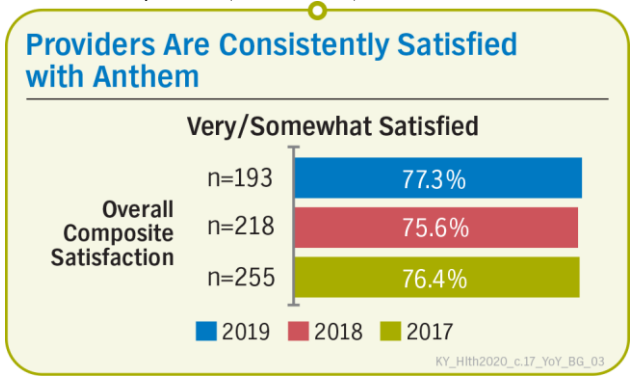
Provider Satisfaction Survey Results over the Last Three Years

83% Overall Provider satisfaction with Anthem for 2019.
KY_Hlth2020_83Overall_COB_02

Our annual Anthem Provider satisfaction survey process includes an objective, systematic review of activities and systems to assess quality of care and service that meets or exceeds all acceptable prevailing standards. The survey targets a randomized sample of four Provider types (PCPs, specialists, BH specialists, and OBs), prioritizing high-volume Providers in each Region. Providers are able to complete the survey online or on paper.

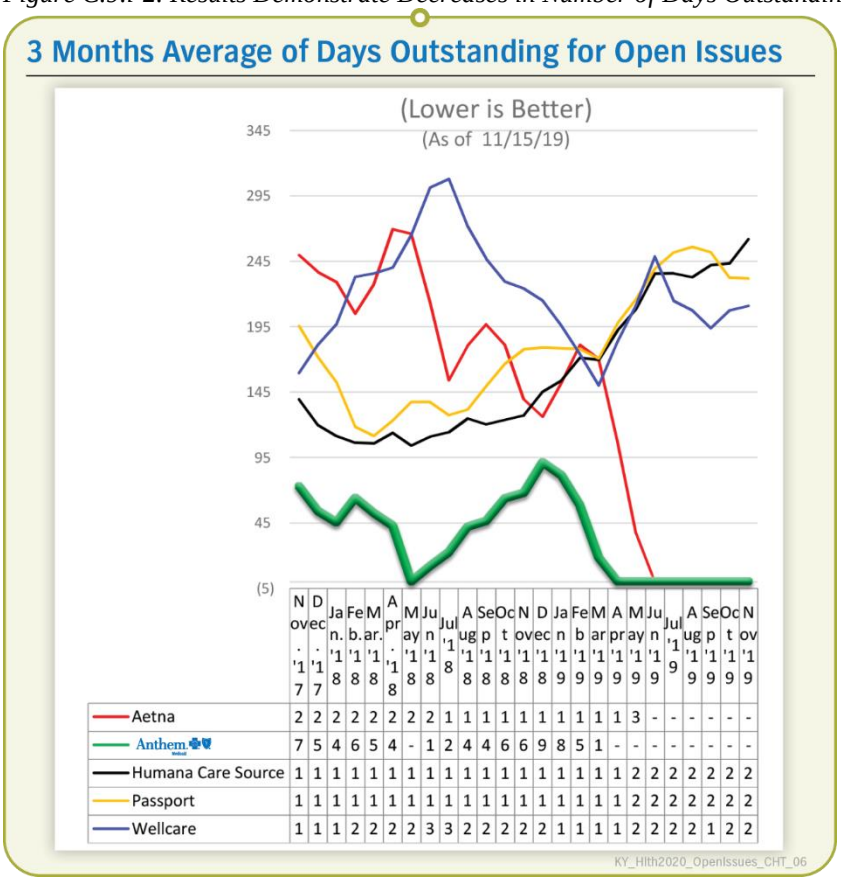
Our field-based, regionally aligned Network Relations Consultants encourage non-responders in person or via telephone to complete the survey to reach an appropriate sample size for analysis. Anthem places great emphasis on the results of our annual Provider satisfaction survey, as these results aid us in identifying improvement opportunities. As illustrated by Figure C.9.l-1, most Providers are satisfied overall and Provider participation in the survey has increased year-over-year. In addition to our formal Provider satisfaction survey, we evaluate feedback from Network Providers provided to the Kentucky Hospital Association on our performance levels.

Figure C.9.l-1. Anthem Satisfaction Survey Results: Overall Satisfaction (2016–2018)



As demonstrated in Figures C.9.l-2, C.9.l-3, and C.9.l-4, which are specific to data produced by the Kentucky Hospital Association, we have experienced positive trends that indicate increases in Provider satisfaction related to key metrics.

Figure C.9.l-2. Results Demonstrate Decreases in Number of Days Outstanding for Open Issues



	Nov. '17	Dec. '17	Jan. '18	Feb. '18	Mar. '18	Apr. '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19
Aetna	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	3	-	-	-	-	-	-
Anthem	7	5	4	6	5	4	-	1	2	4	4	6	6	9	8	5	1	-	-	-	-	-	-	-	-
Humana Care Source	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2
Passport	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2
Wellcare	1	1	1	2	2	2	2	3	3	2	2	2	2	2	1	1	1	1	2	2	2	2	1	2	2

Figure C.9.l-3. Anthem Is Lowering Cumulative Days of Issues Outstanding

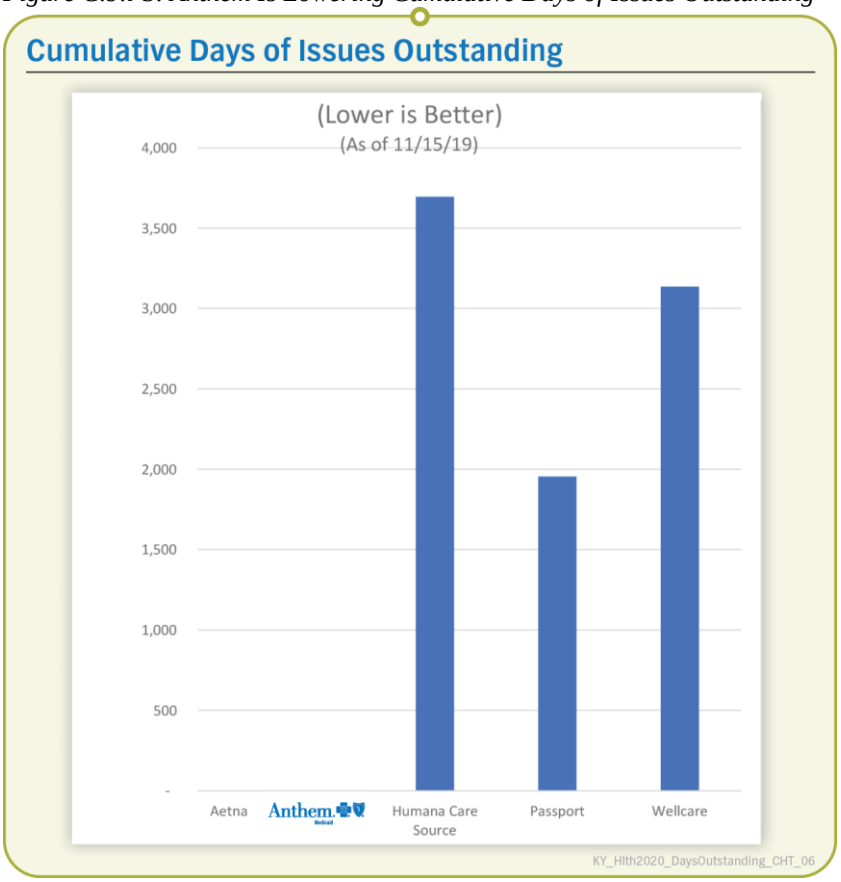
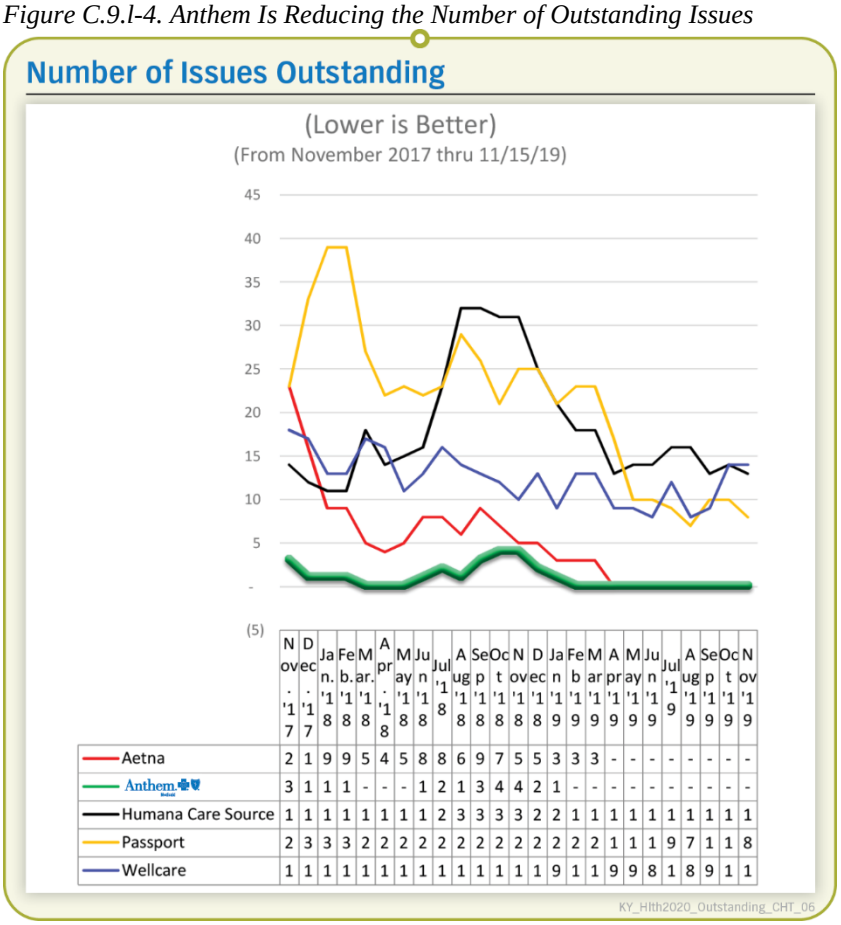


Figure C.9.l-4. Anthem Is Reducing the Number of Outstanding Issues



	Nov. '17	Dec. '17	Jan. '18	Feb. '18	Mar. '18	Apr. '18	May '18	Jun '18	Jul '18	Aug '18	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	Oct '19	Nov '19
Aetna	2	1	9	9	5	4	5	8	8	6	9	7	5	5	3	3	3	-	-	-	-	-	-	-	-
Anthem	3	1	1	1	-	-	-	1	2	1	3	4	4	2	1	-	-	-	-	-	-	-	-	-	-
Humana Care Source	1	1	1	1	1	1	1	1	2	3	3	3	3	2	2	1	1	1	1	1	1	1	1	1	1
Passport	2	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	9	7	1	1	8
Wellcare	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	1	1	9	9	8	1	8	9	1	1

Please refer to Attachment C.9.l-1 for our complete Provider satisfaction survey results for the past three years.

Survey information helps us better understand our Provider Network, its needs, challenges, and opportunities for Member-focused, cost-saving innovations. Our annual Provider satisfaction survey enables us to identify training needs by asking Providers what information they would like from Anthem. Topics may include chronic condition management programs, HEDIS measures, participation in a quality incentive program, innovative programs to implement, after-hours care, electronic claims processing, and any other subjects they specify. Provider Relations uses results from the survey to address Provider-specific areas of opportunity, including Provider satisfaction and overall performance.

Addressing Provider Dissatisfaction and Monitoring Improvement

Our Provider Solutions team, in partnership with our Quality Management department, analyzes results from the survey to identify improvement opportunities and necessary actions to address satisfaction in these areas.

We monitor, track, and trend Provider complaints and Appeals to identify root cause issues causing their dissatisfaction. We also solicit and leverage feedback related to Provider

satisfaction and service issues from our locally based Provider Relations team, call center, care management, and community relations areas.

To deliver on our Provider Promise, we use insight gleaned from our annual Provider satisfaction survey to refine our processes and resources to meet Provider needs. Examples of programming enhancements and changes made as a result of Provider feedback include Administrative Simplification in the areas of communications, Anthem's Provider Portal, Prior Authorization process, and claims processing.

Communications

Provider Newsletters are now delivered electronically on the first of the month and are streamlined to incorporate information on all products in which the Provider participates. This format consolidates communications into a single, organized source for Providers' easy access. We implemented this change in response to Provider feedback indicating they were receiving too many communications, making it difficult to determine what was most important.

In 2019, our Provider satisfaction survey indicated:

- 91% of surveyed Providers are satisfied with the clarity of our remittance advice
- 86% of Providers are satisfied with the quality of our Provider newsletters
- 85% of surveyed Providers indicated high levels of satisfaction with our Provider Portal
- 84% of Providers indicated that the quality of our Provider Manual is excellent, very good, or good

Providers now receive direct communication advising them when new newsletters are posted to our website via subscription service emails. This enhancement helps assure Providers are made aware of new information that is critical to their successful performance on a timely basis.

Provider Portal

In response to survey results about the ease of use of our Provider Portal, we are actively in the process of restructuring our website to make it more user-friendly and alleviate the amount of time it takes for Providers to locate critical information. We anticipate these enhancements will be live in 2020.

Providers also indicated they are struggling to determine appropriate training materials to access. In an effort to improve our Anthem Training Academy, we are currently working to restructure the navigation and overall clarity of our Provider training portal, which will deliver an enhanced self-service platform that allows Providers to access curricula, track completion, and complete attestations for required trainings more easily.

Prior Authorization Process

Through Provider satisfaction survey results, we learned we had opportunities to improve our process for Prior Authorization submission and turnaround time to allow Providers to promptly submit and obtain prior authorizations for services. Our Interactive Care Reviewer (ICR) tool allows Providers to request authorizations easily online. Providers can submit their UM requests for auto-approval or standard UM review through a comprehensive, fully automated web-based tool. Providers enter or transmit necessary Member and authorization request information, attach or provide pertinent clinical detail, and can receive a real-time immediate authorization response and authorization number. ***Providers are able to sign up for email notification at the time of***

submission, which will result in automated notification. At any time, Providers can go back into ICR to view the decision from their ICR dashboard.

Claims Processing

Providers have high levels of satisfaction with our claims processing turnaround time and accuracy. In 2018, Providers were interested in learning more about coding accuracy to improve claims processing. In response, we created a focused webinar series, delivered through our Anthem Training Academy in 2018, that educated 97 Providers in BH coding accuracy.

Our Provider Solutions team, in partnership with our Quality Management team, conducts a workgroup in response to survey results and monitors the specific interventions and actions developed in response to insight. This workgroup is dedicated solely to improving Provider satisfaction and is focused on assessing the impact of interventions that have been implemented to improve the overall Provider experience. Internal goals are set for each measure and reassessed as we receive new survey results or Provider feedback.

Relentless Pursuit Leads to Distinction in Quality

Anthem has used numerous quality improvement incentive programs and other proven strategies to achieve tremendous success in the Commonwealth, including the improvement of 115 HEDIS elements; the achievement of NCQA Commendable Status; and securing a status as a 3.5 Star program, tied with first place.

Anthem Medicaid

C.9. Quality Management and Health Outcomes Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

Anthem Medicaid

Attachment C.9.I-1. Provider Satisfaction Survey Results

Attachment C.9.I-1. Provider Satisfaction Survey Results

Committed to the *Future* of **Kentucky Medicaid**

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

Attachment C.9.l-1. Provider Satisfaction Survey Results

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.9.l-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.9.l-1 includes the following:

- Attachment C.9.l-1a. 2019 Provider Satisfaction Survey Results
- Attachment C.9.l-1b. 2018 Provider Satisfaction Survey Results
- Attachment C.9.l-1c. 2017 Provider Satisfaction Survey Results

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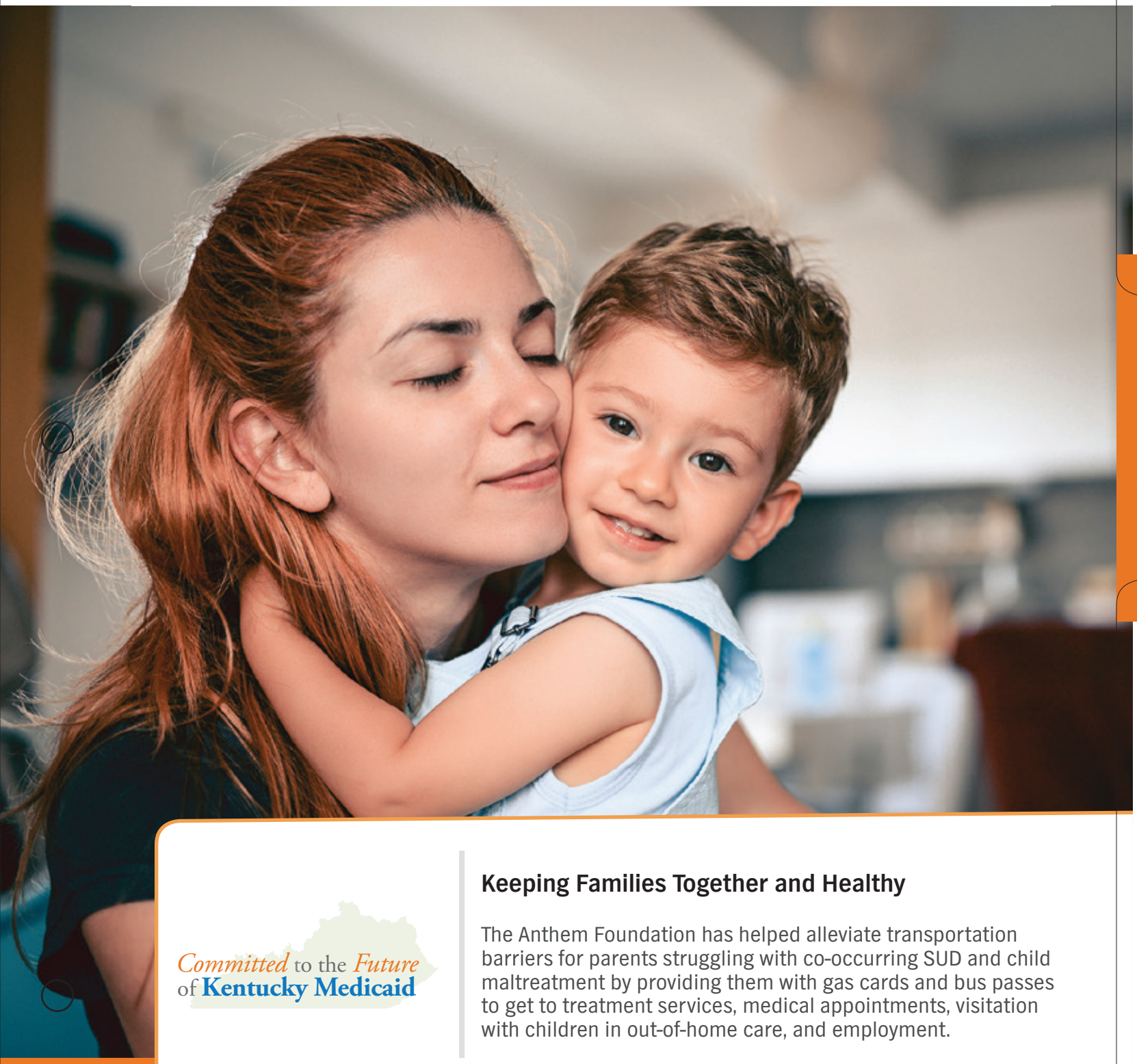
Anthem Medicaid



Committed to the *Future* of **Kentucky Medicaid**

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

C.10. Utilization Management

C.10.a. Strategies to Identify and Reduce Inappropriate Utilization

a. Describe strategies the Vendor will implement to identify and reduce inappropriate utilization of services, including emergency departments. Address the following at a minimum:

i. Proposed approach to using data to inform the Vendor's efforts to improve appropriate use of service and cost efficiencies, as well as to identify potential Fraud and Abuse referrals.

ii. Overview of the Vendor's methods for monitoring appropriate health care utilization, including two examples of identified negative trends, initiatives undertaken to improve them, and the results of these initiatives.

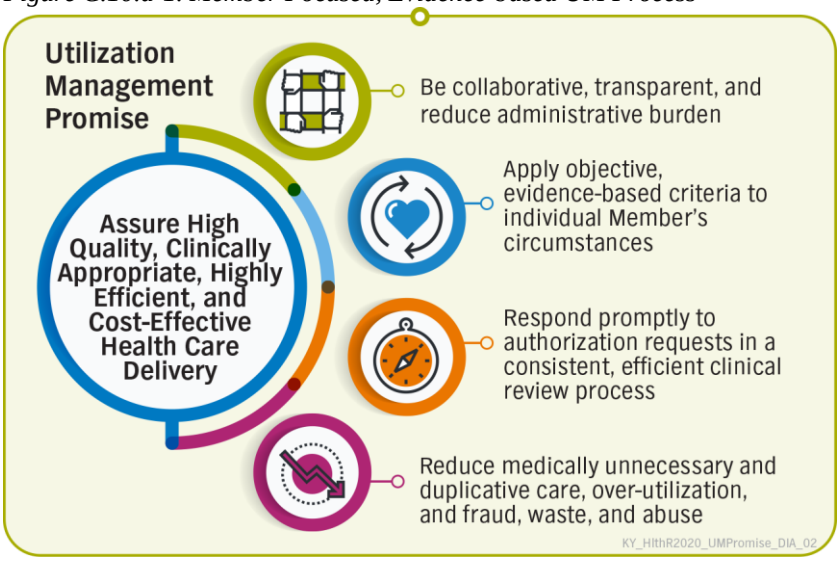
iii. Frequency in which the Vendor proposes to re-evaluate its approaches to identify need for adjustments (e.g., re-evaluation of existing prior authorization requirement for appropriateness)?

Anthem's Utilization Management Program

The Anthem Kentucky Managed Care Plan, Inc. (Anthem) Utilization Management (UM) program facilitates the delivery of the right care, at the right time, in the right place.

We design and administer our UM programs by focusing on the goals we share with DMS of improving health outcomes for our Enrollees (Members) while serving as an effective steward of Commonwealth resources. Our UM team closely collaborates with Providers and other departments to meet our Members' social, physical health (PH), and Behavioral Health (BH) care needs in an integrated and holistic way.

Figure C.10.a-1. Member Focused, Evidence-based UM Process



Following evidence-based criteria and systematic processes, our interdisciplinary UM team continuously works to support, collaborate with, and assist our Members and Providers to successfully navigate the health care continuum, as depicted in Figure C.10.a-1.

Determined to support the Commonwealth in assuring a highly efficient and cost-effective delivery system, we have consistently evaluated and adapted our UM programs to identify and reduce inappropriate utilization of services for more than six years. We remain committed to continuing to monitor and assess utilization in order to refine and improve processes and tools.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

i. Data Analytics and Resources Inform Appropriate Use of Services

i. Proposed approach to using data to inform the Vendor's efforts to improve appropriate use of service and cost efficiencies, as well as to identify potential Fraud and Abuse referrals.

Our UM Approach Assures Appropriate Utilization and Cost Efficiencies

Anthem's UM program is designed to assure the delivery of appropriate medical, BH, and pharmacy services, minimizing the likelihood of low-value care through application of evidence-informed guidelines. Through UM, we also identify cost efficiencies, as well as potential fraud, waste, and abuse. Data and analytics are key to identifying aberrant use of services, such as over- and under-utilization. Our Medical Director, Dr. Peter Thurman oversees the collection and assessment of utilization data and makes sure Anthem's UM process and overall approach will continue to help the Commonwealth improve the health and well-being of Members and the financial sustainability of Medicaid.

We gather utilization data in our ***Core Services System***, which contains all Provider, Member, claims, and authorization data. Our integrated ***data warehouse*** stores this data, as well as utilization data from our Subcontractors, to support data control and consistency. We incorporate this data into Health Intech, our care management system, within Members' personal health records.

Anthem Foundation Invests in Innovative Software to Thwart "ER Hopping"

Anthem Foundation awarded the Kentucky Hospital Association a $250,000 grant to equip Kentucky's Emergency Rooms with software designed to help physicians have access to patient information from multiple sources in real time. The software instantly consolidates information from multiple sources that would otherwise take hours to obtain, and lets emergency physicians make faster, more informed clinical decisions. Importantly, the software will help hospitals identify and support high-risk patients across care settings, with the goal of reducing avoidable readmissions and further enabling statewide efforts to address the opioid epidemic.

KY_Hlth2020_C.10_Foundation_66_COB_02

Our analytics staff review the ***UM dashboard*** daily with our UM Clinicians and Medical Directors. The dashboard aggregates and displays utilization data from the data warehouse in easy-to-read visual displays and enables UM staff to pull utilization variables into standard and ad hoc reports that facilitate close analysis. Through this daily UM activity, we identify trends to detect and correct potential under- and over-utilization of services and refer suspect cases of inappropriate utilization to our Payment Integrity Unit (PIU) for further investigation (our Fraud, Waste, and Abuse program is described in full below).

Our local analytics team is supported by our national ***Clinical Solutions team***, which provides additional resources, assistance with the data warehouse, standardized reporting and analytics, and consultation on drill down requests. They also monitor national trends and provide reports that compare utilization trends across all our affiliated health plans, as this helps us identify and address any Kentucky-specific trends and set benchmarks and targets. We immediately refer outliers and red flags to the Kentucky Medicaid PIU for further analysis and investigation.

As a result of our robust UM strategies, we effectively provide each Member with holistic, person-centered services and interventions in the most appropriate setting, while simultaneously reducing potentially preventable admissions, readmissions, ancillary services, and adverse events, including Emergency Room (ER) visits, admissions, and readmissions.

Anthem's UM Dashboard and Reports Reveal Trends that Inform Our Interventions to Address Under- and Over-utilization of Services

Leveraging the robust UM dashboard, our UM staff review authorization data to identify opportunities to increase appropriate utilization and decrease inappropriate over-utilization of services. For example, our dashboard enables us to pull reports on short stays and clinical observation unit diversion, which helps us monitor the utilization of appropriate level of care setting, and make sure our Members are not admitted to an inpatient setting when it is not clinically appropriate. Our suite of utilization reporting tools helps us look for opportunities to direct Members to appropriate utilization, identify gaps in the Network, and pinpoint opportunities to improve communication with our Providers. If any significant over- and under-utilization trend is noted, UM staff have additional reporting available to drill down in even more detailed reports. We have the capacity to pull reports that are patient-specific, Provider- or group- specific, service-specific, and diagnosis-specific. These reports can help us identify potential fraud, waste, and abuse (FWA), such as when we see unexpected variations by service and Provider type.

With these sophisticated data analytics tools at our fingertips, our UM reporting assures focused problem identification and resolution. Table C.10.a-1 details key reports we use to assess trends, the frequency with which we review each report, the types of data that trigger an identification of under- or over-utilization of services, and the interventions that we typically take to address the trend identified if needed.

Table C.10.a-1. Reports Used to Identify Trends and Trigger Interventions to Address Under- or Over-utilization

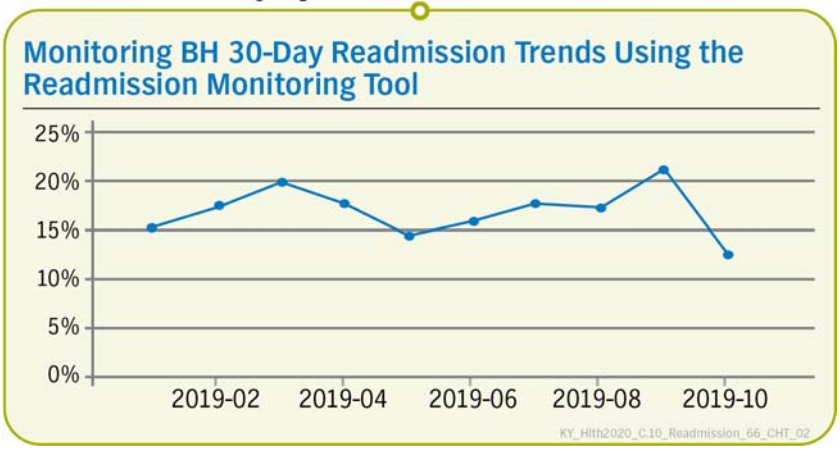
Reports	Monitoring Frequency	Trigger of Under- or Over-utilization	Intervention
Total Authorization Volume Dashboard - By Month, Product, Inpatient And Outpatient, Bed Type, And Diagnosis-related Group (DRG), Procedure Code, Short Stays, Mid-level Stays, Long Stays	Monthly, Quarterly	Review for increases or decreases in volume; level of care, type of code, short stays and long stays	Volume ***increases*** may indicate need for more UM staff assigned to a particular area, such as inpatient or outpatient. Increase in short stays are reviewed by Provider Solutions team members and Medical Directors; DRGs are reviewed for quality-of-care concerns. Volume ***decreases*** may indicate access challenges and are reviewed by Provider Solutions team members and Medical Directors to identify interventions.
Authorizations Approved, And Percentage Of Authorizations Approved	Daily, Monthly, Quarterly	Review for 2% or higher variations in Authorizations by service and Provider type	Focused Provider Solutions team members and Medical Director audit data by Provider, DRG, and region.
Authorizations Denied And Percentage Of Authorizations Denied	Daily, Monthly, Quarterly	Review for 2% or higher variations by service and Provider type	Daily focused audit to confirm denial letter was mailed same day as decision; Provider education if one Provider is receiving more denials than another; Inter-rater Reliability Reviews (IRR) for physicians and nurses to monitor consistent application of criteria.

Reports	Monitoring Frequency	Trigger of Under- or Over-utilization	Intervention
Administrative Denials And Administrative Denial Percentage	Daily, Monthly, Quarterly	Review for 2% or higher variations by service and Provider type	Variations could mean that a Provider does not understand notification time frames. Provider Solutions will conduct Provider education, UM leadership will educate UM staff.
Authorizations Referred To Medical Director, Percentage Referred	Daily, Monthly, Quarterly	Review for 2% or higher variations by service and Provider type	Variations could mean that criteria are not being applied correctly; UM leadership will educate UM staff on criteria.
Short Stays Diverted To Observation	Monthly, Quarterly	Review for 2% or higher variation by facility, nurse reviewer, physician reviewer	Focused audits; IRR; education to Provider and staff.
Authorization Turnaround Times (TATs)	Monthly, Quarterly	Monitored for variances approaching or below 95%	TAT below 95% may indicate the need for increase in staffing to accommodate additional volume.
Volume Of Approval And Denials By Medical Director And Nurse, By Product, By Region, By Facility	Monthly, Quarterly	5% or higher variances are reviewed	Variances may indicate the need for staff or Provider education.
Average Length Of Stay (LOS)	Daily, Weekly, Monthly and by Quarter	0.5 days or higher variances are reviewed	Tracks how long a patient stays at a hospital from admission through discharge. Review to determine if expected length of stay (ELOS) is met; days beyond ELOS are outlier. LOS can vary for a number of reasons: physician, facility site, day of the week of discharge (discharge rates fluctuate on weekends). Outlier cases are discussed in interdisciplinary rounds to discuss barriers to discharge and expected discharge date. Cases discharged prior to ELOS are reviewed for “early discharge” and potential for readmission.
Admissions and Admissions per 1,000 Members	Daily, Monthly, Quarterly	Disproportionate variance in level of care; Review for diagnosis-driven data due to seasonality like flu; Review for specific trends with specific Providers	IRR, Focused Audits, Provider education.
Bed days and bed days per 1,000 Members	Monthly, Quarterly	Utilization rates by bed types are compared to benchmark figures; any variance from benchmark is reviewed	If any significant over- and under-utilization trend is noted, more detailed reports are reviewed. Reports can be patient-specific, Provider- or group-specific, service-specific and diagnosis-specific. Our reporting allows for focused problem identification and resolution, including Provider education.

Reports	Monitoring Frequency	Trigger of Under- or Over-utilization	Intervention
Short Stays And Short Stays Per 1,000 Members	Monthly, Quarterly	Look for trends in ambulatory sensitive conditions and potentially avoidable diagnoses	Biweekly rounds to discuss short stays post-discharge to assure staff IRR. Staff may need education on criteria points or Provider education.
Readmission Rate	Monthly, Quarterly	2% or higher variances are reviewed	LOS, quality-of-care concerns, and potentially preventable readmissions (PPRAs) are reviewed. Drill down into readmission rates per diagnosis specifically ambulatory sensitive conditions; Quality-of-care concerns; Review to determine root cause analysis such as medication issue, social needs, etc.
Preventable ER Diagnosis (PERD) Report	Monthly, Quarterly	5% or higher variances are reviewed. Number of Members with four or more preventable ER visits within a 6-month period	Enroll in care management; educate Member on urgent care in their areas, 24/7 nurse hotline to assess symptoms; and to assure they schedule an appointment with their PCP.
Medical Director Reviews Approved And Denied. Medical Director Reviews Approval Percentage And Denial Percentage	Daily, Monthly, Quarterly	2% or higher variances are reviewed	Measures the performance of the physicians, this is reviewed for variances. Interventions include Focused Audits, Provider education, and interventions with specific facilities.
Short Stays And Long Stays Referred And Short Stays And Long Stays Percentages	Daily, Monthly, Quarterly	2% or higher variances are reviewed	An increase in short stays could mean a facility is discharging early or admitting when the stay should be observation based on criteria. An increase in long stays could be indicative of a delay in care. Audit to make sure short stays that did not meet criteria were sent to Medical Director for review, and long lengths of stay have expected discharge plans and meet continued stay criteria.
Census	Daily	Reviewed for large increases or decreases of heads in beds, fluctuations by facility or DRG	This metric provides data on the number of beds in a hospital that are occupied. The manager reviews cases in outlier status for barriers to discharge and Member is discussed during interdisciplinary rounds. Nurses are assigned by facility; therefore, this report also provides a review of the caseload for each nurse reviewer and next review date.

Figure C.10.a-2 is a snapshot from our BH dashboard, illustrating BH readmission trends we track on an ongoing basis using our 30-day Readmission Monitoring Tool. This tool reports monthly readmission rates as a percentage of total admissions and per 1,000 Members. Trends are monitored monthly and can be quickly drilled-down and reviewed by Provider and by Member and compared over a two-year time period for medical, surgical, OB-related, NICU, and BH readmissions. Data is displayed for our reviewers in both table and chart formats for different views.

Figure C.10.a-2. Monitoring BH 30-Day Readmission Trends Using the Readmission Monitoring Report



We use our readmissions dashboard to monitor trends over time in the data we capture, which provides a quick visual to identify trends in readmission rates. In our review of this report, we may identify unexpected variation, such as an increase from last month. We then drill down to identify Providers with higher than expected readmissions to discuss placement of an Anthem community-based Care Manager to support discharge coordination and follow-up appointments. Trends reflected in Figure C.10.a-2 track progress after Anthem's implementation of a focused readmission initiative in April 2019 that provides high-risk Members with an enhanced level of discharge planning, including a dedicated urgent line for Provider submission of outpatient services for discharge. Anthem UM staff contact both the Member and discharge planner at the facility while the Member is still inpatient to discuss discharge needs, psychosocial issues or barriers to discharge, and offer care management follow up.

We also use UM reports described in Table C.10.a.-1 to identify under-utilization, capturing critical data about ***preventive care***, including missed well-child and PCP visits, age-appropriate immunizations, mammograms, blood lead testing, and disease-specific screenings. By reviewing these reports in tandem, we may identify Members with underlying clinical needs, social determinants of health (SDOH) barriers, and uncontrolled chronic conditions. We also monitor ER utilization by Member, supplementing the information with Member-specific data points and diagnoses, to intervene and engage those with uncontrolled chronic disease, such as diabetes and asthma.

Our ER Diversion Programs Result in Success

Anthem's low acuity ER visits per 1,000 **decreased 19.6%** from 2018 to 2019.

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Ad Hoc Reports. To assure we have a full picture of utilization trends, we continuously pull ad hoc reports to identify opportunities to improve utilization patterns in our Provider Network. For example, we may identify increases in a particular service utilization from a facility; an ad hoc report of Providers in the same geographic vicinity may provide additional information to be considered to determine if there is decreased utilization of the same service. We may also find a Provider with high utilization of a particular service, but upon reviewing ad hoc reports, will be

able to note specialty services provided and not available by other Providers in the area. We also use ad hoc reports to identify cases of potential under-utilization.

We Leverage Sophisticated Tools to Optimize Decision-making Processes

Anthem leverages sophisticated tools that synthesize Member data and support our UM processes. Our predictive modeling, early warning and other reports such as FOCUS 100 help us to aggregate Member data and estimate risk when monitoring utilization. These are described in Table C.10.a-2.

Table C.10.a-2. Data-analytic Tools that Support Our UM Processes

Tools	Description
Predictive Modeling Tools	• ***Chronic Illness Intensity Index (CI³) tool.*** The primary component of our proprietary predictive modeling system, which synthesizes Member data such as diagnoses, hospitalizations, ER encounters, expenditures, and demographics to create individualized risk profiles. With this data, we can provide tailored care management, medication management, and other supports • ***Low-Intensity ER.*** Predicts the likelihood of an ER visit within the next three months for low-intensity conditions • ***Likelihood of Inpatient Admission (LIPA).*** An index that prioritizes Members for outreach by predicting the probability of an inpatient admission • ***Statistical Obstetrical Risk (STORK) Score.*** For Members at an elevated risk for delivering an infant who will require a NICU admission • ***Readmission Score (RAS).*** Monitors and analyzes the inpatient daily census report by condition type, facility, and bed type to determine the likelihood of readmission • ***Behavioral Health First-time Admission (BH FTA).*** Identifies indicators of BH issues that may result in admission • ***Maintenance Medication Adherence Report.*** Identify indicators of under-utilization, over-utilization, and possible opioid use disorder (OUD) (Figure C.10.a-3) *Figure C.10.a-3. Pharmacy Tools Monitor Utilization* Pharmacy Date / Medication/Strength / Prescriber 05/29/2019 BUPRENORPHINE 8 MG TABLET SL Chaffin, Da 05/29/2019 ONDANSETRON TAB 4MG ODT Chaffin, Da 05/22/2019 BUPRENORPHINE 8 MG TABLET SL Chaffin, Da 05/21/2019 ENOXAPARIN 40 MG/0.4 ML SYR Cummings, 05/20/2019 ENOXAPARIN 40 MG/0.4 ML SYR Cummings, 05/17/2019 GABAPENTIN TAB 800MG Cummings, 05/17/2019 ENOXAPARIN 40 MG/0.4 ML SYR Cummings, 05/15/2019 BUPRENORPHINE 8 MG TABLET SL Chaffin, Da 05/15/2019 ENOXAPARIN 40 MG/0.4 ML SYR Cummings, KY_HIth2019_C.11.a_Pharmacy_COB_01
Early Warning Tool	Our proprietary Early Warning Tool was recently developed by our Health Care Analytics team to identify new Members with limited claims data who could potentially become super-utilizers because of SDOH-related barriers. The Early Warning Tool is currently being piloted and has thus far demonstrated success in early testing; following the pilot, it will be deployed in Kentucky at “go-live”, if we are awarded the Contract to continue serving the Commonwealth.
FOCUS 100 Tool	The FOCUS 100 tool was designed to help Anthem manage our most complex Members with chronic conditions who are more likely to have under-utilization of preventive services as well as over-utilization of ER and inpatient admissions. The tool incorporates claims data on a rolling 12-month basis to provide a detailed summary of PH and BH inpatient, outpatient, and pharmacy trends to provide a 360° overview of the Member’s utilization patterns. It focuses on Members with chronic care and long-term management needs rather than Members with a single high-cost episode of care. It provides demographic information to allow our team to search by a Member’s ZIP code to quickly determine high-quality Providers in their area. By incorporating service area, we can offer Anthem clinical and SDOH programs in our integrated population health model that will help engage the Member in improving their overall health.

Appropriate Use and Realizing Cost Efficiencies

Anthem ER Diversion Programs

We deeply understand our Members' unique needs and the available capacity of the local delivery system and deliver UM processes and strategies tailored to Kentucky's Medicaid program. In 2015, almost 47% of the ER visits in Kentucky were paid for by Medicaid, a 30% increase from 2012, according to a report by the Foundation for a Healthy Kentucky. The report cited lack of open alternatives as a primary reason for using the ER. In response, Anthem initiated multiple ER diversion programs, leveraging data analytics and UM reporting to guide Members who were likely underutilizing care and services and were at escalated risk of future over-utilization to more appropriate care.

Anthem ***ER diversion programs*** include:

- High Emergency Room Utilization (HERU) program
- Lock-In program
- ER pilot with the Bluegrass Transitional Care at University of Kentucky's Emergency Department

We implemented our ***HERU program and a monthly cross-functional review to closely analyze Member Lock-In data. These two initiatives help us identify underlying reasons Members are using the ER***, so we can find solutions that will help them access the care and treatment they need, thereby decreasing future ER use. For HERU, Members are contacted for enrollment into care management and are sent a letter with information about how to identify and contact their PCP, how to contact the 24/7 nurse hotline, and a list of urgent care centers available in their area. Over a 12-month period from 2018 to 2019, we realized a 3.7% decline in ER utilization per 1,000 Members. Additionally, during this period, there was an approximately 7% decline in ER levels 1-3 (low acuity utilization), and a ***20% decline in ER level 1 utilization per 1,000 Members***.

Members with excessive utilization, or suspected patterns of FWA, as identified through monthly data analyses, may also be referred to the ***Lock-In program*** unless they are under the age of 18 or otherwise exempt from Lock-In. This program restricts the Member to receiving services for an initial period of 24 months from designated Providers that may include a PCP, controlled substance Provider, pharmacy, or hospital for non-emergency care. By limiting Members identified as potentially misusing or fraudulently obtaining certain services, we aim to reduce related ER and physician visits due to doctor shopping. There were ***55 Members active in the Lock-In program in 2019, 31 of whom successfully discharged from the program***.

Our partnership with ***Bluegrass Transitional Care*** (formerly known as Kentucky Appalachian Transition Services) is a coordinated UM and care management transitional care program designed to bridge potential gaps in care (under-utilization) in order to avoid future over-utilization. In this evidence-informed program, developed in accordance with industry recognized Coleman Transition Interventions (CTI) principles, we align Anthem care management processes to the coordination of necessary transition services. Care Managers coordinate with UM to assure seamless access to necessary care and services for a safe discharge and improved quality outcomes. Bluegrass Transitional Care local and regional nurse case managers act as an extension of our Anthem care management team and work onsite at 25 facilities across Kentucky to facilitate discharge plans and conduct post-discharge home visits for up to six weeks. This process assures the Members have the right services and supports in place,

including access to preventive care, and reduces the potential for hospital readmission. ***Bluegrass Transitional Care has been so successful we have expanded the program to also assist our Members in real time when they enter the University of Kentucky Medical Center ER, to help establish services and supports that will reduce future ER visits.***

We continue to refine and implement new solutions to direct Members to appropriate care, and our ER rate trends reflect our success: ***Anthem's ER visits per 1,000 Members have decreased by 11.6% from November 2018 to November 2019***.

Addressing Potential Cases of Over- and Under- Utilization

As described earlier, we use many reports to identify cases of over- and under-utilization. Once identified, we rely on a variety of programs and approaches to address the issue or individual Member. When patterns of over- or under-utilization present in the aggregate, results are reported to the Clinical Service Committee (CSC), which reports to the Quality Improvement Committee (QIC). In the CSC, we review inpatient bed day trends; outpatient utilization; Performance, Improvement, and Enhancement (PIE) audits; care management outreach and enrollment; ER utilization for preventable conditions; the number of Members admitted to the Lock-In program per quarter; and the number of Members discharged from the Lock-In program.

Representatives from our clinical and Quality Management/Quality Improvement (QM/QI) areas work with our Medical Director to discuss intervention strategies to reduce over-utilization and to improve under-utilization consistent with clinical and quality indicators. For example, in Q2 2019, we implemented a strategy to improve bed day admissions per 1,000 Members. We moved from a 24-hour observation to 48-hour observation to allow our Providers an additional full day to observe our Members before making an inpatient decision.

Helping Providers with Our Over- and Under-utilization Reporting

Through profiling, Member feedback, and our quality improvement and data analytic activities, we work together to improve Member outcomes. We provide assistance to Providers with aberrant utilization patterns, by working with them to improve outcomes through technical assistance and training. Our Medical Director and Provider Network Director review the case and, if appropriate, develop an action plan with the Provider, referring to our PIU if we identify possible FWA. The action plan begins with direct Provider engagement in the form of a peer-to-peer discussion with the Provider and our Medical Director. They discuss pertinent medical policy and clinical guidelines in the context of case examples where we have concerns about potential over-utilization or under-utilization. This way, we give the Provider an opportunity to explain circumstances that may be unique to their practice or to the geographical area they serve.

We also understand there are situations of aberrant utilization patterns when a Member is sick or not improving. We have a team that works with Providers in this situation to offer additional Care Coordination tools and referral guidelines that assist in identifying and connecting Members to the appropriate level of care, and when warranted, we recommend additional higher level of care.

In the event a Provider feels clinical criteria used is not current, or has additional evidence-based criteria for consideration, they can submit this to our clinical reviewers and Medical Director. Providers may also submit evidence-based data for our consideration if they disagree with our clinical guidelines. In instances when we believe our current medical policy or clinical guidelines

are appropriate, we monitor the Provider's compliance with our UM criteria and clinical practice guidelines by reviewing and trending performance over a six-month or shorter period. We use this information, including progress reports, during re-credentialing to determine if the Provider should remain in our Network, and to determine whether a referral to PIU is warranted.

Member Interventions in Instances of Over- and Under-utilization

Members may be at risk for or currently not getting the care and services they need to improve their health and well-being. As we identify these Members, we connect them to resources across our organization, including their PCPs and appropriate supportive services, such as our Empowerment program to help Members overcome social and functional barriers that affect their health, chronic condition management, other clinical programs, or care management for assessment, care planning, and Member education. We also connect Members to appropriate self-directed care programs that support recovery, such as Narcotics Anonymous.

Lock-In Program for Member Over-utilization of Services

Members with excessive utilization, or suspected patterns of FWA, as identified through monthly data analyses, may also be referred to the Lock-In program unless they are under the age of 18 or otherwise exempt from Lock-In. This program restricts the Member to receiving services for an initial period of 24 months from designated Providers that may include a PCP, controlled substance Provider, pharmacy, or hospital for non-emergency care. By limiting Members identified as potentially misusing or fraudulently obtaining certain services, we work to reduce related unnecessary ER and physician visits due to doctor shopping.

Utilization Management Promise

There were 55 Members active in our Lock-In program in 2019. Of these, 31 Members were successfully discharged from the program.

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Lock-in Program Directs Member to the Right Care

Wendall, 42, was identified for Lock-in because of his increased use of the ER for a condition that was non-emergent. After being assessed by a Lock-in Care Manager, Anthem learned that Wendall was using the ER because he didn't have a way to get to a PCP. Wendall had previously been excluded from the state transportation program because he had a car registered in his name. Once Wendall explained that his car did not run and could not be fixed, his Care Manager was able to help him get approval to use the transportation broker. The Care Manager also helped Wendall become established with a PCP. Now that he has a regular doctor and way to get there, he has not been to the ER for preventable visits.

KY_Hlth2020_Wendell_RS_02

We enroll Members that are identified for the Lock-In program into care management; educate them on the 24/7 nurse hotline; and make sure they have a Medical Home.

Additionally, Members who are not compliant with the program requirements and who continue to require Lock-In beyond the initial 24 months are referred to our PIU. Through these referrals, Anthem PIU could potentially identify "pill-mill" Providers and Providers who accept cash for services and other fraudulent activity.

Under-utilization Triggers Member and Provider Outreach

When data analytics identify Members with gaps in care, we initiate targeted Member and Provider outreach. A multi-pronged outreach strategy encourages increased compliance with recommended well visits for our younger Members with gaps in care. We emphasize the importance of well-child visits when the Member enrolls in our plan and throughout the year; send periodic, interactive call reminders and educational materials; incentivize well-child visits; and engage and incentivize Providers to promote recommended services. Importantly, we also send overdue service reminders and have Customer Care Representatives call non-compliant

Members to educate them and their parents or caregivers about the importance of well-child visits, assist with scheduling appointments, and help resolve other barriers to care. We also leverage interactive text messaging for Members who miss a visit during a measurement period. In 2019, Anthem sent 11,037 messages for Adolescent Well Care visits; a total of 13,857 messages were sent to adults; 1,412 messages were sent to parents about their babies' Well Care 1st-15 Months visit; and 6,837 messages were sent concerning Well Child 3, 4, 5, and 6 Years of Life visits. We share information about gaps in care with the Member's PCP so they can also conduct coordinated outreach.

Utilization Management and Identifying Fraud, Waste, and Abuse

Anthem's UM approach is designed to assure compliance with best practices and clinical guidelines, and to serve as an integral component of our prevention, detection, and response to FWA among Providers and Members. Our plan-wide UM approach to FWA includes UM Clinicians, our Medical Directors, QM team, Chief Compliance Officer, Network Development, and the PIU. Our analytical tools and monitoring guidelines include predictive modeling, over-utilization reporting, Member trending, Provider ranking, services from highest to lowest utilization, quality oversight, and data analysis of ER use and rapid hospital readmission.

With its careful monitoring of data, our UM team refers potential cases of inappropriate utilization to the PIU for investigation. When allegations of FWA are identified, investigated, and determined to be credible, Anthem reports to the DMS PIU and collaborates with the Medicaid Fraud and Abuse Control Unit to fulfill contractual obligations of reporting, investigation, and recoupment of overpayments.

Training Assures UM Staff Identify Potential Fraud, Waste, and Abuse

UM staff are trained upon initial hire and annually to identify occurrences or trends related to the potential misuse or fraudulent use of services. All Anthem employees receive online ethics and compliance training, including modules on FWA, within 30 days of hire and annually thereafter. Orientation training includes the *New Hire Introduction to Fraud, Waste, & Abuse* web-based course which defines fraud, waste, and abuse and its impact; explains the roles of employees (including the requirement to report suspected or known FWA immediately); the role of the PIU; how to submit a referral; and where to find more information.

Anthem clinical staff receive this training as well and the topic is emphasized during integrated clinical rounds so all staff involved in the delivery of care to our Members can lend a "fresh set of eyes" when reports are reviewed and Members' cases are discussed.

We continually evaluate which services should require review in order to focus UM efforts on services that have a high potential for over-utilization or fraud, waste, and abuse, and take appropriate action. PIU participates in our clinical trend review meetings regarding results from our quality audit results from Alliant Health Management and provides feedback and suggestions on next steps and corrective actions.

The team also identifies outlier Members and Providers based on relative distribution of services and refers them to the appropriate Anthem functional area for intervention. When utilization patterns suggest the need to reach out to Members, our interdisciplinary team collaborates to determine an appropriate strategy. We leverage our Care Management, Provider Solutions, and Community Engagement teams where appropriate to perform outreach efforts to intervene and

remedy the situation. If fraud or abuse is suspected, it is referred to Anthems PIU for further review and determination.

Sophisticated Methods Detect Potential Fraud, Waste, and Abuse

Anthem, in conjunction with our Ultimate Parent Company, Anthem, Inc., employs a number of methods to detect FWA in the Commonwealth, including referrals from internal and external sources, use of sophisticated data mining algorithms, and Member verification of services. These include:

- Data mining, including anomaly detection
- Pre-payment review
- Post-payment review
- Monitoring over- and under-utilization of services
- Referrals from internal and external sources (including, but not limited to: employees, Members, and Providers)
- Member verification of services
- Visits to Provider locations

Anthem UM processes have demonstrated success in identifying FWA in the Commonwealth. Anthem UM and PIU teams in Kentucky collaborated to identify and investigate a case of Provider fraud. Due to Anthem's diligent identification and investigation, a chiropractor in Carter County, Kentucky was found to have submitted fraudulent claims. The Provider submitted Kentucky-based reimbursement claims for the delivery of services he did not provide. Upon Anthem's identification of the Provider's fraudulent billing practices, the Provider's authorization to provide chiropractic services in Kentucky was revoked. In 2019, the Provider agreed to pay $211,000 for defrauding Kentucky Medicaid.

ii. Monitoring Appropriate Use of Services

ii. Overview of the Vendor's methods for monitoring appropriate health care utilization, including two examples of identified negative trends, initiatives undertaken to improve them, and the results of these initiatives.

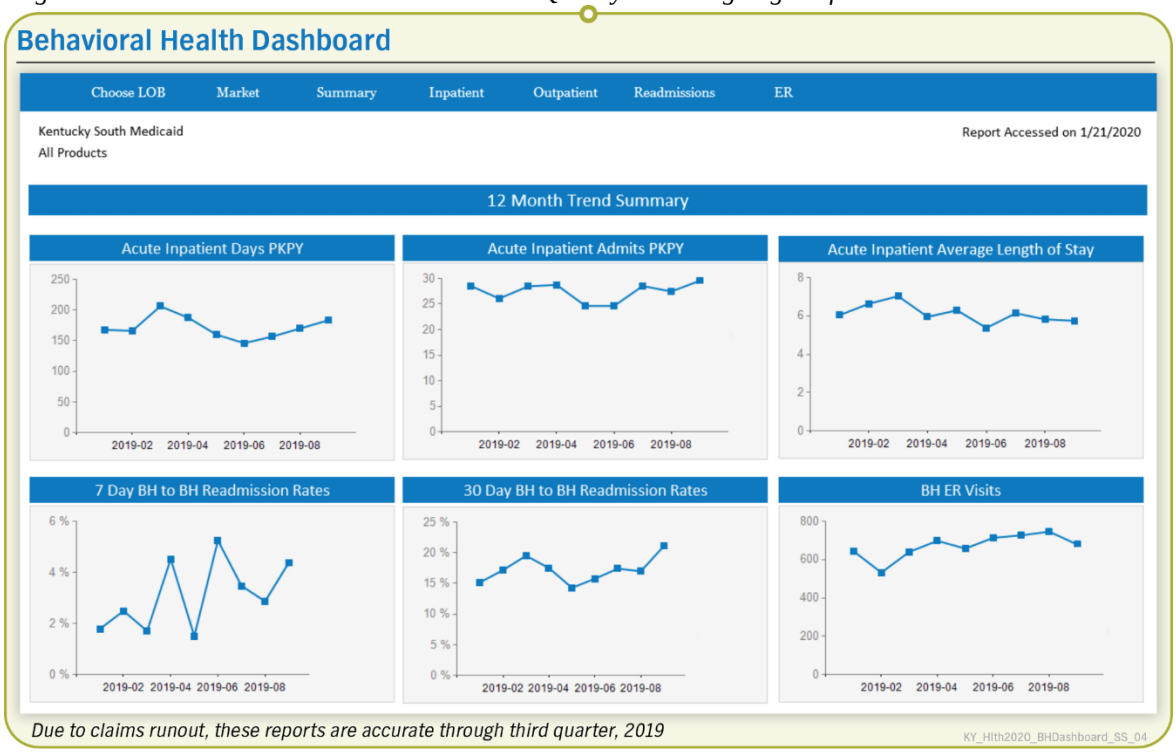
Through our UM programs, we implement targeted efforts to monitor and support efficient, evidence-based care delivery and to detect potential gaps in services as well as unnecessary or wasteful practices and fraudulent activities. ***The result of our careful monitoring is higher quality care and better health outcomes for less per-Member cost.*** Our methods include:

- ***Prior Authorization.*** A precertification process for select services to assure timeliness and appropriateness of care. For these services, we apply evidence-based criteria to Members' medical history and symptoms to determine medical necessity.
- ***Concurrent Review.*** A core UM process to monitor potential overuse of inpatient services, and to help facilitate a smooth transition between levels of care or home. Our concurrent review clinicians follow the case to monitor Member progress from admission to discharge. Each Member's case is individualized by the presenting symptoms and intensity of services needed, and we work closely with hospital staff, the Member, family, and the discharge planning team to safely transition the Member to a lower level of care and to make sure all care needs are identified and appropriate services are in place.
- ***Post-Service Review (Retrospective).*** The review process performed on all requests for certification of services that have already been rendered by a physician. If the request is made

while the Member is in the process of receiving care, NCQA considers this to be an urgent concurrent request if the medical care meets the definition of urgent, even if the services were not pre-certified prior to care.

- ***Tableau Dashboards.*** Our Clinical teams regularly review available utilization data to assess actual versus expected performance against various quality measures, including HEDIS®. We use multiple Tableau dashboards to trend data, including annual and three-year trend views and a monthly dashboard. The Quality and Clinical teams use these dashboards, and they are also available to other areas of the organization that need to assess performance for specific measures or Providers. Figure C.10.a-3 is an example of our BH Summary Dashboard that illustrates 12-month hospitalization rate trends.
- ***Health Intech Platform.*** All Providers can access detailed Member data through our care management information system, ***Health Intech***, described in detail in Section C.6. Health Intech integrates seamlessly with our Core Services System and data warehouse and represents the system of record for Member Care Coordination and management information. Member utilization data — such as claims history, authorizations, immunization records, lab results, and care and condition management data — are readily available in an organized format, delivering a holistic picture of the individual's service utilization, care plan, and gaps in care.

Figure C.10.a-4. UM Dashboards Trend Data to Quickly View Ongoing Performance



UM Program Engages Best-in-Class Oversight and Staff

To assure monitoring safeguards are in place so utilization and authorization requests are appropriately reviewed, Anthem has built a strong UM team fortified with strong processes and protocols. Other UM team members include physician clinicians in multiple specialties and our team of local, Kentucky-licensed UM Clinicians.

Our Medical Director, Dr. Peter Thurman, provides medical leadership and serves as principal medical advisor to the executive leadership. Dr. Thurman is a Kentucky-licensed physician. He is responsible for supervision, oversight, and evaluation of the Anthem UM program, and identifies health priorities for the membership based on an analysis of data and trends. He oversees the health programs and UM decisions. In his role, he reviews all requests that do not meet medical necessity approval criteria. Only Medical Directors make any medical necessity adverse determinations. The Medical Director directs plan-specific policies and program descriptions through the plan committees. Medical Directors also serve on the Medical Operations Committee (MOC), Pharmacy Advisory Committee, and QIC committees.

Spotlight On

Dr. Peter Thurman, Medical Director

A Kentucky native, Dr. Peter Thurman is a graduate of the University of Louisville School of Medicine and dedicated his medical career to serving the people of Kentucky. For nearly 25 years, he practiced as an Internist in Louisville in private practice, rendering care to the Commonwealth through his office, hospitals, Acute Rehab Centers, Nursing Home calls, and house calls. He also served for several years as the Chief Medical Officer and as a Medical Clinic Provider in a Federally Qualified Health Center, Family Health Centers of Louisville (FHC). Dr. Thurman was involved in multiple areas of practice at FHC, including OB prenatal care, a Homeless clinic, a refugee clinic (Americana), General Medical and Pediatric care, Dental care, a Pharmacy, as well as providing BH services.

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Anthem's BH Medical Director, Dr. Kelita Wiley, MD participated in the development and will assist with oversight of BH aspects of the UM program.

The Population Health Director and Utilization Management Director are accountable for the implementation and daily operations of the UM program. The Behavioral Health Director is accountable for the implementation and operation of the BH components of the program, in conjunction with Anthem's BH Medical Director. The Pharmacy Management program is managed by the pharmacy department and provides guidance and assistance to the Medical Director and the UM Director.

Continuing Education and Professional Development for Our Clinical Reviewers

Clinical employees are encouraged to develop professional competency in UM through continuing education and professional development activities.

Support for professional development and continuing education includes (but is not limited to) the following:

- Reimbursement for professional licensure fees as required for employment
- Opportunities to participate in continuing education activities relevant to job responsibilities
- Corporate tuition reimbursement program
- Provision of and access to professional reference materials
- Education in cultural competency relevant to the population served
- Encouragement of membership in or attendance at meetings of relevant professional organizations
- Pursuit of continuing education activities to remain current in professional license and professional certifications

Examples of Anthem Identifying, Addressing, and Improving Negative Utilization Trends

We capture and review trends from multiple data elements across all available sources to identify indicators of potential aberrant utilization. Our established protocols and best practices facilitate quick identification and further analysis of services delivered or reported above or below expected or targeted thresholds to assess for negative trends. Following are specific examples of negative UM trends we have recently identified and resolved in Kentucky Medicaid.

Example 1: Identifying and Supporting High Emergency Room Utilizers

Anthem monitors the PERD report on a monthly basis for over-utilization. In January 2018, we saw an unexpected increase in ER visits per 1000 Members and implemented an innovative program to address high utilizers of the ER for preventable conditions.

We mobilized Anthem's ***HERU program*** to identify and provide outreach to Members who have four or more non-emergent ER visits within a six-month time period. Members with high ER utilization can benefit from regular care monitoring and additional support to access the services they need. Members identified for the HERU program are linked to care management to provide education on appropriate services, alternatives to the ER, resources, and gaps in care to address unmet needs that may be triggering preventable ER visits. Supports we provide Members focus on common reasons high ER utilization behaviors occur, including:

- Absence of an established Medical Home
- Limited PCP access
- Lack of communication with PCP
- Gaps in care
- Chronic pain
- Limited alternatives for care
- BH issues to include opioid dependence and substance use disorder (SUD)
- Knowledge deficit related to the appropriate use of ER
- Specialized health care needs

After aggressively deploying HERU over a 12-month period from 2018 to 2019, we realized a 3.7% decline in ER utilization per 1000 Members. Additionally, during this period, there was an approximately 7% decline in ER levels 1-3 (low acuity utilization), and a 20% decline in ER level 1 utilization per 1,000 Members.

Example 2: Decreasing Medical and Behavioral Comorbidity of SUD Through Increased Access to Evidence-based Practices

In reviewing claims, we identified high incidence of diagnosis codes related to SUD-related conditions, such as higher than expected cases of conditions like sepsis and myocarditis in younger individuals. This is a potential sign of barriers to effective treatments for SUDs. Given the serious impact SUDs have on the health of Kentuckians, Anthem made a commitment to increase access to Medication-Assisted Treatment (MAT) to expand access to SUD services across the American Society of Addiction Medicine (ASAM) levels of care, including implementation of any future SUD waiver that may be proposed and approved.

MAT reduces opioid overdoses by 50% and helps Members return to work and families. Providing access to care across the ASAM levels of care assures patient-centered treatment and long-term recovery.

Our MAT initiative resulted in a 33% decrease in overdoses among our Members. The percentage of Members receiving MAT increased by 50% from September 2016 to December of 2019. ***Even more dramatically, Members receiving residential SUD services has increased by over 100%. As access improved, monthly opioid overdose claims rates declined by 82% when comparing March 2017 to October 2019.*** We fully expect to see similar declines in endocarditis, osteomyelitis, HIV, and Hepatitis incidences in subsequent months. These initiatives serve as good examples of providing the right care, at the right time, in the right place and they are having a positive impact on the heath of beneficiaries.

Additional Examples: Addressing Chronic Pain, High-risk Members, Substance Use, and Medication Safety

- ***Sickle cell disease.*** Our Data Analytics team examines certain diagnosis and claim types in concert as a proxy for missed care opportunities. When they examined ER use by Members with sickle cell disease, they found a high rate of ER use was associated with poor access to, or use of, primary or urgent care settings for pain management. By connecting these Members with a Provider and establishing an ER diversion program with a multidisciplinary care team approach, we supported planned access to care that eliminated long, uncomfortable waits in the ER. As an adjunct to this program, our pharmacy clinical quality program focuses on hydroxyurea non-compliance in diagnosed Members and closing the gap for Members not taking it, which can reduce ER use for pain management. ***Efforts to close gaps in care and improve adherence for Members with sickle cell disease resulted in 73% of eligible Members improving their hydroxyurea adherence in 2018.***
- ***Hepatitis C.*** Hepatitis C is another intermittently or chronically painful condition that can lead to inappropriate ER use. To expand awareness of this condition, our specialty pharmacy team sends mailers and automated calls to help newly diagnosed patients understand the importance of medication adherence and to remind them to fill their medications on time. We immediately engage diagnosed Members in care management, helping them understand the options available to them, and encouraging treatment completion to circumvent the need for pain control. ***To date, 131 Members successfully graduated from the case management program, meaning the Members met the goals of the program and their care plan.***
- ***SUD.*** Nationally, we are seeing increases in opioid-related ER visits. In Kentucky, when we see indicators of potential substance use (including obtaining prescriptions from numerous physicians or pharmacies without Providers' knowledge, or obtaining or dispersing prescriptions by fraudulent actions), we reach out to the Member and their Providers, gather information, and help arrange an evidence-based screening, brief intervention, referral, and treatment (SBIRT) developed by SAMHSA to identify SUD. Our Clinical team evaluates trends using data related to ER admissions with an overdose diagnosis as well as SUD diagnoses from similar services and across populations, to compare utilization rates of Members with similar diagnoses and acuity. Our response to C.23, Behavioral Health Services, provides a more comprehensive overview of our SUD strategies. ***To date, 209 Members successfully graduated from the case management program***, meaning the Members met the goals of the program and their care plan.

- ***Comprehensive Medication Management.*** Medication reviews by pharmacists prevent medication duplications, inappropriate or extenuated use, and incorrect dosing, any of which could lead to an unnecessary encounter. For example, our BH polypharmacy program focuses on outreach to physicians of Members with multiple prescribers and multiple psychotropic medications in the same class, and our Child/Age Appropriateness program addresses inappropriate prescribing in children under six taking psychotropic medications. Providers in those instances are prompted to confirm that the polypharmacy is appropriate, change the therapy, or consult with a clinical pharmacist to review and discuss medications. In addition, every month, we fax Providers MedReview summaries of their Members identified as having a gap in maintenance medication refills, inappropriate polypharmacy, or omission of care for diabetes, asthma, hypercholesterolemia, hypertension, or depression. Our response to Section C.21, Pharmacy Benefits, provides a comprehensive overview of our pharmacy clinical programs. To date, 9,696 Members successfully graduated from the case management program, meaning that the same care gap alert did not trigger after the intervention.

Expanding ER Alternatives: An Over- and Under-utilization Strategy

We continually work with our Provider community to provide Members with alternatives to ER visits. Our value-based payment (VBP) strategies also drive improvements in avoidable ER utilization by rewarding Providers for directing Members to appropriate use of services. We also implement initiatives to improve access to after-hours clinics and other resources to reduce the number of Members presenting to the ER for after-hours care. ***For example, Anthem contracts with the majority of standalone urgent care centers in Kentucky so our Members can access care easily. Our Network includes 308 urgent care centers, including Little Clinic, a chain of urgent care centers throughout Kentucky.*** We inform Members of these initiatives and appropriate use of the ER through targeted education and outreach.

iii. Re-evaluation and Adjustments of Utilization Management Approaches

iii. Frequency in which the Vendor proposes to re-evaluate its approaches to identify need for adjustments (e.g., re-evaluation of existing prior authorization requirement for appropriateness)?

Annual Review of UM Program

We conduct an annual evaluation of our Utilization Management (UM) program, including clinical and service outcomes of our Members, and quality of care. This overarching review encompasses a thorough assessment and evaluation of the program structure, program scope, processes, and information sources used to determine benefit coverage and medical necessity. Member and Provider experience data are incorporated as well. The process is overseen by our Plan Medical Directors and UM Director. Results are submitted to our Anthem Medical Advisory Committee (MAC) and Quality Management Committee (QMC) for review and approval. Results and recommendations of our annual review become the basis for the year's activities, and unrealized goals and objectives may be carried over to the subsequent year.

We review and update UM clinical guidelines annually, as well as when practice changes require revisions. Through a formally scheduled process, Anthem reviews and, as necessary, develops medical policy and UM guidelines (collectively, our medical policy).

Anthem Medical Director Dr. Peter Thurman oversees the review of all medical policies and clinical guidelines. Our local Kentucky Providers who participate in our MAC review, provide input, and approve the criteria. The MAC brings knowledge and perspective of the local Medicaid delivery system to help us make sure our UM criteria is appropriate for administering Kentucky Medicaid benefits and meets the needs of our Members. We make sure we obtain Commonwealth approval before use of any policy or clinical guideline.

The principal component of the process is the review for development of medical necessity, clinical indications for new medical services or procedures, or new uses of existing services or procedures. Our criteria and guidelines include a comprehensive range of level-of-care alternatives sensitive to the differing needs of adults, adolescents, and children.

Monitoring Trends Supports UM Review of Prior Authorization Requirements

In addition to our annual review, we monitor over- and under-utilization reports and Prior Authorization (PA) approval rates to identify opportunities to update our list of services that require PA. On a ***quarterly basis***, we review PA requirements, trends in approvals and denials of services, and trends in utilization patterns not currently on our list of services that require PA and incorporate them into our QM program. ***With this trend information, the MAC discusses opportunities to improve the effectiveness of our UM program and the need for any changes to our services requiring PA.***

Administrative Simplification
Provider Promise

In 2017 we reviewed authorization and denial rates for physical, occupational, and speech therapy service codes. **Based on findings of that analysis and careful review by our MAC, we removed the Prior Authorization requirement for these therapy service codes** used by Network Providers. We now allow up to 20 visits to Network Providers within each discipline per calendar year, and conduct periodic retrospective audits to monitor the impact.

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Informed by our review of PAs and denials in 2019, Anthem removed 82 codes from precertification after careful analysis demonstrated these services were almost always authorized, and the time it took to undergo PA process placed undue burden on Providers and Members. For the same reasons, we also removed Targeted Case Management (TCM) from precertification to decrease the administrative burden on our BH Providers. ***Anthem is the only MCO that removed the TCM PA on BH.***

We are committed to consistent review to make it easier for Members to get the care Providers recommend. We will continue to provide proposed changes to our PA requirements to DMS for approval.

Data Informs Decisions About Prior Authorization Requirements

In addition to the MAC, other data sources are used to inform our PA requirements. We review over- and under-utilization trends and PA approval rates to identify when a change in Prior Authorization policy may be appropriate. We also review national utilization reports when available, such as data published by CMS and the Centers for Disease Control and Prevention (CDC), and changes in nationally recognized medical necessity criteria.

We pay careful attention to Provider input to identify whether a PA requirement is burdensome or unnecessary. We systematically handle Provider complaints as part of our QM program.

Quality Management staff track Provider complaints by subject area monthly and report trends to plan leadership. To the extent there are negative trends, we develop interventions or identify policy changes to address common Provider concerns.

National Resources Inform Local Decision-making

Through our Ultimate Parent Company, Anthem, Inc., Anthem has access to additional UM resources and best practices across the country. Each year Anthem, Inc.'s national joint MOC performs a review of services requiring PA to determine whether changes would simplify processes for Members and Providers without compromising care. This committee also evaluates whether new PA requirements are needed to address changes in Provider practice patterns or advancements in medical technologies. In conducting its annual review, the MOC analyzes utilization data such as:

- Top 100 procedures by volume and cost
- Top 50 denied and modified procedures
- Appropriateness reviews of all procedures that require PA
- Procedures associated with specific medical policy or clinical guidelines that warrant review

The MOC's annual recommendations support the work of our local MAC, who take their recommendations into consideration when establishing and reviewing PA policy.

Review Processes Assure Services Are Not Arbitrarily Denied or Reduced

There are many ways we make sure services are not arbitrarily denied or reduced. We make medical decisions only after a thorough review of the Member's medical records, and base decisions on their individual needs. We never employ automatic limits on a length of stay unless required by the Commonwealth.

Our Providers are guided through evidence-based protocols as they submit authorization requests. Our medical policies and clinical guidelines provide a rules-based system for screening medical and BH services and applying UM criteria. They are objective, evidence-based, and include a comprehensive range of level of care alternatives sensitive to the differing needs of adults, adolescents, and children. We match the level of care to the Member's current condition, considering individual Member needs, the severity of illness, treatment progress, comorbidities, home environment, episode-specific variables, and the characteristics of the local delivery system. Our overarching goal is to view Members in a person-centered manner to make sure they receive the right services, at the right time, in the right place.

Our local team of licensed UM Clinicians use ***InterQual***, an evidence-based tool that gives clinical protocols to both our clinicians and Providers to assure the application of all clinical information is assessed in accordance with these guidelines, and ASAM clinical guidelines for substance use, to make service authorization requests. When medical necessity is not clear, or when clinical information needed to make a decision has been requested but not received, the UM Clinician refers the case to a Medical Director for medical necessity review and determination. The Medical Director may request additional documentation and, prior to issuing a denial, may offer an opportunity for peer-to-peer consultation to discuss the case and potential care alternatives. He or she will also offer peer-to-peer consultation after any denial. We take advantage of this educational opportunity to reinforce applicable, evidence-based guidelines and appropriate care settings with the Provider.

In reviewing cases for medical necessity, our Medical Directors balance the objective of supporting Providers in exercising professional judgment and making informed decisions, with the objective of promoting consistent use of evidence-based guidelines that have been established to be the most effective for each Member's condition.

Inter-rater Reliability (IRR) is a program designed to monitor the consistent application of our UM criteria. We conduct annual ***IRR reviews*** of our clinical teams to verify consistency and accuracy in application of medical necessity criteria. Overall, our UM team scored 95% on the 2018 IRR review. The 2019 BH IRR results have been released, and our UM team scored 96%. Results are reported to the Medical Directors, UM Committee, QMC, and MAC annually. If during an IRR review a Provider is identified as being outside the norm, Anthem retrains the Provider.

Performance Improvement Enhancement (PIE) audits also support consistent application of review criteria for authorization decisions and continuously evaluates our UM program using monthly clinical and non-clinical audits (including call reviews), outcomes reporting, and process validation for compliance with UM policies. Our 2019 PIE audit score indicated that our UM Reviewers are currently performing above the 95% compliance rate

Analyzing Pharmacy Utilization Data

We capture and analyze pharmacy data to identify under-and over-utilization, cost, and drug trend drivers. Our review and analysis of pharmacy data supports UM, care management, medication management, clinical programs and initiatives, pharmacy Lock-In programs, as well as the identification of potential FWA.

Our pharmacy team works closely with our care management team to respond to pharmacy utilization information by developing Member-specific interventions, as well as strategies and programs that address population health trends. This may include participation in care planning for Members with complex medication needs such as polypharmacy and psychotropic medications, medication reconciliation for Members transitioning from higher levels of care, and clinical consultation for PCPs addressing BH needs.

Our retrospective drug utilization review (RDUR) programs analyze pharmacy utilization patterns to identify opportunities to adjust our education and outreach programs for:

- Promoting appropriate prescribing
- Improving Member care through medication adherence and safety
- Reducing avoidable use of ER and inpatient services
- Addressing over- and under-utilization
- Reducing the number of unique drug products prescribed per Member
- Identifying potential FWA

In addition to RDUR, ***our prospective drug utilization review performs real-time drug utilization analysis at the point of prescription dispensing, thus providing an innovative clinical decision-support tool for our Providers***. Each electronically transmitted claim is reviewed to identify pertinent clinical safety or utilization concerns and generates an alert to the dispensing pharmacist in real time before the Member receives the prescription.

C.10.b. Utilization Management Program

b. Describe the Vendor's proposed Utilization Management (UM) Program, assuring that it addresses requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices." In the description, include information about the following, at a minimum:

i. Approach to align the UM Program with the Department's required clinical coverage policies.

ii. Proposed evidence-based decision support tool(s).

iii. Innovations and automation the Vendor will implement, for example, to reduce provider administrative burden under the UM Program.

iv. Methods and approach to balance timely access to care for Enrollees with the administration of the UM Program.

v. Approach to integrate medical and behavioral health services in the UM program.

vi. Approach to ensure UM Program is compliant with mental health parity.

vii. Approach to ensuring accountability for developing, implementing, and monitoring compliance with Utilization policies and procedures and consistent application of criteria by individual clinical reviewers.

viii. Processes and resources used to develop and regularly review Utilization Review (UR) criteria.

ix. Prior Authorization processes for Members requiring services from non-participating providers or expedited Prior Authorization, including methods for assuring services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope.

x. How the Vendor will use its Utilization Management Committee to support Utilization Management activities.

i. Alignment with Required Clinical Coverage Policies

i. Approach to align the UM Program with the Department's required clinical coverage policies.

Anthem's UM Program is Aligned with the DMS-Required Clinical Coverage Policies

We align our UM program with DMS's clinical coverage policies and assure compliance with Kentucky's definition of medical necessity. To assure alignment, actively participating Kentucky Network Providers are involved in developing, adopting, and reviewing criteria through our MAC (the UM Committee). Our established hierarchy of criteria is based on local DMS coverage determination guidelines, State and federal guidelines, followed by nationally recognized, evidence-based criteria, InterQual, applicable CMS coverage determinations and clinical coverage policies that have been prior approved by the State. Our process and tools are also flexible enough to include special considerations for each determination — such as availability of services within a Member's geographic area and psychosocial situations impacting a Member's ability to access services. While we use these evidence-based criteria to guide clinical decision-making, they do not replace the clinical judgment of our clinicians and Medical Directors.

Anthem's UM Program Consistently Meets NCQA and DMS Requirements

Our UM program is guided by a written UM Program Description, as well as nationally recognized medical policy and clinical guidelines. Our program has been most recently reviewed by our External Quality Review Organization (EQRO) in 2018 and received a 100% Full Compliance score for the UM file review. In 2017, Anthem was reviewed by NCQA and scored 100% in the UM standards. Our program also benefits from NCQA Managed Behavioral Health Organizations (MBHO) accreditation and features a local integrated UM program based on more than six years of experience serving Kentucky's Medicaid population. ***We deeply understand our Kentucky Members' unique needs and the capacity of the local delivery system. We deliver UM processes and an overall UM approach tailored to the Kentucky Medicaid program.***

Committed to the Future of Kentucky Medicaid

Designed to Address Each Member's Unique Needs

Our established procedures for applying medical necessity criteria prioritize individual Member needs and assess the availability of services within the local delivery system. We promote health using an integrated and holistic UM approach that addresses both PH and BH conditions, as well as SDOH, whereby Anthem clinically responds to the unique needs, experiences, and situations of each Member. We consider Members' home environments, family and caregiver supports and resources, cultural and linguistic needs, and social circumstances, as well as characteristics of the local health care system when making medical necessity decisions. Our Medical Directors, UM leadership, UM Clinicians, and Care Managers work collectively to verify that PA, concurrent, and retrospective review decisions are based on medical necessity and appropriateness in setting, Contract provisions, and Covered Services. At times, as indicated, we conduct peer reviews with treating Providers to make sure requested Member services are authorized in the most appropriate setting, based on medical necessity and considering the individual needs of the Member. ***Our goal is to always seek to improve health outcomes, reduce the likelihood of low-value care, unnecessary and inefficient services, and to safeguard patient safety.***

Strong Protocols, a Rigorous Process, and Responsive Assessment of Member Needs Guide Our UM Program

Our UM team applies DMS-approved medical and BH guidelines in accordance with DMS-approved policies when reviewing service authorization requests. In reviewing cases for medical necessity, our Medical Directors balance the objective of supporting Providers in exercising professional judgment and making informed decisions, with the objective of promoting consistent use of effective, established evidence-based guidelines for each Member's condition. We apply medical necessity criteria based upon individual Member needs and a thorough assessment of specific services available within the local delivery system. Our procedures are established, consistent, and apply to all PA, concurrent, and retrospective reviews. We engage Providers in collegial discussions to negotiate a treatment plan that is mutually satisfactory and appropriate based on Members' unique case histories. UM Clinicians facilitate discussion of cases, asking for additional clinical information to clarify the need for services or finding an alternative service that would more appropriately address the Member's conditions. If no further information or alternative service can be identified, the UM Clinician forwards the request to a

Kentucky-licensed Medical Director for further review or to engage a peer clinician for further evaluation. Our goal is to be a clinical resource, not a roadblock to medical necessity criteria.

Anthem UM Clinical Hierarchy

Following application of Kentucky DMS and federal guidelines, we apply criteria for all care acuity levels based on the hierarchy below:

- ***InterQual.*** National, evidence-based criteria for medical necessity, clinical guidelines, and decision-support tools across the continuum of care. We use InterQual guidelines for both PH and BH determinations to assure consistent decision-making and compliance with mental health parity regulations and to assure the most appropriate level of care.
- ***Early and Periodic Screening and Diagnostic Treatment (EPSDT) Guidelines.***
- ***American Society of Addiction Medicine (ASAM).*** ASAM provides nationally recognized, evidence-based BH clinical guidelines for the treatment of SUD and addiction, including OUD.

If InterQual does not cover a BH service, Anthem will adopt the following standardized tools for medical necessity determinations — for adults: Level of Care Utilization System (LOCUS); for children: Child and Adolescent Service Intensity Instrument (CASII) or the Child and Adolescent Needs and Strengths Scale (CANS); for young children; Early Childhood Service Intensity Instrument (ECSII)

If we determine the above medical necessity criteria are not available for or do not address a service or a particular population, Anthem UM will propose medical necessity criteria to DMS for approval.

We review nationally recognized peer reviewed clinical practice guidelines (CPGs) from organizations such as:

- American Congress of Obstetricians and Gynecologists
- American Academy of Pediatrics
- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Practitioners
- American Heart Association
- Centers for Disease Control and Prevention
- Agency for Healthcare Research and Quality (AHRQ)

Anthem consistently collaborates with DMS to advance and improve Kentucky Medicaid coverage policy. In 2016, Dr. Thurman presented information from the American Congress of Obstetricians and Gynecologists on long-acting reversible contraception (LARC), specifically the immediate postpartum placement of LARC (intrauterine devices and etonogestrel implant) availability to our Members to DMS and all the MCO Medical Directors at the DMS Medical Director Meeting. He recommended to DMS that Providers should have the ability to place the device in the hospital and receive the same reimbursement as if the device were placed as an outpatient. DMS fully supported this initiative and additional postpartum coverage. Anthem led the way in Kentucky with reimbursement for postpartum placement of LARC and assured our clinical coverage policies aligned with the Commonwealth's.

ii. Evidence-based Decision Support Tools

ii. Proposed evidence-based decision support tool(s).

Our evidence-based decision support tools are included within ***Health Intech*** to help assure Anthem's consistent application of medical necessity criteria, clinical coverage policies, and clinical UM guidelines.

Clinical Decision-Support Tool Supports Application of Clinical Criteria

InterQual, a nationally recognized clinical decision-support tool and DMS preferred tool to support clinical decision-making for medical necessity, is incorporated into our UM workflow and available to UM Clinicians though Health Intech, our UM platform. UM Clinicians apply these evidence-based criteria in real time as a decision-support tool, combining information provided by the submitting Provider with the criteria.

Smart UM

Anthem has developed a best-in-class Smart UM process that uses proprietary support tools to create efficiencies for Providers and reduce administrative burden related to UM and PA. Using historical Member, Provider, and clinical data, Anthem automates decision-support rules for PA of inpatient and outpatient services in many cases. ***Smart UM improves the review and authorization process and will be implemented in Kentucky later this year.***

iii. Reducing Provider Administrative Burden Under the UM Program

iii. Innovations and automation the Vendor will implement, for example, to reduce Provider administrative burden under the UM Program.

We continuously evaluate new opportunities to reduce administrative burdens on Providers and eliminate barriers to medically necessary services for our Members, while developing systems to avoid the provision of unnecessary or inappropriate care. We recognize the importance of efficient and effective processes for Providers and believe our Network Providers have the experience and expertise to inform decisions regarding our UM program and our PA process. Provider input, in combination with our own analysis of utilization trends and DMS guidance, continuous monitoring of low-value care, and approval and denial rates for elective services, drives our process for continued innovations and administration simplification, including determining which services require PA. We have worked closely with Providers to reduce administrative burden under the UM program and have developed a number of strategies, tools, innovations, and automation to make it easy for Providers to interact with us, request authorizations, discuss complex care situations and Member transitions, and coordinate ongoing services. ***For example, upon review of utilization for physical, occupational, and speech therapy, we found Members were not over-utilizing these services. To lessen Provider administrative burden, in February 2018 we removed the precertification requirement for physical, occupational, and speech therapy for up to 20 visits.***

> Anthem determines whether a service requires Prior Authorization at the code level instead of the service group level. This process enhances efficiency in the application of our Prior Authorization criteria and provides for greater cost-effectiveness in our coverage of services.
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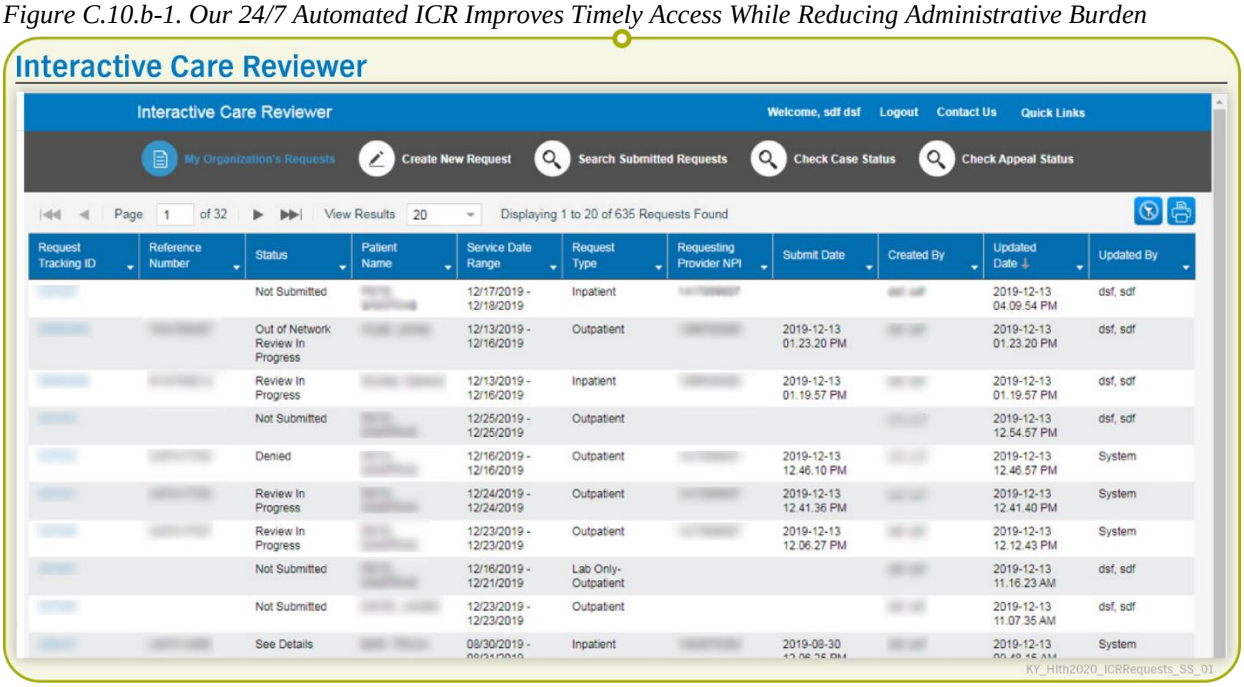
Innovative Tools to Reduce Administrative Burden

Interactive Care Reviewer (ICR)

ICR is a fully automated web-based decision-support tool (shown in Figure C.10.b-1) offered ***24/7 for Providers to submit PA requests, with immediate approval of requests that meet established criteria***. At any time, Providers can go back into ICR to view the decision from their ICR dashboard and the associated written communications provided to the Member and the Provider. If the ICR immediate authorization cannot be granted, Providers are given tracking information and notification when the review is complete, and a determination has been rendered on their request. ICR has existing edits to determine which services require PA. If a Provider submits a service that does not require PA, they will see this requirement does not apply. All authorization requests and immediate authorizations become part of the Member's personal health record and can also be accessed by the Provider through the portal. ***Providers can sign up for email notification at the time of submission, which will result in automated notification. At any time, Providers can go back into ICR to view the decision from their ICR dashboard and view the associated written communications provided to the Member and the Provider***. In 2019, Providers submitted 98,484 authorization requests, 12.2% (12,107) of which were submitted through ICR.

Figure C.10.b-1. Our 24/7 Automated ICR Improves Timely Access While Reducing Administrative Burden



Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Not Submitted		12/17/2019 - 12/18/2019	Inpatient				2019-12-13 04.09.54 PM	dsf, sdf
		Out of Network Review In Progress		12/13/2019 - 12/16/2019	Outpatient		2019-12-13 01.23.20 PM		2019-12-13 01.23.20 PM	dsf, sdf
		Review In Progress		12/13/2019 - 12/16/2019	Inpatient		2019-12-13 01.19.57 PM		2019-12-13 01.19.57 PM	dsf, sdf
		Not Submitted		12/25/2019 - 12/25/2019	Outpatient				2019-12-13 12.54.57 PM	dsf, sdf
		Denied		12/16/2019 - 12/16/2019	Outpatient		2019-12-13 12.46.10 PM		2019-12-13 12.46.57 PM	System
		Review In Progress		12/24/2019 - 12/24/2019	Outpatient		2019-12-13 12.41.36 PM		2019-12-13 12.41.40 PM	System
		Review In Progress		12/23/2019 - 12/23/2019	Outpatient		2019-12-13 12.06.27 PM		2019-12-13 12.12.43 PM	System
		Not Submitted		12/16/2019 - 12/21/2019	Lab Only-Outpatient				2019-12-13 11.16.23 AM	dsf, sdf
		Not Submitted		12/23/2019 - 12/23/2019	Outpatient				2019-12-13 11.07.35 AM	dsf, sdf
		See Details		08/30/2019 -	Inpatient		2019-08-30		2019-12-13	System

Smart UM

In 2020, Anthem will roll out our Smart UM process that uses proprietary support tools to create efficiencies for Providers and reduce administrative burden related to UM and PA. Using historical Member, Provider, and clinical data, Anthem automates decision-support rules for PA of inpatient and outpatient services in many cases.

PA Pass

PA Pass is a program designed to reduce the PA burden for select high-quality Providers. These Providers are allowed to by-pass the authorization requirement for a group of outpatient codes. Because of our commitment to reduce administrative burdens, our team of Network Relations Consultants work closely with these Providers to educate on which codes are on the PA Pass program so they do not unnecessarily need to call in to request Prior Authorization.

Gold Card Program with University of Kentucky Inpatient Psychiatric Facility

Gold Card status eases administrative burden for facilities demonstrating excellent standards of care and collaboration with all stakeholders. Anthem Kentucky Gold Card Providers are Network BH facility Providers that score more than 60% on the HEDIS 7-day FUH measure or have less than a 15% readmission rate. In general, Gold Card facilities receive five days of inpatient PA approval ("Gold Card Authorization Period") as long as the Member meets medical necessity criteria. Concurrent review will only be required if the Member readmits, or in instances where the initial Gold Card Authorization Period needs to be extended.

24/7 Provider Portal

Anthem's Provider website offers the latest Provider communication, toolkits designed to make the Provider's job easier, formularies, reimbursement policies, and a link to our Prior Authorization Look-Up Tool. The website delivers timely and relevant information, announcements, alerts, forms, and a listing of Network Relations Representatives by region for Providers, their staffs, and other stakeholders.

To further support Provider authorization requests, the portal includes evidence-based trainings and tools such as Clinical Practice Guideline directories and lists. As a well as lists of all UM PA policies in our Provider Look-Up Tool.

Electronic Medical Record Access Expedites Concurrent Prior Authorization Process, Reducing Provider Administrative Burden

Our concurrent review team accesses the electronic medical record of Norton Healthcare Hospitals and Medical Centers and the University of Kentucky Hospital and directly obtains clinical information proactively to support the PA process for Members currently receiving inpatient services. Through these actions, we expedite concurrent review PA processes, making the process more efficient for the facility staff, and assuring Members receive the care they need when they need it.

UM Optimization Tool

As an internal reporting innovation, we created the Anthem UM Optimization tool. We designed the tool to synthesize UM data and develop a report to help us manage our PA list, making sure we require review on the appropriate services, preventing undue burden on our Members and Providers for services that are infrequently denied for lack of medical necessity. This tool summarizes the number of reviews, approvals, and denials for each service. ***Ultimately, this report tracks whether the Prior Authorization we are requiring is economical and helps us adjust our PA requirements accordingly.*** This is an example of how we use reporting to make data-driven decisions, improving efficiency and Provider and Member satisfaction.

Streamlined Processes for Pharmacy Enhance Ease of Use

We have made additional improvements to our pharmacy service authorization process. We implemented ***electronic prior authorization*** (***ePA***) to reduce administrative burden and expedite approvals for prescribers. It builds upon e-prescribing processes with which many Providers are already familiar, and automatically generates approval notices to Providers in accordance with State and federal requirements.

In addition, ***AutoPA*** at pharmacy points of sale uses intelligent and automated logic that checks the prescription claims system against the Member's prescription profile and medical claim data to determine if the prescription meets established PA criteria. If the prescription is present and meets criteria, it will process without the need for a traditional PA. As an innovative clinical decision-support tool, AutoPA reduces Provider burden and eliminates delays for the Member. ***Use of integrated claims data and AutoPAs reduced our PA volume by 31% with our prior Pharmacy Benefit Manager (PBM), and we expect to see continued streamlining with IngenioRx.***

24/7 Access to UM Staff

To help assure timely access to support, we assure 24/7 availability of UM Clinical staff, and our Medical Directors are available seven days a week to assist UM Clinicians and Providers with PA consultation if needed.

- Providers can submit medical necessity determination requests as well as urgent and emergent requests 24//7 through our dedicated fax line, phone, and electronically through our Provider portal
- Member Services staff are available from 7:00 a.m. to 7:00 p.m. EST, Monday through Friday, except holidays for inbound UM calls and issues
- Providers can leave messages on our toll-free number after business hours, 24/7

We Work to Meet Member Needs Around the Clock

Anthem has Kentucky-licensed UM Clinicians available on a 24/7 basis for service authorization consultations.

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iv. Administration of the UM Program to Assure Timely Access to Care

iv. Methods and approach to balance timely access to care for Enrollees with the administration of the UM Program.

Anthem's UM program is founded on the principle that Members should consistently have timely access to care, be treated in the most integrated settings possible, and have a choice of where they go for services. Therefore, we recognize the importance of providing a timely response to Provider requests for PA. ***In 2019, our average timeframe for medical necessity determinations met the goals for DMS' most recent and more stringent required timeframes for UM approval and denial decisions.*** We inform our Members of these rights in the Member Handbook and in all of our care management interactions. Further, we work to minimize denials: ***in the second quarter of 2018, our outpatient PA denial rate was 11.1%; as of the first quarter of 2019, this rate was reduced to 8.9%.*** Further, we make surge staffing available to accommodate and rebalance work queues in order to meet or exceed TAT requirements.

The UM team regularly reviews our TAT Compliance Report to make sure compliance rate of utilization review is within the DMS-required TATs of 24-hour for concurrent reviews; two

business days for pre-service reviews; and 14 calendar days for retrospective reviews. We review this report monthly to make sure we are meeting our strictest decision TATs and can take timely action when needed.

Prioritizing Timely Access to Care for Members Within the UM Program

Timely access to care is dependent on efficient and effective UM processes and timely approval of PA requests. Through daily meetings, we manage and monitor inventory and staffing. For example, through these meetings, we have established prioritization queues (such as a discharge planning outpatient queue) and escalation processes to efficiently prioritize UM workloads. Additionally, we have continued to review and enhance our UM processes, tools, and workflows to improve TAT from the point of the authorization request through determination and notification. Another strategy we take to assure timely access to care is to assign UM Reviewers to particular facilities; we currently co-locate one UM Reviewer at the University of Kentucky hospital.

Continuous Review of Prior Authorization Requests and Feedback from Providers

We pay careful attention to Provider input about whether a PA requirement is burdensome or unnecessary, and systematically track Provider complaints by subject every month as part of our QM program. When there are denials, it is often due to a lack of information, so we try to guide Providers to give us all the necessary information for an approval. QM staff report trends to Anthem leadership. To the extent there are negative trends, we develop interventions or policy changes to address them. ***For example, we noted a trend that anesthesiologists were receiving denials for administering pain blocks during outpatient procedures because the pain block required a PA. The intent for this PA requirement was for pain management injections, not for pain blocks after surgery. Based on this, we collaborated with our Claims department to remove this PA requirement for anesthesiologists.***

Provider Satisfaction With UM Increased Across All Three Measures in 2019

- Efficiency of UM process
- Timeliness of MD response
- Pre-authorization process

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We also get regular Provider feedback about our PA list, process requirements during peer-to-peer discussions, and pay close attention to issues identified in those communications. Quarterly and annually, we collect Provider satisfaction data regarding our UM processes, PA, and responsiveness. We value Provider feedback to help inform review of our UM processes because it is key to improving Member care, and we incorporate results into our QM program. For delegated UM, we monitor Provider and Member complaints, appeals, and UM trends through regular delegation oversight meetings.

For services Anthem has determined require PA, only the minimally necessary information will be requested. Our intent is to not make the process or information required be overly burdensome for the Member, the practitioner, staff, or the health care facility staff. Clinical information received, as well as rationale for the medical necessity determination, including any information supporting a specific setting or level of care (as appropriate) is documented and maintained in our Health Intech platform.

Monitoring to Assure Consistent Application of UM Criteria and Guidelines

We verify the consistent application of clinical UM guidelines through our IRR testing of all UM staff, along with regular auditing of the process through our PIE audits.

Table C.10.b-1. Our PIE Audit Scores Demonstrate Our Consistent Use of Appropriate Criteria

	Goal	Q4 2018	Q1 2019	Q2 2019	Q3 2019
UM PH	95%	96.7%	97.03%	97.03%	97.03%
UM BH	95%	95.8%	96.5%	97.6%	97.6%

Whole-person Utilization Management Determinations

To balance timely access and appropriate care for Members, our UM program is designed to consider multiple and complex factors in authorizing services. It is crucial that our UM program is flexible; easy to use for Providers; efficient for internal staff to apply clinical criteria; and assures we meet our fiscal responsibility and are a good steward to our State partners. For hospitalized Members with chronic or complex comorbidities who require more intensive or integrated coordination, our UM Clinician will connect with our Care Managers to increase the intensity of interventions in the Member's care plan. The Care Manager may conduct a face-to-face visit with the Member at the inpatient setting, or with Providers, family members, or others involved in the Member's care.

For all Members, but especially for those with complex or comorbid conditions and multiple admissions, we also consider the Member's home situation and authorize more days based upon clinical need to assure safety and support for the Member. When we receive requests for BH inpatient services we consider suicidal risk or danger to others, presence of acute psychotic symptoms, level of functional impariment, self-injury, or uncontrolled risk-taking behaviors. Our integrated acre management and UM programs are beneficial here. For example, if a child Member goes to the ER experiencing a BH crisis, the UM Manager contacts the Caare Manager to confer on the case as soon as UM is notified. A children's Care Manager is assigned according to the presenting issue. The Care Manager contacts the hosptial representative to identify the best placement option and contacts the parnets or guardian to give them their name and contact information to begin transitioning the child to the best care settling.

Often times Members with SUD have difficulty adhering to treatment. Care Managers connect these Members with Providers and community and peer supports that can assist in their recovery. For example, we might offer the Member a sober-living environment to encourage recovery if their home environment enables substance use, or we may offer a specialized residential program for a pregnant Member with a history of substance use to reduce the potential for harm to her and her baby. In all of these cases, Member needs guide UM processes to assure good outcomes for our Members and their community.

Consideration of Services That Are Needed Short-term Versus Long-term

Although the protocols are the same, Anthem further balances our goal to assure Members have timely access to care with the administration of our UM program by following different processes for services that are needed long-term versus short-term. For services needed over the long-term, we refer the case to a Care Manager to provide coordination and eliminate any gaps in care. Most importantly, the referral to a Care Manager assures that one individual is responsible for making sure

the Member's services are received promptly and there are no gaps in care; coordination with UM is key to this goal.

We may authorize maintenance services and therapies for extended periods of time, such as for children with developmental delays that will not see improvement in goals in a short period. In these cases, we approve the service as recommended in the plan of care for up to six months, as long as it is medically necessary. This proactive approach facilitates continuity of care and reduces the risk of unnecessary gaps in the treatment plan. We do this to reduce waste and balance timely access to care with administrative protocol.

When a course of treatment involves an extended period, we ask treating Providers to include that information on the initial service authorization request. When the request is approved, we maintain that information in Health Intech so the service authorization can be extended for a longer period when the updated request is received.

Member Needs Drive UM Decisions

A 55-year-old patient was brought to the Emergency Room after being found nonresponsive. He was admitted and intubated due to severe swelling of his tongue. The patient was then admitted to the Intensive Care Unit for care, with the diagnosis of acute respiratory failure. One month later, the facility determined the patient was stable to discharge, despite his inability to sit up for eight hours. It was determined that the patient needed physical therapy, had cognitive deficits, and could only consume thick liquids.

Anthem advocated for the Member and agreed to approve rehabilitation; however, the Member would not agree. The facility arranged to send him home via a 10-hour bus trip leaving at midnight that night. Anthem's Medical Director contacted the hospital to collaborate for a safer discharge, discussing ambulance transport. Anthem's Care Manager also contacted the facility's social worker to advocate for ambulance transport.

As a result of Anthem's efforts and advocacy on behalf of the Member, an additional three day stay was approved and ambulance transport was arranged to assure the Member's safe trip home. Once home, the Member followed up with his PCP and received six weeks of skilled nursing and physical therapy.

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Example 1: Balancing Access with UM Administration — Thoughtful Protocol for Members with Special Health Care Needs

Anthem recognizes the importance of continuity of care, particularly for Individuals with Special Health Care Needs (ISHCN) who are at greater risk of under- and over- utilization and potentially preventable events. We have designed thoughtful protocols and clinical programs to proactively support these Members and to quickly accommodate change in conditions. Key to this is the close coordination of our UM and care management Clinicians. They work together to proactively identify authorizations before they expire for Members actively engaged in care management. We develop policies to make sure we are not a barrier to getting necessary care for these Members.

We also developed specific protocols to assure continuity of care for particular populations. Examples of our thoughtful approach, developed over the course of six years working with populations with specialized needs in Kentucky Medicaid, include the following:

- For our youngest Members with more complex needs, we approve up to six months durable medical equipment (DME) supplies, therapy, and other services based on their individualized care plan, to keep the child in the home where they are more likely to maintain a higher level of functioning and quality of care.

- When a Member receives fracture care in the ER and is treated by an out-of-network orthopedist, we cover follow-up care with the out-of-network orthopedist until the treatment plan is complete.
- When Members need anti-psychotic medications in a long-acting injectable form, these medications are typically authorized for 12 months.

Example 2: Balancing Access with UM Administration — Coordination of UM and Care Management

We have an inpatient care management team that reviews all Members admitted to a hospital and works closely with the hospital discharge planners to be sure needed services are in place, including referrals to care and chronic condition management. Our UM and care management teams maintain and support open lines of communication and collaboration with hospital staff from the Member's admission to the date of discharge. When a Member is in the hospital or in any other inpatient acute care setting, our UM Clinicians make sure the review process incorporates the use of established decision criteria to approve appropriate medically necessary care and assign the most appropriate level of care for continued medical treatment.

v. Integrating Medical and Behavioral Health Services

v. Approach to integrate medical and behavioral health services in the UM program.

Our fully integrated and person-centered care management model incorporates all aspects of physical (medical), BH, and social needs within Anthem. This comprehensive approach, connecting UM with care management, is further supported by our ***Population Health Management*** team, providing community-based care management supports focused on Members' SDOH needs. Our UM program manages medical, behavioral, and pharmacy services, supporting a holistic view of the Member and helping us to better manage the provision of Covered Services based upon the individual needs of our Members.

Anthem's UM Program Integrates Medical and Behavioral Health Services

George was hospitalized for sepsis and needed several weeks of IV antibiotics. He also was given IV morphine and Percocet for his pain. George had been in recovery for over 20 days due to a heroin addiction. Speaking to his Anthem Discharge Planner for 40 minutes, George consented to our management and substance use treatment, recognizing that he was triggered by the medications and IV. Anthem supported George with integrated care by arranging his transfer to a residential treatment facility where he received his physical health treatment, IV antibiotics, and substance use counseling concurrently.

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Because ***we are fully integrated and manage all aspects of the Member's care,*** including BH and social needs, our UM processes prevent fragmentation of UM decision-making and denials***. We do not outsource Behavioral Health.*** Our UM Clinicians are trained to consider not only PH and BH Member needs, but also biopsychosocial needs that may influence decisions. ***Our medical necessity review process assures each request is reviewed on a case-by-case basis, considering the specific needs of each Member at the time of the request.*** We are acutely aware of, and responsive to, the different needs of Members with multiple chronic conditions. UM Reviewers consider the severity of illness, presence of multiple conditions (complex medical conditions, pregnancy, SUD, DME, and pharmacy requests), episode-specific variables, and level-of-care alternatives for the needs of adults, adolescents, and children. We evaluate

application of our criteria based on individual Member needs and preferences, an assessment of the availability of services within the local delivery system, and the treating Provider's request**.**

Some ***key features and examples*** of our integrated UM approach include:

- ***Integrated Health Intech Platform.*** Health Intech supports timely and efficient authorization determinations, assuring compliant service determination decisions, consistent application of clinical criteria, and reducing Provider administrative burden. Our clinical workflow system supports an integrated approach to UM, processing all PH and BH service authorization requests. As authorization requests are processed, they are sent automatically to our clinical rules engine and core operating systems, where the authorization is captured for claim payment. Automated Health Intech features supporting UM activities include:
  - Automated routing of new authorization requests to appropriate internal team
  - System date and time stamps
  - Electronic capture of Provider submitted information to support UM decisions
  - Links to useful tools, such as InterQual guidelines, CPGs, and Preventive Health Guidelines, and the Members' personal health record, to enhance whole-person care and efficiency
  - Documentation such as UM letters, Member care plans, progress notes
- ***Integrated Staff.*** Our Kentucky-based Clinical team is comprised of physical, behavioral, and pharmacy staff with extensive experience serving Kentucky Medicaid Members. This cohesive, integrated approach supports our Population Health Management program. We have also provided focus training and additional support for special needs such as autism, transgender, SUD, and Trauma-informed Care.
- ***Integrated Training.*** Our UM Clinicians are trained to identify comorbid PH and BH conditions that may affect a Member's ability to receive the right care in the right setting. For these staff, we offer an Integrated Care Management Certification program.
- ***Integrated Rounds.*** Through integrated rounds, Clinical staff meet with our PH and BH Medical Directors, including Kentucky-licensed psychiatrist Dr. Kelita Wiley, to consult on Members with comorbid conditions, including those who are currently inpatient or with the most complex cases. This collaborative approach provides the team with an opportunity to develop innovative strategies to determine the best path to support the Member and remove barriers. Every two weeks, we hold rounds with BH and PH Providers where Care Managers present cases and seek guidance from Anthem's medical and BH doctors on staff.
- ***Integrated Care Pilots.*** We are committed to implementing innovative, integrated solutions that address the whole-person needs of Members. For example, we are working with Stepworks and Centerstone facilities in Kentucky to pilot a program where Members may receive IV therapy concurrently with intensive outpatient or residential substance use treatment.

vi. Compliance with Mental Health Parity

vi. Approach to ensure UM Program is compliant with mental health parity.

Our Kentucky staff were early adopters in customizing our UM approach to mental health parity rules. Facilitated by our BH Director in 2016, together, with DMS, we completed a complex parity analysis on Member access by type, category, and location of service. Our plan

was compliant with federal Mental Health Parity and Addiction Equity Act (MHPAEA) 2008 rules and had no deficiencies.

Anthem's UM Program Fully Complies with Mental Health Parity

Anthem brings all of our health care resources and experience to our Members in Medicaid with mental health and substance use issues. Our PA, medical necessity criteria, Network policy, and procedures are in compliance with the federal MHPAEA and 42 CFR Part 438 Subpart K. We provide criteria for medical necessity determinations for mental health and SUD benefits to any Member, potential Member, or Provider and by request, per 42 CFR §438.236(c) and 438.915(a). We adjust services and Subcontractor relationships as needed to remain in compliance with DMS parity reviews.

To make sure we maintain and continually evolve our care delivery for Members with BH needs, we regularly participate in Anthem national-level parity initiatives. For example, we participate in our Ultimate Parent Company's ***Anthem Parity Governance Committee (APGC)***, which reports into the Medical Compliance Committee as well as Clinical Quality Committee and the Commercial Compliance Committee. Table C.10.b-2 details the APGC meeting frequency and activities. APGC meets at least twice a year and provides a semi-annual executive summary to all committees. The APGC meets on a monthly basis and no less than six time per year. APGC activity supports our individual health plan efforts and gives us oversight and guidance in sustaining compliance with the MHPAEA.

Table C.10.b-2. APGC Activities at the National-Level Support Our Kentucky Mental Health Parity Compliance

APGC Meeting	Description
Frequency	APGC meets at least twice a year and provides a semi-annual executive summary to all committees (Medical Compliance Committee as well as Clinical Quality Committee and the Commercial Compliance Committee)
Activities	In meetings, APGC members conduct the following activities: • Provide constructive feedback to maintain and sustain parity compliance • Approve parity policy decisions • Review and monitor corrective action plans for regulatory inquiries and audits • Review cost of care initiatives to assure parity is not impacted; evaluate plan design and internal process and procedures for BH parity compliance • Approve the annual plan, performance metrics, and monitoring

Anthem further confirms compliance with Mental Health Parity Requirements by:

- Confirming medical management techniques applied to mental health or SUD benefits are comparable to and applied no more stringently than the medical management techniques applied to medical and surgical benefits
- Assuring compliance with MHPAEA for any benefits offered by Anthem to Members beyond those specified in the State Medicaid plans
- Making medical necessity determinations for mental health or SUD benefits available to any current or potential Member or contracting Provider upon request
- Providing Members the reason for any denial of reimbursement or payment for mental health or SUD benefits
- Providing out-of-network coverage for mental health or SUD benefits when made available for medical and surgical benefits

Our Anthem UM program conducts systematic evaluations to assess compliance with Mental Health Parity Requirements whenever policies, processes, or workflows are adjusted.

Furthermore, we provide training on mental health parity to UM staff at new hire orientation and annual education and training on the topic. We will submit our written policies and procedures for complying with the MHPAEA to DMS annually as required. Our strategies, evidentiary standards, and processes for reviewing treatment services are not more stringent than those in use for medical and surgical benefits in the same classification when determining to what extent a benefit is subject to non-quantitative treatment limitations (NQTLs). Anthem is dedicated to the principle that mental health and substance use services should be provided at the most integrated level of care while assuring safety, effectiveness, and a focus on recovery and resiliency.

vii. Ensuring Compliance with Utilization Policies and Procedures

vii. Approach to ensuring accountability for developing, implementing, and monitoring compliance with Utilization policies and procedures and consistent application of criteria by individual clinical reviewers.

Our UM policies and review practices affirm that Covered Services are medically necessary and not arbitrarily or inappropriately approved, denied, or reduced in number, duration, or scope because of a diagnosis, type of illness, or condition. Our approach to safeguarding accountability of this process incorporates:

- A comprehensive monitoring program including annual IRR audits, on demand reporting and analytics, and additional oversight, reporting, and resources from our national PIE program
- A multi-layer process including direction from clinical experts and physician feedback for developing, reviewing, and obtaining approval of UM policies and procedures
- Comprehensive staff training to assure the consistent implementation of UM policies and procedures

In full compliance with DMS requirements, compensation to individuals or entities that conduct UM activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any Member. All staff involved in making utilization or service authorization decisions are required to sign an Affirmative Statement regarding compensation annually. Compensation or incentives to staff, Providers, and Subcontractors, based on the amount or volume of adverse determinations; reductions or limitations on lengths of stay, benefits, or services; or frequency of telephone calls or other contacts with health care practitioners or patients is prohibited. Further, we do not permit or provide compensation or anything of value to our Network Providers, staff, employees, and Subcontractors based on the percentage of the amount by which a claim is reduced for payment, or the number of claims or the cost of services for which the person has denied authorization or payment; or any other method that encourages the rendering of an adverse determination.

Assuring Accountability for Monitoring UM Policies and Procedures

Anthem implements two primary processes to assure compliance with UM policies and procedures and consistent application of criteria: IRR and our PIE program, these are detailed in Table C.10.b-3.

Table C.10.b-3. Processes to Assure Compliance to UM Policies and Procedures

Process to Assure Compliance	Description
IRR	We conduct annual IRR audits to evaluate our consistency and accuracy in applying UM criteria and help us assure we are treating Members and Providers fairly and consistently in our delivery of Covered Benefits and services.

Process to Assure Compliance	Description
PIE	In addition to our IRR process, our multi-faceted PIE program provides additional safeguards to assure the consistent application of review criteria for authorization decisions. It continuously evaluates our UM program using monthly clinical and non-clinical audits (including call reviews), outcomes reporting, and process validation for compliance with UM policies.

Inter-rater Reliability and Performance Improvement and Enhancement Audits

UM Performance Monitoring is a formalized function within Anthem. Our monitoring activities help us identify opportunities for improvement that can lead to delivery of higher quality services, more efficient operations, and improved Member and Provider satisfaction. Through IRR and PIE audits, we validate our UM clinical staff adherence to our adopted criteria and processes and assure the consistency and appropriateness of medical necessity determinations. This process helps to minimize variation in the application of criteria and identify areas most in need of improvement.

We conduct an NCQA-approved IRR audit of all Kentucky Medical Directors and UM Clinicians. Our audit program uses hypothetical UM test cases or a sample of UM determination files along with an NCQA-approved auditing method to evaluate the consistent application of criteria. ***Medical Directors or UM Clinicians who do not meet the targeted standard are subject to a corrective action plan to bring their performance up to plan expectations.*** The goals of our Inter-rater Reliability program are to:

- Measure knowledge and appropriate decisions based on federal or DMS specified criteria, and Anthem medical policies
- Minimize variation in the application of criteria
- Enhance staff recognition of potentially avoidable or inappropriate utilization
- Identify staff who need additional training
- Identify potential risks resulting from inconsistent application of guidelines
- Have the knowledge and resources needed to identify potentially avoidable or inappropriate utilization, including potentially preventable admissions, readmissions, and ER visits

Anthem conducts annual IRR reviews of our Clinical teams; our UM team scored a total 95% on the 2018 IRR review. Results are reported to each department lead and our Kentucky Chief Medical Officer, UM Committee, and QMC annually as required. Opportunities for improvement are identified and addressed by individual action plans.

Individual performance and Anthem results are reported to our Kentucky Medical Directors, UM Committee, QMC, and MAC annually. Our PIE program supports consistent application of review criteria for authorization decisions and continuously evaluates our UM program using monthly clinical and non-clinical audits (including call reviews), outcomes reporting, and process validation for compliance with UM policies. Since implementation of the PIE program, we have seen clinical staff adherence to process and UM criteria improvement. Audits are performed monthly to look for compliance with policies and procedures, medical necessity criteria, documentation, process flow and TATs. If any individual reviewer drops below 95%, they are flagged for performance improvement. As illustrated in Table C.10.b-4, from ***Q2 2018***

through Q1 2019, our audit score indicated that our UM Clinicians are meeting or exceeding all performance goals.

Table C.10.b-4. UM Clinicians Meet or Exceed Performance Goals

	Goal	2nd Quarter, 2018	3rd Quarter, 2018	4th Quarter, 2018	1st Quarter, 2019
UM PIE Results	95%	98.5%	96.3%	96.7%	97.0%

The PIE program includes the following components:

- The ***Clinical and Non-clinical Auditing program***, which plays an integral role in driving performance improvement by continuously evaluating our staff's UM activities. The program objectively monitors and evaluates the appropriateness and quality of services provided to our Members and is designed to make sure our UM processes are applied consistently. Attention is paid to adherence with new or updated processes and criteria to make sure we catch and intervene on issues in between our annual IRR audits with one-on-one coaching or UM team retraining and the development of additional learning opportunities.
- The ***Reporting program*** within the PIE team directly supports the work of the Clinical Audit program by regularly developing and issuing reports to our directors and managers, senior leadership, clinical leadership, and our national Program Delivery teams and Quality Committees. PIE reports summarize the clinical audit results, identify areas for improvement, and create enterprise trend comparisons that help our UM leadership prioritize necessary trainings or process changes.

The audits identify staff who need additional training, as well as opportunities for new training modules or refreshers that would benefit the entire UM team. We report IRR and PIE results to our QMC to identify areas for improvement and develop action plans. If a clinician falls below our IRR compliance threshold of 90%, and PIE compliance threshold of 95%, we develop an individual corrective action plan to address the deficiency. These evaluations may also be used to inform areas of workflow adjustments, identify areas for improvement, and create enterprise trend comparisons.

Assuring Consistent Application of Pharmacy Criteria by Clinical Clinicians

We conduct clinical reviews through PA of select services and point-of-dispensing reviews at Network pharmacies and during Care Manager contacts with Members enrolled in care management:

- Our PA process requires UM employees to comprehensively and continuously review case records and assess Member needs.
- Care Managers confirm Member's receipt of services as authorized in the Member's care plan during ongoing contact with the Member, family, or the Member's representative.
- We conduct retrospective clinical reviews during the claims process.

While we focus heavily on pre-payment activities, we also use proactive, analysis-driven, post-payment review to identify erroneously billed claims and behaviors undetectable by upfront edits. Our detection systems and resources include state-based and national medical management staff available for training and analysis, facility site data, membership information, medical record reviews, field staff information, and databases. We apply sophisticated detection tools during post-payment claim review (as part of systematic data mining) and during referral follow-up that have been proven effective in detecting FWA and recovering inappropriate payments

with our affiliates. Via post-payment reviews, we confirm claims were paid pursuant to Contract terms and applicable laws.

Holding Subcontractors to Our Strict Standards

We make sure our Subcontractors have processes to apply review criteria consistently during pre-delegation activities and our robust annual oversight review. No less than annually, we review the clinical criteria adopted by the Subcontractor to validate that it is consistent with Anthem's criteria. ***In addition to our annual review, we evaluate any changes Subcontractors make to criteria as they occur.*** For Subcontractor oversight audits, we incorporate the Subcontractor's review criteria into our annual oversight review process, which includes an evaluation of the process the Subcontractor uses to audit and monitor consistency in application of their adopted review criteria.

Approach to Assuring Accountability for Developing Policies and Procedures

Anthem's process for assuring the appropriateness of our UM criteria involves ***two layers*** of review and approval:

- The ***first layer*** of review and revision occurs at the health plan level through our local committee structure, which includes practicing, licensed Kentucky Clinicians, to help assure a flexible, local approach designed specifically to accommodate the characteristics of our care delivery system, DMS requirements, and our Members' needs.
- The ***second layer*** of review occurs at the national level. Our Ultimate Parent Company, Anthem, Inc., adopts and annually updates medical policy and clinical guidelines with input and approval by all affiliated Medicaid health plans.

Both the national and local layers of review involve significant input from the Provider community. ***Anthem Medicaid Medical Director Dr. Peter Thurman participates in both the local and national review and revision processes to assure UM policies and procedures reflect local Kentucky changes.***

National Resources Rigorously Review Medical Policy and Clinical Guidelines

Our Anthem Medicaid Medical Director Dr. Peter Thurman participates in the Medical Policy and Technology Assessment Committee (MPTAC), a national, multidisciplinary group that includes Network Providers from various specialties, clinical practices, and geographies. Each year, it reviews, updates when appropriate, and approves medical policy and clinical guidelines. When reviewing and updating the medical policy and clinical guidelines, it considers information from sources that include electronic literature searches; independent technology evaluation programs; and materials published by professional associations (such as the Blue Cross Blue Shield Association), technology assessment entities, appropriate government regulatory bodies, and national Provider specialty societies.

Final Medical Policy and Clinical Guidelines Adopted at the Local Level

Anthem's UM policies and clinical guidelines are based on the national criteria adopted by the MPTAC each year but undergo a rigorous review process to assure appropriateness in administering Kentucky Medicaid benefits for PH and BH services. Our Medical Director oversees the development and review of all UM and medical policies and clinical guidelines, and local Providers on our MAC review, provide input, and approve the criteria before use. The

MAC brings knowledge and perspective of the local Medicaid delivery system to help us make sure our UM criteria, including levels of care, is appropriate for administering Kentucky Medicaid benefits that meet the needs of our Members.

Our adopted medical policies and clinical guidelines become an essential tool in our Network Providers' toolkits that helps to define the most appropriate treatment and setting and assure consistency of care for all our Members. In the review of medical policies and clinical guidelines through our MAC, we gather and listen to feedback from Network Providers to make sure our UM criteria is clinically based but can also take into account individual Member needs and clinical and environmental factors.

Assuring Accountability for Implementing UM Policies and Procedures: UM Staff Training

Assuring consistent application of UM review criteria begins with our robust ***Anthem Training Academy*** (Academy). We leverage our Academy to meet the training needs of staff, Providers, Members, and other stakeholders. Our UM Clinicians complete a ***three-week classroom curriculum and two-week preceptor training program***. The Training Academy includes specific training modules for general topics such as:

- Overview of Medicaid and Medicare
- Treating the whole person (PH and BH)
- Legal and ethical issues
- HIPAA
- Review of medical policies and clinical UM guidelines, including making appropriate clinical decisions
- Day in the life of an UM Clinician
- Understanding authorizations

We supplement these general topics with ***in-depth, micro-learning exercises*** for:

- System training
- Inpatient daily census
- Emergent and planned inpatient admissions
- Initial length of stay
- Concurrent reviews
- Authorization timeframes, based on State requirements
- Discharge planning
- Person-centered and trauma-informed principles
- Pharmacy authorizations
- Preparing for rounds

These exercises include skill practice scenarios with checkpoints, quick reference guides, identification of available tools and resources, and error and warning messages to help guide the new employee.

One to two weeks of on-the-job training follows the intense classroom programming. During the on-the-job training, new employees work real cases under the careful guidance of preceptors, managers, and team leads. They are then closely monitored for an additional 90 days to answer questions, clarify processes, and identify and use errors as additional teaching opportunities. After the 90-day period, and only after they have demonstrated a thorough understanding of our UM process and procedures, can new employees work independently.

Importantly, we reinforce our comprehensive training for seasoned staff with refresher courses and ongoing review of unique cases. The UM team meets monthly to review actual scenarios and answer questions like those included in our annual IRR audit. We then discuss the case as a team, answer questions, and make sure everyone understands how we applied the criteria. If the scenario was difficult, or produced lower-than-average scores, we forward the scenario to a Medical Director who will conduct a separate in-service on a similar case in the future, emphasizing the applicable criteria and key information to look for during a review.

viii. Utilization Review Criteria

viii. Processes and resources used to develop and regularly review Utilization Review (UR) criteria.

Anthem reviews and updates Utilization Review (UR) criteria at least annually and more often when Commonwealth requirements or utilization trends require revisions. Maximizing the delivery of appropriate medical and BH services and minimizing occurrences of over- and under-utilization is a primary function of our UM program. Medical necessity guidelines are adjusted after review of clinical indications for new medical services or procedures and new uses of existing services or procedures. We promote health among our Members by using an integrated and holistic UM approach that addresses both PH and BH conditions as well as SDOH, responding to the unique needs and situation of each Member. We consider Members' home environments, family and caregiver supports and resources, cultural and linguistic needs, social circumstances, and characteristics of the local health care system when making medical necessity decisions.

If it is determined that one of the medical necessity criteria is not available or not specifically addressed for a service or for a particular population, we submit the proposed medical necessity criteria to DMS for approval and will attest annually to the criteria being used, as well as for our Subcontractors. The criteria's comprehensive range of level-of-care alternatives is sensitive to the differing needs of adults, adolescents, and children. When using the criteria to match a level of care to the Member's current condition, all reviewers consider the severity of illness and comorbidities, as well as episode-specific variables. Their goal is to view Members in a holistic manner to assure they receive necessary support services within a safe environment optimal for recovery. These criteria and guidelines are objective and provide a rules-based system for screening proposed medical and BH care, based on patient-specific, best medical care processes. They consistently match medical services to patient needs, based upon clinical appropriateness of services across the continuum of care — prospectively, concurrently, and retrospectively.

Anthem Committee Involvement in UR Criteria Development and Review

The UM Committee and QMC review and approve the Anthem UR criteria, at least annually. Once criteria are first approved for use by DMS, we bring them to the MAC and QMC for feedback, review, and adoption.

InterQual

Anthem annually licenses, adopts, and uses InterQual care guidelines. InterQual provides an annual update of their guidelines with each new edition release. OMPTA reviews the new edition and presents revisions or changes to MPTAC. A post-MPTAC summary grid sharing additional detail on the InterQual guidelines is then published for all health plans. Updates are published internally, and updated training is conducted, as needed.

ix. Prior Authorization Processes

ix. Prior Authorization processes for Members requiring services from non-participating Providers or expedited Prior Authorization, including methods for assuring services are not arbitrarily or inappropriately denied or reduced in amount, duration, or scope.

We designed our workflow, policies, and processes for timely utilization decisions that accommodate the clinical urgency and necessity of any situation. ***Our UM Clinical staff are available 24/7 to assist Providers with urgent or emergent requests.*** Anthem takes a "no wrong door" approach to authorization requests; we receive authorization requests via telephone, facsimile, and our Provider portal.

Prior Authorization Process for Non-participating Providers

A Member may be referred to a non-participating or out-of-network Provider if the Member needs medical care that only can be received from a doctor or other Provider who is not participating with our health plan. Referring Providers must obtain PA from Anthem before sending a Member to a non-participating Provider.

All Providers (referring, treating, non-participating) must be enrolled with the Kentucky DMS as a Kentucky Medicaid Enrolled Provider in order to receive payment for services rendered to a Kentucky Medicaid Member. When the treating Provider is not in our Network, we will review the case for medical necessity and unique needs of the Member. When we find that no Network Provider can serve the Member, we confirm licensure and the lack of sanctions, and enter into a single-case agreement. We may also recruit the Provider to join our Network as needed to improve access.

We have policies and procedures to address other situations requiring continuity of care. For example, when a treating Provider is terminated from our Network for any reason other than for cause, we allow Members in active treatment to continue care with that Provider, when medically necessary, through completion of treatment or until the Member selects another treating Provider, but no longer than six months after termination of the contract.

If a Provider is unavailable to deliver previously authorized services in a timely fashion, we work with the Member to identify an equally qualified alternative Provider in our Network, or out-of-network if needed.

When Members transition between Providers, we facilitate the sharing of existing treatment plans between the Providers and send the new Provider the Member's care plan. Our Network Providers are contractually required to share treatment plans when they are transferring or coordinating care.

Members may visit non-participating Providers, without a referral, in accordance with Contract Section 30.2 as well as 42 CFR 438 and applicable State statutes and regulations for:

- Emergency care
- Care at Community Mental Health Centers (CMHCs)
- Voluntary family planning services provided at qualified family planning Providers (for example, Planned Parenthood)
- Care at Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)

- Primary care vision services, including the fitting of eyeglasses, provided by ophthalmologists, optometrists, and opticians
- Primary care dental and oral surgery services and evaluations by orthodontists and prosthodontists
- Maternity care for Members under eighteen (18) years of age
- Immunizations to Members under twenty-one (21) years of age
- Sexually transmitted disease screening, evaluation, and treatment
- Tuberculosis screening, evaluation, and treatment
- Testing for HIV, HIV-related conditions, and other communicable diseases as defined by 902 KAR 2:020
- Chiropractic services
- For Members with specialized health care needs determined through an assessment to need a course of treatment or regular care monitoring, Anthem allows Members to directly access a specialist as appropriate for the Member's condition and identified needs
- Women's health specialists

Expedited Prior Authorization Process for Emergency Services

No pre- or post-authorization is required for emergency services for in- or out-of-network Providers. In an emergency, it is not necessary for the Member or Provider to contact us prior to treatment. While we do not deny claims based on failure to receive notification of emergency services, we encourage Members and Providers to contact us within 24 hours of treatment so we can begin care management and facilitate any necessary authorizations for ongoing service or transfers to Network Providers. Follow-up activity is based on the severity of the Member's health issue.

Expedited Prior Authorizations

Expedited prior authorization is a request for authorization or preauthorization where the Provider determines following the standard timeframe could seriously jeopardize a Member's life, health, or ability to attain, maintain, or regain maximum function. We follow a 24-hour turnaround time at a maximum for expedited requests. Upon observation, a case manager or a staff member will indicate whether a request is urgent and should be expedited. Anthem Medicaid also has an expedited fax line for requests for outpatient services that assures the timely authorization of services in the home for Members discharging from the hospital.

Assuring Services Are Not Arbitrarily Denied or Reduced

At Anthem, we employ multiple strategies to make sure services are not arbitrarily denied or reduced. We make medical decisions only after a thorough review of the Member's medical records, and base decisions on their individual needs. Anthem Medicaid does not employ utilization controls or other coverage limits to automatically place limits on the length of stay for Members requiring hospitalization or surgery. We base length of stay for a Member's request for hospitalization or surgery on the needs of the Member, rather than on arbitrary limits. An assigned UM Manager manages Members who are hospitalized or receiving surgical services. The clinical review for these services will specify authorization for coverage limits as determined by clinical guidelines and individual needs. Subsequently, the UM Manager, working with the hospital, PCP or attending physician, and other parties, will monitor and continually review the case to determine discharge readiness and to facilitate discharge planning.

For Members found to require extended benefits, as identified by the concurrent review of individual needs, severity of illness, and services being rendered, the UM Manager has the authority to extend the hospital stay or other services as medically necessary. Dr. Peter Thurman, our Medical Director, is a Kentucky-licensed physician and oversees all UM decisions. Other UM team members include physician clinicians in multiple specialties and our team of local, licensed UM Clinicians.

Importantly, our medical policies and clinical guidelines, which are integrated into our Health Intech care management platform, provide a rules-based system for screening medical and BH services. They are objective, evidence-based, and include a comprehensive range of level-of-care alternatives sensitive to the differing needs of adults, adolescents, and children. We match the level of care to the Member's current condition, considering individual Member needs, the severity of illness, treatment progress, comorbidities, home environment, episode-specific variables, and the characteristics of the local delivery system. Our overarching goal is to view Members in a person-centered manner to make sure they receive the right services at the right time, in the right place.

When medical necessity is not clear, or when clinical information needed to make a decision has been requested but not received, the UM Clinician refers the case to a Medical Director for medical necessity review and determination. The Medical Director may request additional documentation and, prior to issuing a denial, may offer an opportunity for peer-to-peer consultation to discuss the case and potential care alternatives. He or she will also offer peer-to-peer consultation after any denial. We take advantage of this educational opportunity to reinforce applicable, evidence-based guidelines and appropriate care settings with the Provider, and — when requested by the Provider — will send the Provider a copy of the medical policy or clinical guideline via fax for their future reference.

In reviewing cases for medical necessity, our Medical Directors balance the objective of supporting Providers in exercising professional judgment and making informed decisions with the objective of promoting consistent use of evidence-based guidelines that have been established to be the most effective for each Member's condition.

As a check to ensure services are not being arbitrarily denied or reduced, we analyze our overall denial rate. We also closely monitor the denial rate of each Medical Director to look for outliers in clinical decision-making. Aligned with industry standards, we define outliers as any individual whose denial rate is approaching 10% or more. When outliers are identified, we follow up with training or other interventions.

We never reward our UM staff or Subcontractors for issuing denials of coverage or encouraging decisions that result in under-utilization or create barriers to care and service. Members and treating Providers may request a second medical opinion or appeal a denial at any time. We provide information about this process in our Member and Provider materials. Our Care Managers and Provider Network Managers reinforce information about the appeals process in their interactions with Members and Providers.

x. Utilization Management Committee

x. How the Vendor will use its Utilization Management Committee to support Utilization Management activities.

The Clinical Services Committee and QMC review and annually approve the Anthem UM Program Description, assuring local accountability and consideration of regional practice variations. Furthermore, and as described earlier, the MAC and QMC are critical resources leveraged when reviewing and developing UR criteria. Together with our NCQA-accredited programs for Chronic Care Management, data analysis, and a drive to continue to improve, Anthem has a robust and proven approach to UM. Our UM Committee brings together a cross-functional group to assess UM needs and monitor performance, assure TAC and compliance, and overall improve and streamline processes.

The UM program routinely connects our Regulatory, Compliance, Provider Solutions, Pharmacy, Member Services, and other key stakeholder groups, to identify quality-of-care concerns, disproportionate utilization trends, duplicative services, adverse access patterns, lack of continuity, and coordination of care processes.

Locally based, licensed Kentucky practitioners meet with Anthem UM, care management, QM, and Medical Directors for our quarterly UM Committee meetings. During these meetings, in addition to annual program documents, these participating Providers review UM reporting and trends, recommended criteria updates or modifications, proposed changes to the PA list, and Provider complaints and recommendations.

In our February 2019 MAC, the committee reviewed and approved 16 updated Transplant criteria. In our March 2019 UM Committee, our 2018 UM Appeals report, with details of pharmacy, outpatient, and inpatient authorization denials, was reviewed in detail by the committee. It was noted that a spike in appeals in the third quarter were for air ambulance, DME, pain management, and radiology authorizations. Almost all appeals were upheld due to failure to obtain PA before services were rendered.

The committee also reviews results of our HERU programs and discusses modifications and challenges facing Providers with non-compliant Members who do not engage in primary care. Avoidable ER Visits by Region and High Utilizer reports are discussed in detail. IRR and PIE audit results are shared, as are corrective actions when appropriate. In 2018, the committee discussed the implementation of a current Performance Improvement Project (PIP) for reducing potentially preventable hospitalizations and ER visits for ambulatory care sensitive conditions.

To make sure our Network Providers find our UM process valuable and to identify potential areas for improvement, the MAC annually reviews Provider satisfaction survey results, which include data related to Provider satisfaction with the Anthem UM process. In 2018, committee members received an update from QM regarding Provider satisfaction with the Anthem Kentucky UM process. ***Providers reported significant improvement from 2016 to 2017, with over a 5% increase in satisfaction with the efficiency of the UM process, a 6.5% improvement in satisfaction with obtaining pre-authorizations for Anthem Members, and a 6.5% increase in timeliness of an Anthem Medical Director's response to their concerns.***

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Anthem Medicaid

11. Monitoring and Oversight

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

C.11. Monitoring and Oversight

C.11.a. Internal Monitoring of Operations

a. Describe the Vendor's proposed approach to internal monitoring of operations to ensure compliance with this Contract.

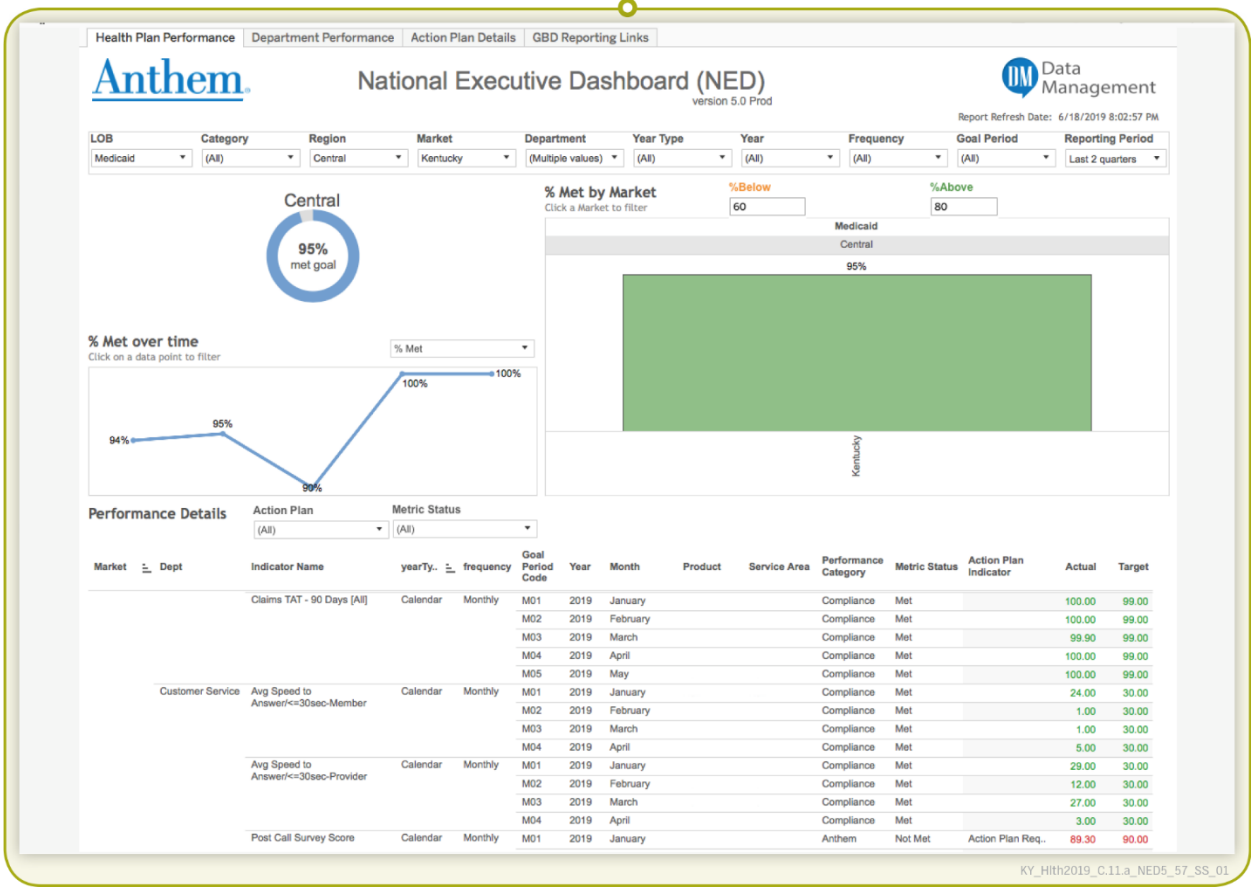
Anthem Kentucky Managed Care Plan, Inc. (Anthem), together with our local commercial affiliate, has proudly served Kentuckians for over 81 years. We understand the importance of and responsibility for fulfilling Contract requirements. Our Kentucky team is fully accountable for meeting all contractual requirements and will continue to oversee, monitor, supervise, audit, and enforce Contract compliance, as well as promote frequent, open, and effective communication that emphasizes delivery of quality services to Enrollees (Members). Anthem also complies with Section 1902(a)(30)(c) of Title XIX of the Social Security Act, which requires the Commonwealth to acquire an independent external review body for the purpose of performing an annual review of the quality services provided by Anthem. Anthem has and will continue to cooperate and participate in External Quality Reviews (EQR) during the term of the current Contract, and is in full compliance with the established EQR requirements.

Ongoing Monitoring of Operations

Anthem prides itself on its commitment to compliant operations, whether those functions are performed locally at the health plan or nationally, and whether performed directly by Anthem or via a Subcontractor. At the national level, our parent company, Anthem, Inc. maintains services departments that support our national service delivery to over 7.5 million Members in Medicaid in 24 markets. To assure transparency and accountability, Anthem contributes to and monitors the ***National Executive Dashboard (NED), a Tableau-based reporting tool that assembles key metrics from functional areas visualizing performance against defined targets, both internally developed and Contract-mandated*** (see Figure C.11.a-1). All functional areas are represented in NED including, but not limited to: ***Claims Operations, Call Center, Utilization Management, and Enrollment***. Goal metrics range from monthly to annually, and each has a clearly identified business owner responsible for the functions' performance and for entering an action plan for missed targets. NED provides leadership with a comprehensive status of operational performance by tracking and assimilating data that can be used to inform mitigation strategies, if necessary, to assure we meet our commitments to Members, Providers, and Kentucky partners.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Figure C.11.a-1. National Executive Monitoring and Oversight Dashboard — Sample Results



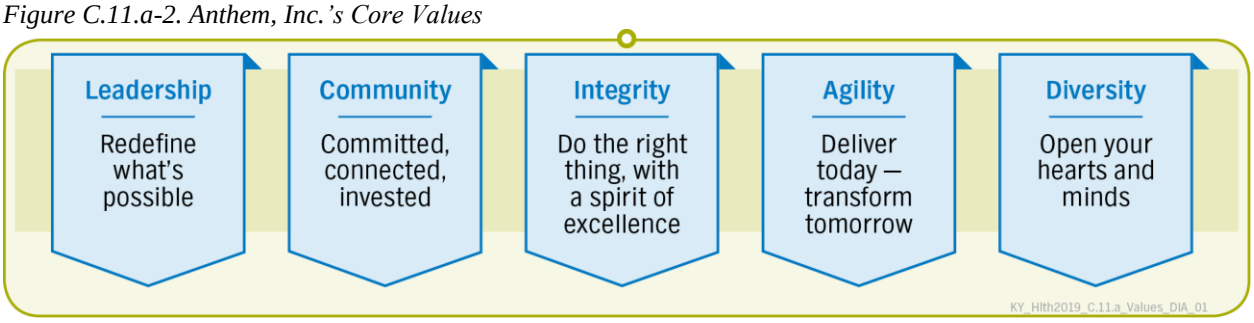
Anthem's Investment in Compliance

Anthem, supported by the resources provided by Anthem, Inc., has one of the most proactive compliance programs in the industry. Our Medicaid Compliance Program Services department manages all aspects of the Compliance program and maintains a robust system of processes and controls to prevent, identify, and mitigate potential risks, which is founded on the principles of the U.S. Department of Justice's (USDOJ's) Seven Fundamental Elements of an Effective Compliance Program:

1. Implementing written policies, procedures, and standards of conduct
2. Designating a Chief Compliance Officer and Compliance committee
3. Conducting effective training and education
4. Conducting internal monitoring and auditing
5. Reporting and investigating
6. Enforcing standards through well-publicized disciplinary guidelines
7. Responding promptly to detected offenses and undertaking corrective action

Our commitment to compliance and establishing a culture that encourages our employees to embrace this commitment is reflected in our core values: Leadership, Community, Integrity, Agility, and Diversity (Figure C.11.a-2).

Figure C.11.a-2. Anthem, Inc.'s Core Values



To support our commitment to these values, Anthem invests in a local dedicated compliance resource, our Chief Compliance Officer, who focuses on Contract compliance and education, monitoring and oversight, and risk identification and mitigation. Our national compliance resources support our Kentucky-based compliance team with guidance and sharing best practices across all affiliates. An outline of the components of our compliance program and national support resources using the USDOJ framework follows.

1. Implementing Written Policies, Procedures, and Standards of Conduct

Policies and Procedures. Anthem maintains a robust library of policies and procedures that address our regulatory, contractual, and other program obligations and requirements. Functional managers throughout the organization develop our policies, in consultation with our dedicated Chief Compliance Officer. These policies play a major role in guiding health plan activities and operations. We monitor and review policies and procedures regularly and publish them on an internal website accessible to all employees. Both our written policies and procedures and our standards of conduct do the following:

- Articulate our commitment to comply with all applicable federal and State standards
- Describe compliance expectations embedded in our standards of conduct
- Implement the operation of our Compliance program
- Provide guidance to employees and others dealing with potential compliance issues
- Identify how to communicate compliance issues to the appropriate personnel
- Describe how we investigate and resolve potential compliance issues
- Include a policy of non-intimidation and non-retaliation for good faith participation in the Compliance program, including reporting and investigating potential issues; conducting self-evaluations, audits, and remedial actions; and reporting to appropriate officials

Standards of Ethical Business Conduct (Code). All Anthem employees must acknowledge and agree to comply with the Code as a condition of employment. This Code is applicable to Anthem and all of our affiliates and is designed to help employees understand and comply with our legal, regulatory, and contractual responsibilities and act in a way that supports our national principles.

Employee Business Conduct Training. All new employees must complete new employee ethics and compliance, privacy, fraud and abuse training, and on an annual basis existing employees must complete refresher training. Additional specialized training may be required for some of our business units.

Managers' Business Conduct Responsibilities. Managers are role models who lead by example. Anthem employees often rely on their manager for guidance in difficult situations;

therefore, we rely on our managers to help foster an ethical and compliant culture, and encourage their employees to bring any and all concerns to their attention. We expect our managers to:

- Ensure their employees timely complete required compliance training
- Talk openly about ethical behaviors whenever possible
- Maintain an "open door" policy so employees feel comfortable bringing concerns to their manager
- Periodically remind employees about our non-retaliation policy
- Make sure employees know the importance of reporting concerns
- Embrace the Code and be an example of an ethical leader
- Maintain a workplace environment supportive of the Code
- Educate and reinforce with your employees the meaning and application of the Code
- Provide leadership and support, including contacting the Ethics department when suspected or observed misconduct is reported to the manager
- Enforce the Code and apply consistent corrective action for violations

2. Designating a Chief Compliance Officer and Compliance Committee

Anthem Chief Compliance Officer. Anthem maintains a full-time, dedicated Chief Compliance Officer, Brittany Boelscher. Brittany maintains current knowledge of federal and State legislation, legislative initiatives, and regulations relating to Anthem, and oversees Anthem's compliance with the laws and DMS requirements. She will also serve as the primary contact for and facilitate communications between Anthem leadership and DMS relating to Contract compliance issues. Brittany also oversees Anthem's implementation of and evaluates any actions required to correct a deficiency or address non-compliance with Contract requirements as identified by DMS.

Anthem's Compliance Committee. Chaired by our Chief Compliance Officer, our local Anthem Compliance Committee is comprised of our executive-level leadership, as well as leaders from Quality, Utilization Management, Care Management, Operations, Network Management, Marketing, Government Relations, Managed Care, and Human Resources. The Compliance Committee meets at least six times per year and provides a forum for health plan leadership to review and discuss emerging issues and upcoming activities, assess potential compliance risks, and provides input into mitigation activities and corrective action plans. The Compliance Committee receives and reviews reporting about compliance monitoring activities and provides necessary oversight for our Kentucky Compliance program.

3. Conducting Effective Training and Education

Extensive Compliance Training. All employees within the Anthem, Inc. family of companies receive mandatory compliance training, including three hours of initial compliance training and four hours annual required compliance training, which covers education on the requirements of any current agreements or corrective action, Fraud, Waste, and Abuse (FWA), HIPAA, and other aspects of the compliance program, such as the Code of Conduct, Cultural Competency, Drug Free Work Place policies and procedures, and any contractually required training. Additionally, Anthem employees must participate in annual Medicaid-specific compliance training. We track and monitor completion of all required training through our online learning systems. Managers receive notification when their employees are coming up on training anniversaries or when training is due and continue to receive reminders until the training has been completed. We also

require employees to demonstrate comprehension of these materials to complete the training. The Compliance Lead or designee follows up directly with employees to ensure completion.

Continuing Education and Awareness. We conduct additional education and awareness activities throughout the year to reinforce the role that all Anthem health plan employees play in compliance. Our national Medicaid Compliance Program Services Department sponsors an annual "Ethics, Compliance, & Privacy Awareness Week" celebration, which includes activities and information that highlight how employee commitment to compliance supports overall success.

4. Conducting Internal Monitoring and Auditing

Anthem Compliance Program and Work Plan. Our Chief Compliance Officer develops and maintains a Kentucky-based Compliance program and Work Plan. The Compliance Committee reviews and approves the Work Plan each year and receives regular progress updates. The core functions of the Work Plan track the seven elements of an effective compliance program: written standards, structured compliance program, training and education, auditing and monitoring, reporting and investigation, enforcement and discipline, and response and prevention.

National Medicaid Compliance Resources. Through Anthem, Inc.'s National Medicaid Division, Anthem can access compliance supports, reporting resources, and Kentucky-specific tracking and monitoring tools from our national Medicaid Compliance Program Services department and our national Medicaid Compliance Officer. Collectively, this team manages and assures the continuing operation and effectiveness of national Medicaid Compliance program initiatives, including compliance program effectiveness reviews, standardized risk identification, prioritization and mitigation framework, and overall direction and guidance through the sharing of best practices to local Medicaid health plan compliance officers and committees.

Partnership with Internal Audit. Our compliance resources and national Internal Audit department work together to help ensure that master audit plans include key compliance issues and risks for detailed review, evaluation, monitoring, and corrective action as needed.

5. Reporting and Investigating

Speaking Up. At Anthem and nationally across our affiliates, we work to establish a culture that encourages employees to "speak up" to identify any potential compliance concerns or issues through multiple reporting avenues. We maintain a strict and highly publicized policy of non-retaliation for any employee who proactively comes forward to identify potential compliance risks or concerns.

Confidential Compliance Hotline. Our national Compliance Hotline supports confidential (anonymous as requested) and secure reporting of potential violations. We investigate all hotline reports and communicate the results to the national Medicaid Compliance Officer.

6. Enforcing Standards Through Well-publicized Disciplinary Guidelines

National Ethics and Compliance Office. The national Ethics and Compliance Office administers and advises employees on the Standards of Ethical Business Conduct (described previously), serves as an independent resource to receive and investigate allegations of employee misconduct, provides employees with training on ethics and compliance issues, and provides high-level oversight of compliance programs across our organization.

7. Responding Promptly to Detected Offenses and Undertaking Corrective Action

Corrective Action. When we learn of any deficiency, whether identified by the State, by a Provider, or internally, our Chief Compliance Officer, in collaboration with other internal stakeholders and business owners, discloses the issue to DMS and then investigates the root cause of the problem and develops an action plan to prevent a recurrence.

Taken together, these Anthem compliance program components and national support resources represent a comprehensive and proactive approach to program monitoring and enforcement that helps promote full compliance with all federal and State requirements, provides the fullest protection of our Members' rights, and fully supports the goals and objectives of DMS's mission in providing access to and improving the delivery of high-quality, cost-effective health care services.

Compliance Tools and Resources

Anthem is committed to maintaining high performance and compliance with the Commonwealth's expectations and requirements under our current Contract and the new Kentucky Medicaid Contract. To augment our compliance program and activities, Anthem maintains a systematic approach to assessing, tracking, and reporting compliance with our contractual obligations, assisted by our robust compliance program, tools and resources:

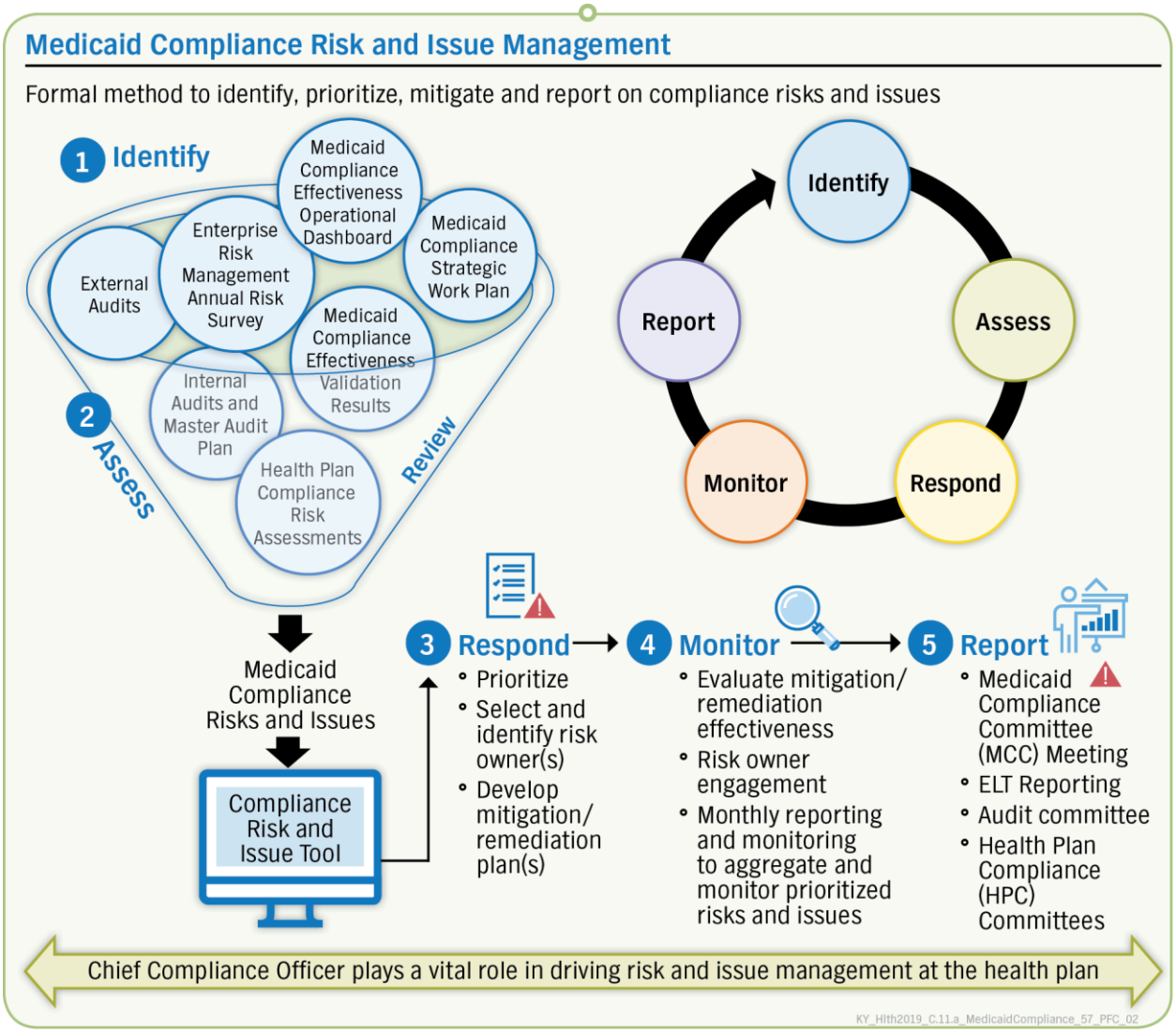
Compliance 360

Anthem uses the Compliance 360 application to make sure that we maintain compliance with new or revised regulatory requirements. Whenever there is a new or revised regulatory or contractual requirement, such as a health plan advisory or informational bulletin issued by DMS, our Chief Compliance Officer creates an alert and disseminates it to all affected employees and stakeholders who serve as assessors. Assessors must evaluate alerts to determine whether the regulatory content affects their unit. If the alert content affects the assessor's unit, the assessor must list planned tasks to reach compliance and document the completion of such tasks. Our Chief Compliance Officer monitors timely assessments and task completion. Assistance from a dedicated project management team within Anthem's National Medicaid Division is available for medium- to large-scope Compliance 360 alerts such as large, cross-functional Contract amendments.

Medicaid Compliance and Risk Management Process

Our Compliance team will also participate in Anthem, Inc.'s national Medicaid Compliance Risk and Issue Management process. As summarized in Figure C.11.a-3, this formal method of identifying, prioritizing, mitigating, and reporting on compliance risks and issues supports early identification of emerging trends and provides peer-to-peer support to define optimal mitigation strategies. The attention of senior-level leadership facilitates resource commitments and full transparency.

Figure C.11.a-3. Formal Compliance Process Supports Optimal Mitigation Strategies



Ongoing Monitoring for Compliance

Anthem maintains a strong local program designed to deliver continued visibility and awareness regarding each employee's obligation to maintain the confidentiality of Member information. To help assure compliance with Anthem's Member confidentiality and privacy policies, we:

- Educate, train, and remind employees about policies
  - Frequently Asked Questions and resources related to confidentiality and privacy are readily available on our company intranet site
  - In addition to annual required training, our Chief Compliance Officer often attends department meetings to discuss privacy and security. She reiterates our compliance commitment, particular policy and procedural updates, and uses case studies to describe potential risks and actions to help employees identify, speak up, and how to address potential compliance issues
- Provide a workspace designed to support Member privacy
  - Employees have locking cabinets and drawers at their desk

  - Locked shred bins are readily available to securely dispose of information
- Display visual aids throughout the office as reminders
  - Colorful posters remind employees about their responsibility to protect Member information and address topics like "HIPAA Do's and Don'ts"
  - Employee computers have automatic screensaver messages that reinforce our privacy policies
- Provide options for employees to report compliance concerns
  - Speak with a manager or Human Resources representative
  - Contact the Chief Compliance Officer, who promotes an open door policy
  - Call the Ethics and Compliance Helpline or send an email
- Have our Anthem Compliance team conduct regular walkthroughs to inspect for compliance with HIPAA and our policies and procedures to maintain the confidentiality of information During this walkthrough, the Compliance team will:
  - Inspect office space, including desks, printers, conference rooms, and break areas
  - Conduct marketing reviews/audits
  - Discuss compliance with employees to confirm their understanding
  - Immediately address any concerns and, if necessary, initiate follow-up attention and action

Compliance is an essential part of our culture, and we work hard to educate our employees and monitor their adherence to policies and federal and State regulations.

C.11.b. Monitoring and Oversight

b. Describe the Vendor's proposed approach to providing oversight of its Subcontractors, including examples of actions the Vendor takes when a Subcontractor is found to be non-compliant or when performance improvement opportunities are identified.

Committed to the Future of Kentucky Medicaid

Anthem views Subcontractors as valued partners in delivering the highest quality services to Members, Providers, and DMS. As an incumbent health plan serving Medicaid-eligible Kentuckians since 2014, we have worked closely with DMS to refine our processes around subcontracting services, and we have established trusted, collaborative, long-standing relationships with Subcontractors to coordinate seamless delivery of services. See Section C.1 of our proposal for a comprehensive list of Subcontractors, a majority of which currently subcontract with Anthem to serve Members in Medicaid in Kentucky.

Approach to Subcontracting Services

Anthem's approach to subcontracting centers on identifying areas where DMS, our Members, and our Providers can be best served through Subcontractors who have specialized capabilities and whose core business represents a capability required by the Commonwealth's Contract. We have selected qualified and experienced Subcontractors through a comprehensive vetting process that incorporates all requirements of Attachment C, Section 6.0 Subcontracts, including verifying our Subcontractors:

- Reside in the United States
- Demonstrate financial solvency
- Demonstrate the depth and breadth of experience and expertise to perform services
- Maintain qualified resources to perform services
- Possess and maintain Kentucky-specific expertise in each content area for which they are providing services

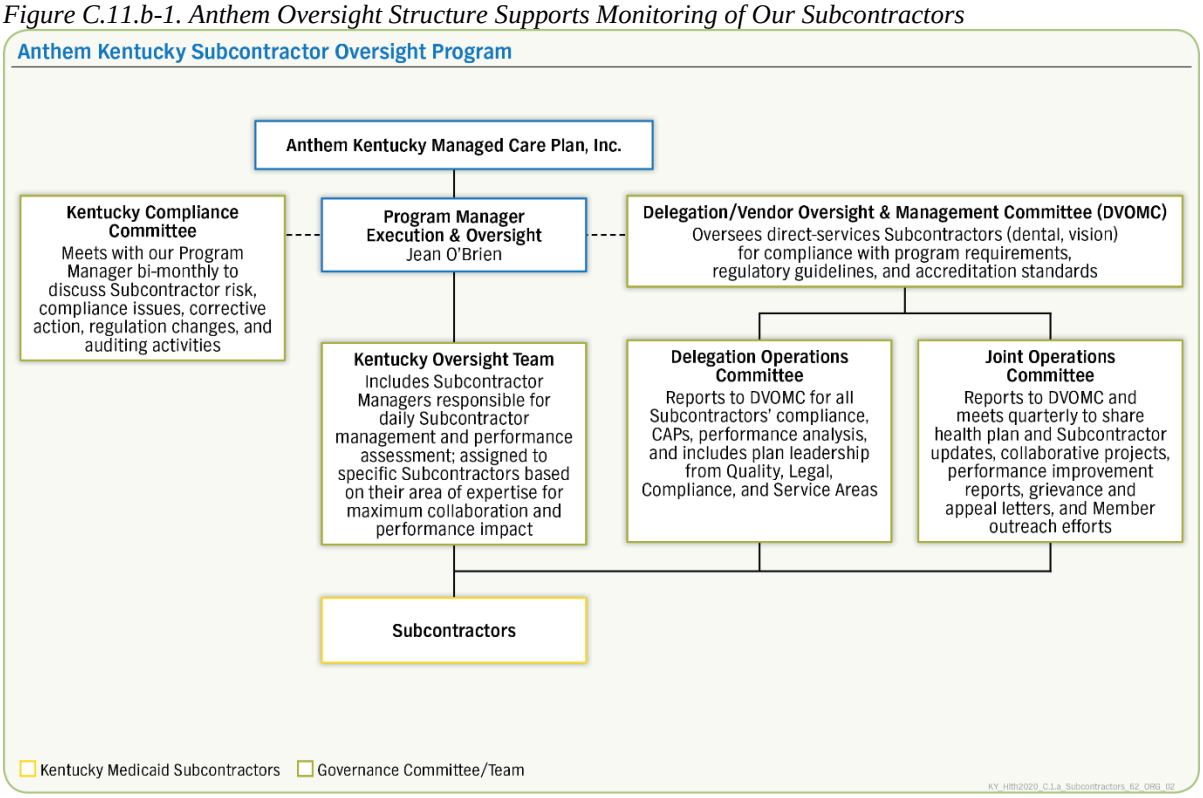
To assure that Members receive timely, appropriate, and quality care and services from our Subcontractors, we rely on our established Kentucky Medicaid Subcontractor Oversight Program (Subcontractor Oversight Program) to manage all Subcontractors. Our Subcontractor Oversight Program enables us to monitor Subcontractor performance continuously in a collaborative manner. Our performance monitoring processes include an annual formal review, frequent meetings, review of performance data, and confirmation that the Subcontractor meets operational, financial, legal, compliance, regulatory, accreditation, NCQA, and ethical requirements.

Anthem retains sole responsibility for fulfilling Kentucky Medicaid Contract requirements. We are fully accountable for our Subcontractors' performance through processes implemented to monitor, supervise, and enforce Contract compliance. Additionally, we promote frequent, open, and effective communication that emphasizes delivery of quality services to Members. These well-defined processes have proven successful throughout our tenure in Kentucky and across our affiliate health plans in 23 other markets. We continue to apply the same rigorous standards, lessons learned, and innovation shared through our affiliate plans to make sure we deliver services seamlessly to our Members in Kentucky Medicaid, Providers, and stakeholders, and in an integrated manner, under the new Contract.

Subcontractor Oversight Program Structure

Figure C.11.b-1 depicts our oversight structure in place for Kentucky Medicaid. We will continually monitor our Subcontractors with contractual and other performance requirements to assure our Members receive services of the highest quality. We tailor our program's flexible approach to the functions and services each Subcontractor provides, and the scope and frequency of oversight activities reflects the nature of the role, responsibilities, and service nuances.

Figure C.11.b-1. Anthem Oversight Structure Supports Monitoring of Our Subcontractors



Kentucky Oversight Team

Our Kentucky Oversight team comprises a dedicated Kentucky-based Program Manager of Execution and Oversight (Program Manager) and Subcontractor Managers assigned to each Subcontractor for focused day-to-day management, oversight, and performance review, along with support from national Subcontractor oversight teams and committees. Our ***Program Manager, Jean O'Brien, leads our Subcontractor oversight***. She is a member of the Kentucky Compliance Committee and the Committee meets at least six times a year to discuss potential risk, compliance issues, changes to Commonwealth and federal regulations, and auditing related to Kentucky Medicaid operations and functions. Jean shares data specific to subcontracting, such as performance, compliance, risk, corrective action, and new Subcontractors.

Our local oversight and monitoring of Subcontractors, supported by national resources, provide:

- Accountability to DMS-specific requirements
- Accurate and timely responses to DMS regulatory inquiries and Provider concerns through our Program Manager
- Consistency in management, expectations, remediation, and corrective actions, as well as a high-level review of performance across all states to better identify trends
- Identification of best practices, lessons learned, and innovations in affiliate health plans
- Proactive identification and mitigation of performance variance in a single state, often avoiding impact on other markets
- Participation in DMS Technical Advisory and Strategic Planning meetings
- Timely resolution to Member concerns presented to care management, especially with the Kentucky SKY population through our Program Manager

Subcontractor Selection and Oversight Program Activities

Subcontractor Selection

Anthem uses a pre-delegation audit checklist that we use to apply a number of pre-delegation metrics, assessments, and evaluations when selecting Subcontractors to perform delegated activities (See Figure C.11.b-2). We use a rigorous process for selecting our Subcontractors and perform pre-delegation assessments that include audits and reviews of:

- Subcontractor's understanding of applicable standards (for example, standards for claims payment) and delegated tasks
- Financial stability with review of audited financial statements, including statement of revenues and expenses, balance sheets, cash flow, unaudited year-to-date financial statements, and actuarial opinions of the incurred but not reported expenses
- Operational capabilities that include analysis of Subcontractor's current and future contractual commitments and organizational resources, review of technology and system capabilities, including on-site visits and readiness reviews, and review of operational policies and procedures
- Performance record that incorporates review of Subcontractor's quality oversight policies and procedures, and review of performance outcomes achieved for similar contracts
- Fraud, waste, and abuse violations
- State and federal lists of Providers currently debarred by State or federal government
- State licensing and certification requirements, including review of regulatory compliance history, registrations, exclusions, terminations, sanctions, corrective action plans, and associated performance improvement plans
- Adherence to NCQA Subcontractor standards

Figure C.11.b-2. Example of Items in Our Pre-Delegation Checklist

Subcontractor Evaluation/ Pre-Delegation Checklist

- ☑ Operations and resources to perform duties
- ☑ Financial solvency and stability
- ☑ Regulatory adherence
- ☑ Contractual compliance with local, Commonwealth, and federal statutes, laws, and regulations
- ☑ Accreditation status
- ☑ NCQA and other applicable performance ratings
- ☑ Ethical violations
- ☑ Debarrment
- ☑ Policies and procedures that reflect DMS and Anthem requirements
- ☑ References and Past Performance

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Our pre-delegation audit confirms that the proposed Subcontractor organization meets Anthem and DMS operational, financial, legal, compliance, regulatory, accreditation, and ethical standards. For direct services Subcontractors (dental, vision, transportation, pharmacy), our national Enterprise Delegation Oversight and Management (EDOM) performs the pre-delegation audits. We examine items such as the organization's HIPAA privacy and security compliance, operating procedures, staffing ratios, and financial viability.

We audit our Subcontractors for their comprehension of these items and their ability to train Providers on such items. We offer guidance and instruction for our Subcontractors on topics such as Anthem policies and procedures; HIPAA; fraud, waste, and abuse; and cultural competency. We also check credible references in the industry about Subcontractor service delivery. After the Subcontractor passes the pre-delegation audit, Anthem submits information on the proposed Subcontractor and their delegated functions to DMS for approval.

Subcontractor Oversight Activities

We tailor our program, including the scope and frequency of oversight activities, to the functions and services each Subcontractor provides. We outline our ongoing oversight program activities in Table C.11.b-1.

Table C.11.b-1. Our Oversight Program Monitors Subcontractors Throughout the Life Cycle

Timing	Oversight Activities
Daily	• Subcontractor Managers work with Subcontractors as necessary to answer questions, collaborate on problem solving, discuss opportunities for improvement, and escalate urgent performance concerns
Monthly	• Complete Performance Indicator dashboard on each Subcontractor • Review performance against standards, including trends, and report submissions • Review performance with Subcontractor, Subcontractor Managers, and Kentucky Oversight team • Delegation/Vendor Oversight and Management Committee (DVOMC) meeting to discuss approval of delegation, performance monitoring, Corrective Action Plans (CAPs), and terminations
Quarterly	• Joint Operations Committee (JOC) Meetings with Anthem leadership to review performance metrics, HEDIS® and health plan specific initiatives, and CAPs • Meet with Subcontractors to discuss performance across markets and present issues, gaps, and concerns to the DVOMC or health plan for Subcontractors • DVOMC reports to the National Quality Improvement Committee to discuss any quality issues with Subcontractor performance • Report Subcontractor additions, terminations, CAPs, and risk to Kentucky Compliance Committee
Annually	• Perform audit or annual review to confirm that Subcontractor meets operational, financial, legal, compliance, regulatory, accreditation, NCQA, and ethical requirements • Present audit findings to the DVOMC and the Kentucky Oversight team

A crucial component of our Subcontractor Oversight Program is to assure compliance with all contractual requirements to be responsive to DMS, including requests for reporting, Member care, claims processing, and on-site meeting attendance. We communicate this to Subcontractors during the selection and onboarding process, and memorialize it in written Subcontractor agreements. Throughout the term of the Contract, we:

- Assign Subcontractor Managers to each Subcontractor to manage requests and concerns, including those related to reporting requirements and submission of required or requested data
- Provide Subcontractors with education and assistance to facilitate accurate and timely reporting
- Notify Subcontractors of ad hoc reporting response deadlines
- Communicate the types of reports that are required, the format in which reports must be supported, and the schedule and timeframe when reports must be submitted
- Verify that the Subcontractor implements corrective measures to avoid recurrence of issues identified

- Monitor Subcontractor regulatory responses to ensure accurate and complete information is submitted to DMS by specified due dates
- Monitor for internal accuracy prior to submitting reports to DMS, and, if necessary, work with Subcontractors to amend and resubmit corrected reports. For accountability, we issue CAPs to Subcontractors when reports are not submitted timely or are submitted with incomplete or inaccurate data
- Monitor for compliance with policies and procedures
- Verify through monthly and quarterly review of metrics that the Subcontractors are meeting the requirements, expectations, and standards of the Kentucky Medicaid Contract
- Meet with Subcontractors on a scheduled basis to discuss performance

Anthem holds our Subcontractors accountable for their performance pursuant to the Kentucky Medicaid Contract. Our approach to working with Subcontractors leads to high-quality services to our Members, Providers, and to Anthem operations. Our Subcontractor Oversight Program includes tracking for possible deficiencies and Contract variances, with a focus on continuous improvement of the services our Subcontractors provide.

Anthem Holds Subcontractors Accountable

In 2019, Anthem's Subcontractors in Kentucky answered **54** regulatory inquiries, **13** of which were data requests from DMS. Our Subcontractors responded to **100%** of these requests by DMS' deadline.

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Clearly defined expectations and consistent performance monitoring is a key piece of our Subcontractor Oversight Program, and written agreements detail performance standards and the actions we take to address inadequate or substandard performance. If at any time performance does not meet our expectations, we will take action and work closely with the Subcontractor toward a resolution and return to complete and ongoing compliance.

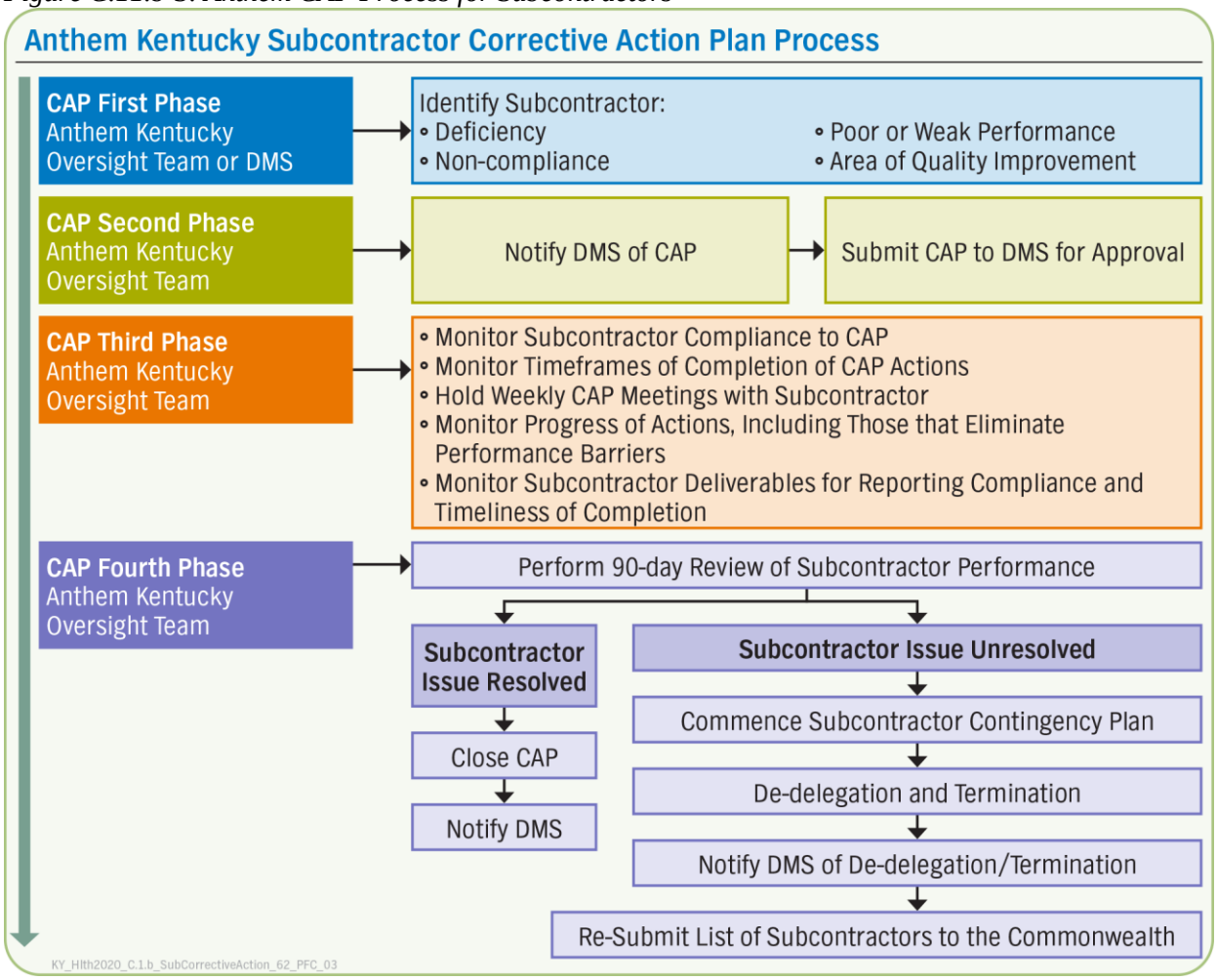
Our approach to identifying and addressing deficiencies, non-compliance, or performance improvement, such as delays in or lack of response, centers on establishing and maintaining a collaborative partnership with each Subcontractor and regular, consistent monitoring. Subcontractor Managers work to identify and discuss resolution of performance issues early — before they become a problem. We supplement our proactive account management structure with robust monitoring, including monthly performance reporting, quarterly reviews, and annual audits.

If we identify a performance or operational problem with a Subcontractor, we immediately address our concerns by applying a series of escalating interventions, including increased meeting frequency and data submission, development of an informal action plan, development of a CAP, financial penalties, and other sanctions.

We promptly disclose to the Commonwealth significant deficiencies identified that involve our Members and Providers. Our CAP includes a timeline for correcting the deficiency, dashboards to review ongoing metrics, and regularly scheduled meetings with the Subcontractor to review progress. The CAP monitoring process ends when the Subcontractor demonstrates ongoing compliance, typically for at least 90 days. Figure C.11.b-3 displays our CAP process.

In the event that CAPs are unsuccessful in generating a sustained performance improvement, we consider termination and promptly notify DMS.

Figure C.11.b-3. Anthem CAP Process for Subcontractors



As part of our Subcontractor Oversight Program, we monitor Subcontractor performance for non-compliance issues and performance improvement initiatives. We take a proactive approach to quality to make sure our Subcontractors successfully perform services for Members. We do this by:

- Reviewing Subcontractor requirements and performance measures to make sure they align with the services the Subcontractor is performing
- Meeting with Subcontractors to review and discuss their performance measures to make sure the Subcontractor understands the measure they must meet
- Collaborating with our Program Manager, Kentucky Oversight Committee, and our Quality department to review HEDIS, CAHPS®, and other Contract and DMS performance measures for Subcontractors
- Identifying measures that fall below target goals and reaching out to Subcontractors to develop performance improvement processes before there is a non-compliant issue
- Reviewing and assessing Subcontractor performance to make sure performance improvements correctly assist the Subcontractor in meeting their performance goals

Examples of Actions Anthem Takes for Subcontractor Non-compliance or Performance Improvement

Example One — Letter Audit

During a routine Letter Audit and Language Verification Review, Anthem noted letters to Members and Providers were requiring updated language regarding dental and vision services. As a proactive approach to compliance, our Program Manager worked with Corporate Subcontractor Management and the dental and vision Subcontractor to:

- Fully Audit the existing letters for appropriate current language
- Perform corrections or changes to the Member and Provider letters
- Send any updated letter through our internal Collateral Materials Approval Process (CMAP) and then to the Commonwealth for approvals

In response to our collaborative compliance approach, our dental and vision Subcontractor:

- Created a library of letters along with collaterals
- Created and open and closed worklist that is accessed during weekly operations meetings

These actions resolved the non-compliant letter language, and the issue was closed.

Example Two — Interpreter Service

Anthem needed to resolve access to American Sign Language (ASL) Providers with our interpreter service Subcontractors. Anthem Members generally have minimal need for this service, but we are required to provide interpreter services when requested. Anthem met with the interpreter service Subcontractors to discuss the ASL needs. While the Subcontractors were recruiting additional Providers in various regions for this service, the Program Manager worked with our Corporate Subcontractor Management on a short-term solution to contract with individuals who are certified ASL interpreters and establish individual Business Associate Agreements (BAAs) with them. Ultimately, our interpreter service Subcontractors were able to increase access to ASL Providers that ended the need for short-term individual BAAs. However, to be responsive to a child's needs, we continued a BAA with one interpreter who had been providing ASL services for a child in therapy and who did not wish to change to a different interpreter with whom they were unfamiliar.

Example Three — Call Center Metrics

Anthem reviews Subcontractor call center metrics on a monthly basis. When Anthem identified that the call center metrics were not going to be met for a specific month, our Program Manager, the Subcontractor, and our Subcontractor Management met to discuss root cause and develop actions plans to resolve the discrepancy. We worked with the Subcontractor and took the following actions:

- Identified what call center metric was missed
- Issued Internal CAP
- Requested that a CAP Response Document be returned from the Subcontractor in five days from issue of CAP
- Reviewed and approved response from Subcontractor
- Requested daily metric reporting from Subcontractor
- Held daily and, subsequently, weekly monitoring meetings with Subcontractor
- Continued monitoring until Subcontractor achieved 90 days with 100% compliance to the call center metrics

- Closed CAP and notified Subcontractor after 90 days with 100% compliance to call center metrics

We will continue to oversee, monitor, supervise, audit, and enforce Contract compliance, as well as promote frequent and effective communication with emphasis on delivering quality services to Members. Anthem is committed to continuing to cooperate and participate in EQR during the term of the current Contract, and is in full compliance with the established EQR requirements.

Committed to the Future of Kentucky Medicaid

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

C.12. Enrollee Services

C.12.a. Describing Our Enrollee (Member) Services Call Center

a. Describe the Vendor's operation of the Enrollee Services call center including:

i. How the Vendor will monitor and ensure full staffing during operational hours.

ii. Examples of training and resources provided to call center staff.

iii. Approach to using back-up staff to support increased call volumes, how the Vendor ensures such staff are trained and have the correct materials specific to the Kentucky Medicaid managed care program, and location of these staff.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) has the systems and infrastructure in place to support our Enrollees (Members) with a culturally competent Member Services call center. In 2019, our Member Services call center answered more than 172,000 calls, while receiving satisfaction scores of 91% and maintaining a 10-second average speed of answer. We are committed to Kentuckians taking care of Kentuckians, and we understand the value of calls being answered by Customer Care Representatives that live and work in the same communities as our Members. ***To honor this commitment, we are expanding our Louisville call center by 158 employees, 49 of whom have already been hired. This will not only help us meet the needs of our Members more effectively, but will also bring new jobs to the Commonwealth.***

> We view every Member interaction as an opportunity to engage with the Member and identify any barriers they may be facing to accessing needed care and services.
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i. Monitoring and Ensuring Full Staffing

i. How the Vendor will monitor and ensure full staffing during operational hours.

Our Enrollee (Member) Services call center is staffed and available Monday through Friday 7:00 a.m. to 7:00 p.m. Eastern Time (ET). ***Our Members will always have access to live representatives through our 24/7 nurse hotline and 24/7 Behavioral Health (BH) Services Hotline.*** While our system is designed to prioritize Kentucky-based staff to answer Kentucky Medicaid calls, our Louisville call center is backed by Anthem, Inc.'s nine national Medicaid call centers across the country to provide back-up support and help ensure we meet performance standards and the needs of our Members.

Making sure that our call center is adequately staffed is a two part process: 1) developing a forecasting model tailored to Kentucky; and 2) monitoring calls in real time.

Our Kentucky Forecasting Model

Forecasting is more effective when we have experience in the market. We will use our more than six years handling Members calls in Kentucky to inform our forecasting model and help us more effectively staff for our Members' needs. We develop the forecast of monthly call volumes and average handle times for Member calls using:

- Membership projections
- Historical contact rates and call lengths
- Factors applied for initial, short-term, and extreme variances (like increased volume at program go-live)
- Seasonal variations, including increased call volume following holidays

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

We then take these forecasts and develop staffing requirements and hiring/training plans based on historical Kentucky-specific data, including:

- Call volume
- Average handle time
- Contractual service level requirements
- Call arrival patterns

Our extensive call center experience has taught us that we cannot just develop one forecast, so we develop forecasts at each half-hourly interval, by day, and ongoing. From these, we plan, create, and maintain employee schedules, time off, and off-phone activities. Independent processes are instituted at regular intervals to review and adjust forecasts for things like changes in membership, daily and actual call volume by interval and patterns, and seasonal factors. In building these forecasts, we also account for things like shrinkage (such as time off the phone lines for planned training and unplanned absences that reduce available staff); natural volatility across similar days and intervals (such as peaks at first of the month); and assumed attrition.

We also know that we need to adjust our staffing for different time periods in each month, and upon program go-lives. ***Our staffing models already account for the additional staff that we know we will need to support the increased call volume following the implementation of the new Contract.*** Additionally, we know that call volume is typically heavier at the beginning of the week; therefore we vary employee schedules by day of week (four ten-hour days, four nine-hour days and one four-hour day). We also limit planned time off and off-phone activities for heavy call periods to preserve more resources.

Live Monitoring

Our Workforce Management system functions as an information hub, which allows us to monitor call center trends in real time, and shift resources as needed. Our team reviews call queues reports at a variety of frequencies, ranging from every 15 minutes to quarterly, to confirm that required performance standards are being met or exceeded. If we see that call volume from Kentucky Members is increasing beyond the capacity of our scheduled Customer Care Representatives, we can add designated, Kentucky-trained back-up representatives to the queue, seamlessly expanding the number of representatives available to answer calls from our Members. This approach enables us to optimize staff efficiency while exceeding performance standards and providing our Members with the best possible customer service. ***Leadership, including the Chief Executive Officer, receives daily updates on call center performance, with more frequent updates provided if an issue is identified.***

Meeting Member Services Call Center Standards

The effectiveness of our forecasting and monitoring capabilities is demonstrated by the fact that our Member Services call center ***significantly exceeds*** the current American Accreditation Health Care Commission (ACHC) and URAC-designed Health Call Center Standard (HCC), as shown in Table C.12.a-1.

Table C.12.a-1. Exceeding Call Center Standards

Performance Metric	Performance Requirement	Anthem's Current Performance
Average Blockage Rate	5% or less	Consistently 0%
Average Speed of Answer by a Live Person	Within 30 seconds	Average 10 seconds
Abandonment Rate	5% or less	Average less than 0.75%

As shown in Figure C.12.a-1, we saw an increase in average speed of answer from July through September of 2019 due to an internal system conversion (Genesys migration). While working through this migration, we continued to exceed contract standards, and since implementation, we have returned to an average monthly speed of answer below 5 seconds.

Figure C.12.a-1. Exceeding Member Services Call Center Standards

Kentucky														
Measure	Goal	Caller Type	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Abandonment Rate	≤ 5%	Member	1.0%	0.0%	0.0%	0.2%	0.2%	1.6%	2.4%	1.7%	1.0%	0.4%	0.2%	0.1%
Average Speed of Answer	≤ 30 sec	Member	24 sec	1 sec	1 sec	5 sec	4 sec	8 sec	26 sec	16 sec	21 sec	4 sec	4 sec	4 sec
Blocked Call	≤ 1%	Member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%

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Services Available After-hours

Our Members always have access to live representatives and other self-service options 24/7/365. After-hours callers can choose from the following options to meet their needs at any time, including holidays:

- ***24/7 Nurse Hotline*** connects Members with an appropriately Kentucky-licensed practical nurse or registered nurse who assesses the caller's needs, aided by decision-support software, and provides recommendations for seeking treatment. Nurse Hotline Nurses support Members with: access to emergency or urgent care services, education on health care and prevention, offer alternatives to medically unnecessary Emergency Room (ER) usage, and support them in obtaining the appropriate level and source of care based on their symptoms and health care questions. The Nurse Hotline is NCQA accredited.
- ***24/7 BH Services Hotline*** connects Members to qualified BH Clinicians who are trained to assess and address specific BH emergency and Crisis calls. Depending on the emergency or Crisis, this staff may directly engage with emergency services or connect to local mobile Crisis teams. All BH Services Hotline staff complete training on recognizing suicide warning signs and reiterating appropriate actions to take. The BH Services Hotline will never be answered by any automated means or go to voice mail and meets the minimum performance requirements regarding answer by the fourth ring, callers never receive a busy signal, call abandonment rate is 7% or less, and staff have the ability to immediately connect to the local Suicide Hotline and 911 Emergency Services.
- ***24/7 access to an interactive menu of automated services*** through our Automated Voice Response System (AVRS) enables Members to check their enrollment status, change their PCP, or request materials (for example, ID Card, change address or telephone number, check claims status information, and order Member Handbook or Provider Directory).
- Members may also leave a voicemail message for non-urgent or non-emergent services. A Customer Care Representative will contact the Member within one Business Day following receipt of the message. Our voice mailbox provides ample capacity to handle message volume.

System Enhancements

We work to continually enhance Member experience with our Member Services call center. For example, ***we implemented a speech analytics system in January 2020***, to identify words and analyze audio patterns to detect emotions and stress in a speaker's voice. Through this system, calls are automatically categorized and tagged by call reason and consumer experience categories. This provides us the capability to understand what is driving Members to call us and leverage that data to understand our opportunities to help Members more efficiently. We are also leveraging these capabilities to help with our Quality programs, which provides more insight into coaching for our employees as well as providing information to our Learning and Development teams to enhance our training.

Serving Members with Limited English Proficiency

As a core element of our Cultural Competency program, we make sure Members have access to culturally and linguistically responsive services. We use the annual language survey, part of our Quality Management program, to proactively develop in-house resources to serve our Members. Members may request a live Spanish-speaking Customer Care Representative through our IVR menu prompts (also available in Spanish) or the Member may press 0 to speak with a live person and request the language line. Members who remain on the line without pressing any buttons are also routed to a live person. We rely on our language services Vendor who provides translation and interpretation services in more than 200 languages. Interpreters ***trained in health care terminology*** are available 24/7 to engage in a three-way call when necessary to meet Member needs. The interpreter, the caller, and the Customer Care Representative are connected within an average of 45 seconds in a three-way conversation.

Assuring Access for Members Who Are Deaf, Hard of Hearing, or Have a Speech Disability

Members, their families, and Legally Authorized Representatives who have hearing or speech disabilities can contact our Member Services call center and initiate a three-way conversation using the national 711 telephonic relay service or any other relay service of their choosing. We train all Customer Care Representatives to identify and respond to calls received via Telecommunications Relay Services.

Member Services Location

Our Member Services location at 13550 Triton Park Blvd. in Louisville, Kentucky meets the requirements of the Americans with Disabilities Act, as well as Commonwealth and local requirements applicable to health care facilities. Customer Care Representatives are available in person to assist Members between the hours of 7:00 a.m. to 7:00 p.m.

Routing of Calls Among Call Center Staff

Based on the caller's needs and preferences, our single toll-free number seamlessly connects Members to someone who can help them. ***Our goal is a one call resolution — to resolve calls during first contact.*** Based on the caller's selection, our automated call distribution system routes the call to the employee who can best meet the caller's needs. If the Member makes a wrong selection, our team has the skills to quickly identify this and seamlessly route the Member to the appropriate location.

From April 1, 2018 through March 31, 2019 Members reported **satisfaction scores of 91%** following their interaction with Member Services.
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ii. Providing Training and Resources to Call Center Staff

ii. Examples of training and resources provided to call center staff.

Customer Care Representatives complete six weeks of introductory training. The first four weeks of this training are conducted through the Anthem Training Academy (Academy), which leverages the expertise of Anthem's training programs, core tools, and workflow support platform developed and implemented for Medicaid Managed Care programs across the country. Our Academy facilitates a robust, comprehensive, uniform, consistent, and compliant approach to Medicaid training and education upon hire and on an ongoing basis. Our Academy also provides customized Kentucky-specific training to assure all staff understand and appreciate the Members they serve.

Anthem offers expert-developed, customized trainings in various formats, media, and schedules to promote a greater understanding of the program, processes, and population needs for all staff audiences. Education modules and materials cover a broad range of topics customized for different types of staff incorporating a multi-modal delivery (in-person, online, webinars, and written materials) because we understand not everyone learns at the same pace or in the same way. We offer county-identified, population-specific, culturally competent trainings customized for each specific audience. Trainers include fellow Kentuckians who have an in-depth understanding of the populations they serve and their region-specific needs. We provide training on the Kentucky Medicaid program, including cost-sharing, copays, and recertification requirements. Training also addresses the cultural and historical context to help Customer Care Representatives assist Members in a culturally sensitive and effective way, understanding how attitudes and social conventions are shaped, and the unique health needs and socio-economic status of the population. All materials reflect the various cultures, educational levels, and backgrounds of the staff being trained.

Training Beyond the Basics. In addition to being trained to serve the unique needs of Members in Kentucky Medicaid, training also incorporates Person-Centered Thinking© skills, policies, and practices developed through an exclusive multi-year arrangement with Michael Smull, a national leader and co-developer of person-centered curricula. This continuous learning method helps change perspectives from simply caring for people to partnering and supporting them to help impact their overall health and quality of life. Our trainers reiterate that Representatives are always evaluated on quality of interaction as opposed to call volume, and they are encouraged to stay on the line as long as necessary to meet the caller's needs. Representatives are also trained on motivational interviewing skills to enhance Member engagement. Additionally, all team members who accept Member calls in any capacity must successfully complete formal training on recognizing and responding to Member Crisis calls, including how to recognize suicide warning signs, assessment situations, and identifying appropriate actions to take. We have developed specific training in collaboration with the ***Zero Suicide Institute*** and the ***National Action Alliance on Suicide Prevention*** to implement a best practice for suicide risk prevention. Based on these trainings, team members are equipped to use Zero Suicide standards to screen and support Members at risk or in Crisis.

We maintain a sophisticated integrated desktop customized to service Medicaid membership, including product-specific business logic and integrated knowledge management that is readily

available to Customer Care Representatives to help organize work and enhance customer experience. For example, our system's family link functionality allows representatives to tie any gaps for a Member calling with gaps of others family members, facilitating efficient service to all members in the same family. Representatives also have access to a list of materials each Member has received from Anthem. They are trained on how to access this information to quickly identify why a Member may be calling, and connect them with the appropriate service, such as selecting a PCP.

Training also includes the full range of value-added services (VAS) we provide. During training, we confirm team members fully understand these VAS so they can help Members access these supplemental resources and tools. Staff also receive training on our Member website and how to connect Members will valuable resources such as Kentucky 2-1-1 and Community Resources Link, which provides information about the wide range of programs and services available in the community.

After Customer Care Representatives complete their initial four week training through the Academy, they enter a two week transition period where they shadow more experienced team members, partner with others to take calls under their guidance, and role play scenarios with one another in classroom settings. The transition period allows new team members to practice the skills they were taught during formal training, identify areas for further exploration, and receive vital feedback to sets the stage for their success.

We supplement their orientation and initial training with continued job-specific training in several modalities and formats. For example, we use small group settings and seminars as well as interaction with subject matter experts. We validate individual proficiency through exercises in which employees must demonstrate their ability to deliver knowledgeable and accessible assistance and services to our Kentucky Members.

Mechanisms are in place to track, monitor, alert, and report compliance and completion of each of the trainings. We update all training programs to remain relevant and topical throughout the Contract tenure. Our training program for Customer Care Representatives and Nurse Hotline Nurses is included in Table C.12.a-2. For a complete list of our BH Services Hotline training program, see our response to C.23.b.

Table C.12.a-2. Anthem's Comprehensive Member Services and Nurse Hotline Training Programs

Topic Details
Member Services Staff Training: Kentucky Medicaid Specific Topics
• Covered Programs and Services, Including Access to Preventive Health Services, BH Services, and Community-based Services • Kentucky Medicaid Product Structure and Program Requirements; Overview of Programs and History of Kentucky Programs; Contract Requirements • Positive Behavior Supports, Person-centered Practices • Community Inclusion and the Importance of Maintaining Independence in the Community • Protections-related Fraud, Waste and Abuse; Neglect; or Exploitation • Kentucky Medicaid Member Cost-Sharing and Copays • Kentucky Medicaid Service Management and Program Benefits including value-added services and Health Education initiatives
Member Services Staff Training: Core Topics
• Cultural Competency Program, including Assisting Members with Limited English Proficiency, Members who are Deaf or Hard of Hearing, and Responding to Members with Communication Difficulties or Challenging Behaviors • Anthem and DMS Partnership Managed Care Principles, including Coordination of Care

- National Compliance, Anthem Fraud and Abuse Program, and Member Rights and Responsibilities
- Systems Training and Online Resource Tools (Core)

Nurse Hotline Module: Kentucky Medicaid Specific Topics

- Process for Obtaining Emergency Prescriptions and 72-Hour Drug Supply
- DMS-OIG Lock-in Program Pharmacy Override Process to Assure Member Access to Medically Necessary Outpatient Drugs
- Community-based Services and Durable Medical Equipment Processes
- Role of the PCP, Health Home, and Integrated Primary Care
- Issues Related to Child Abuse and How to Assist Members Seeking Care and Services
- Process for Referrals or Receiving Authorizations for Procedures and Services

Nurse Hotline Module: Core Topics

- Systems Training and Online Resource Tools, Assessing Calls, Caller Verification Process
- Process for Disseminating Information about Providers
- Call Monitoring, Quality Management, and Complaints Handling
- Process to Confirm Children with Special Needs; Trauma-informed Care; Cultural Competency
- Appointment Availability, Access Standards, and Online Appointment Scheduling for Participating Providers
- Behavioral Health Crisis Calls Handling, Warm Transfers to Behavioral Health Services Hotline
- Policies and Procedures, including Complaints, Grievances, and Appeals

We monitor performance and implement continued improvement strategies to enhance Member experience and operational excellence. Examples of these strategies include:

- Weekly Leadership Accountability sessions are held focused on results at the manager-level with improvement action plans development, when required
- Customer Care Representatives with low Inquiry Resolved scores are provided *Creating a Customer Obsessed Service Experience* coaching and performance management
- Enhanced Operations Expert model provides increased floor support for complex issues and new hires

We are also working to enhance our training strategy, offer new gamification (competitive learning and performance based on key performance indicators and rewards), and electronic on-the-job coaching and tips.

iii. Using Time Estimating Methods and Back-up Staff

iii. Approach to using back-up staff to support increased call volumes, how the Vendor ensures such staff are trained and have the correct materials specific to the Kentucky Medicaid managed care program, and location of these staff.

While our system is designed to prioritize Kentucky-based staff to answer Kentucky Medicaid calls, our Louisville-based center is backed by Anthem, Inc.'s nine national Medicaid call centers across the country to provide back-up support. Our call routing technology offers us the flexibility to route calls to Kentucky-trained representatives in other locations, primarily in Nashville and Indianapolis, to avoid any disruption in service, including unplanned call volume, or a business continuity event. These calls centers have the technological capabilities to handle ***any call, anywhere*** and use an integrated desktop technology customized to service Medicaid membership with product-specific business logic and integrated knowledge management.

Our Workforce Management system functions as an information hub, which allows us to monitor call center trends in real time, and shift resources as needed. Our team reviews call queues reports at a variety of frequencies, ranging from every 15 minutes to quarterly, to confirm that required performance standards are being met or exceeded. If we see that call volume from Kentucky Members is increasing beyond the capacity of our scheduled Customer Care

Representatives, we can add designated, Kentucky-trained back-up representatives to the queue, seamlessly expanding the number of representatives available to answer calls from our Members. This approach enables us to optimize staff efficiency while exceeding performance standards and providing our Members with the best possible customer service. ***Leadership, including the Chief Executive Officer, receives daily updates on call center performance, with more frequent updates provided if an issue is identified.***

Assuring Staff Training and Knowledge of the Kentucky Medicaid Program

In addition to receiving the same Kentucky-specific training as our Louisville-based employees, all back-up representatives use our integrated desktop technology to rapidly access and display all data related to a caller's benefits – assigned PCP, service utilization and claims history, enrollment, authorizations, and other health insurance coverage – tailored to Kentucky programs and service areas. For example, when a caller requests a new ID card or asks about a benefit, the integrated desktop eliminates the need for the Customer Care Representative to spend time looking for information while the Member is waiting. Instead, the Customer Care Representative can focus on how to satisfy the needs of the caller, promoting single-call resolution.

Demonstration of Our Process in Action

Our technology enables us to seamlessly route calls to different sites to continue serving Members without any disruption of service or degradation in quality.

GOING ABOVE AND BEYOND

For example, when the Kentucky HEALTH 1115 Waiver program was discontinued, we were notified on Friday at 5:00 p.m. with the go-live date scheduled for the following Monday at 7:00 a.m. In anticipation of an increase in call volume, we updated employee resources within our integrated system and appropriately expanded our queues. Although the call volume significantly increased, Anthem was able to meet performance standards and the needs of our Members.

C.12.b. Outreach and Education

b. Describe the Vendor's approach to Enrollee outreach and education, including the following at a minimum:

i. Overall approach to educating and engaging Enrollees about topics such as but not limited to Covered Services, accessing care, availability of the Population Health Management program, and improving overall health.

ii. Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education.

iii. Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and cost effective health care services.

iv. Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.

Informed Members are engaged Members; therefore, Anthem deploys a broad range of resources to make certain our Members have timely, easy to understand, complete, and accurate information to make informed decisions about their health and well-being. Member education and outreach strategies are focused on Kentucky's State Health Improvement Plan priorities integrated in whole-person care through our Population Health Management (PHM) program.

Community-based outreach and events, texting campaigns, social media, targeted outbound calls, our Member website, and mobile application are among the many vehicles we employ to reach and educate our Members. We view every interaction with our Members as an opportunity to connect them with wellness services and benefits, and we partner with community-based organizations to promote Member initiatives and connect them with resources.

In carrying out the activities described in this section, we comply with all related requirements outlined in RFP Attachment C Draft Contract Section 22.0, Enrollee Services.

i. Overall Approach to Educating and Engaging Members

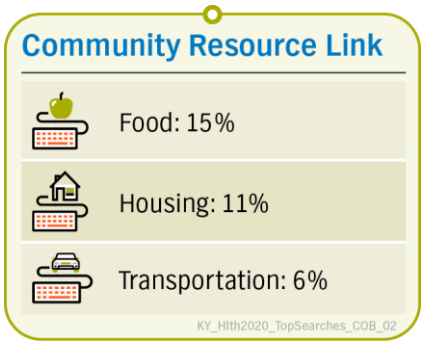
i. Overall approach to educating and engaging Enrollees about topics such as but not limited to Covered Services, accessing care, availability of the Population Health Management program, and improving overall health.

Designing Our Education and Outreach Services

We educate and engage Members throughout all points on the Member journey. We welcome and onboard new Members, help them to understand and access their benefits, provide education on health conditions and available community resources, and remind them when it is time to renew their Medicaid benefits.

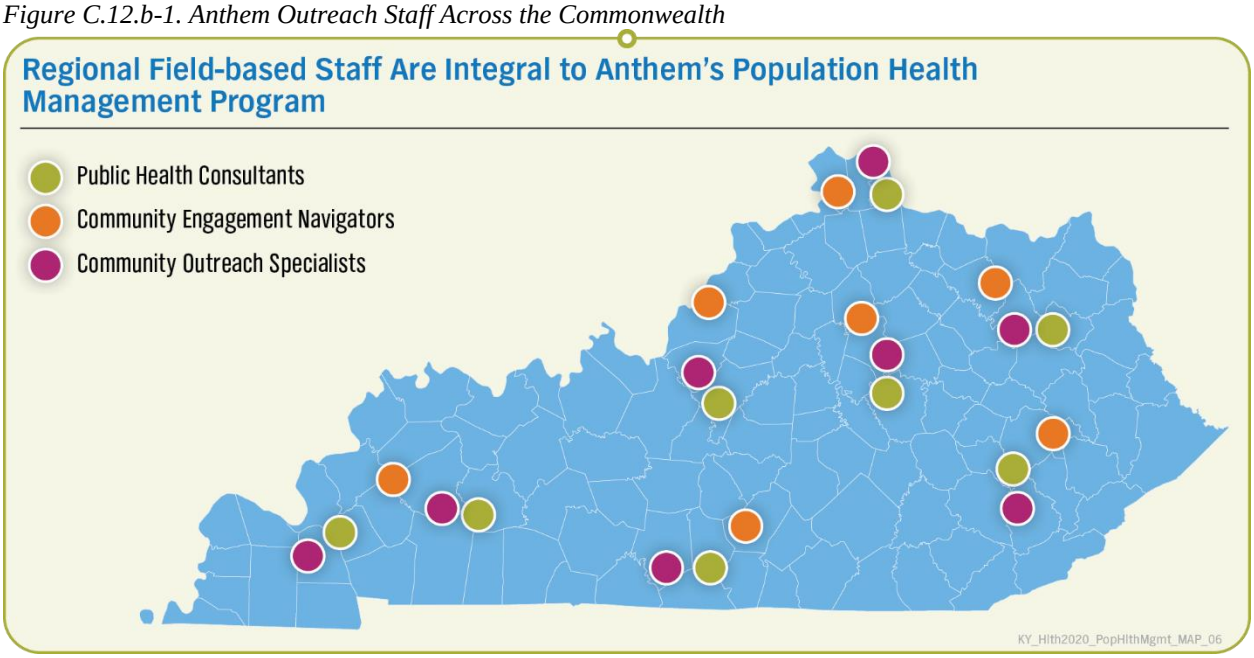
First, We Listen

We make it easy for our Members to access whole-person, integrated health care and the related resources necessary to support them in achieving optimal health. We design our outreach, education, and engagement efforts to meet Members' needs and communicate with them via their expressed preferences. This design work is informed by multiple sources of Member feedback, including, but not limited to our Quality and Member Access Committee (QMAC), annual Member surveys (for example, CAHPS), and focus groups, among other methods. This responsiveness is our commitment to demonstrating quality every day for our Members.



In addition to the direct feedback we receive from Members, we also use the valuable information we receive through our PHM model to inform the development of our marketing, outreach, and health promotions materials. For instance, the systems and programs we have in place allow us to analyze Members' social determinants of health (SDOH) and health needs data, which is used to customize our materials and deliver outreach topics most relevant to our population. For instance, we analyze and trend the data we receive from Community Resource Link, an online tool that provides Members with access to a searchable directory of community resources (such as food, housing, and transportation) to address identified needs related to SDOH. Community Resource Link connects directly to our care management system and enables our teams to track the resources Members search for and use most. We monitor this data to make sure the inventory of our materials addresses the actual needs of our Members. We also make this data available to our Community Engagement Navigators, Public Health Consultants, and Community Outreach Specialists, to assure our outreach activities include topics that matter most to our Members. As outlined in Figure C.12.b-1, Outreach staff is strategically located across Kentucky, so all Members, including those located in the most rural areas of Kentucky, benefit from this analysis.

Figure C.12.b-1. Anthem Outreach Staff Across the Commonwealth



In addition to developing materials based on the identified needs of our Members, we also align our outreach and education efforts to the Kentucky's ***public health priorities,*** including those outlined in the *Kentucky State Health Improvement Plan, 2017–2022*. Topics for outreach and education include:

- Substance use disorder (SUD)
- Smoking and Vaping
- Obesity
- Integration to Health Access
- Suicide Prevention
- Dental Care
- Human Trafficking

Multiple Modes of Communication

Members receive and process information in different ways, at different times, and through different means. For this reason, we deploy a broad range of strategies and resources to inform and educate our Members about their health care services, methods to promote their health and well-being, and as indicated, how to self-refer for services and resources that can improve their health. Figure C.12.b-2 details the ways in which we communicate information about our operations, Covered Services, and health promotion efforts.

Welcome Outreach

Within five business days of receiving the 834-eligibility file, we mail new Members a welcome packet, which includes key documents like the welcome letter, Member ID card, and Member Handbook. We have also evolved our welcome outreach to include easier-to digest pieces, such as the Quick Start Guide, meant to highlight what Members need to start using their Covered Services. The Quick Start Guide provides information about key benefits, including VAS, how to choose a PCP, completing a Health Risk Assessment (HRA), available digital tools, and how to request information in alternate formats and languages.

In addition to mailing these materials, we have also implemented strategies to achieve high levels of engagement with new Members. A week after a Member is enrolled in our plan, we conduct a "Welcome Campaign" through Campaign Engine, an Adobe software application in

which we can load Member-level communication touchpoints and program advanced queries to optimize channel delivery and messaging. This application allows us to leverage and manage multiple data sources to orchestrate multi-channel campaigns. For the Welcome Campaign, we first reach out to Members through an IVR outbound call, inviting Members to complete the HRA and contact our Member Services call center with questions or concerns. We are then able to run an analysis of the Members who were not reached by the call campaign, and follow up with a text message. The system tracks this data and helps us tailor future outreach strategies based on the most successful set or combination of campaigns, channels, and content. ***As of September 2019, we reached nearly 14,000 Members through this Welcome Campaign.*** We conduct similar campaigns when a Member is auto assigned to a PCP after the 90 day self-select period to explain the importance of a PCP and how they can select a new one at any time.

Figure C.12.b-2. Anthem Uses Multiple Modalities to Educate Members

Members Can Easily Access the Information They Need

Educational Content	Materials and Methods Used						
	Member Handbook	Member Website	Member Services Hotline	24/7 Nurse Hotline	Mobile App	Care Management In-Person Outreach	Telephonic Outreach
Operations							
Key contact information	•	•	•	•	•	•	•
Member rights and responsibilities	•	•	•		•	•	•
Role of the PCP	•	•	•	•	•	•	•
Member Grievances and Appeals	•	•	•	•	•	•	•
Covered Services							
Covered and non-covered services	•	•	•	•	•	•	•
Service limitations	•	•	•	•	•	•	•
Value-added services	•	•	•	•	•	•	•
Prior Authorization process	•	•	•	•	•	•	•
How to obtain services, including after hours and on weekends	•	•	•	•	•	•	•
Health Promotion							
Health promotion and wellness information	•	•	•	•	•	•	•
Value of preventive care and screening	•	•	•	•	•	•	•
Population Health Management programs	•	•	•	•	•	•	•
Care Management programs	•	•	•	•	•	•	•
Condition- and disease-specific information		•		•	•	•	•

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Ongoing Communications

On an ongoing basis, we will continue to engage with Members by reminding them of the benefits and programs available to them using traditional communication methods, such as customized mailings and automated outreach. However, we are also bringing more modern and innovative methods of communication to our Kentucky Members. For instance, starting in March 2020, we are replacing our Member newsletters with weekly blog posts, which will allow us to reach Members with important health information that is seasonal, relevant, and timely. This blog will not only be available to our Members in Kentucky Medicaid, but will also be accessible

by the general public. Social media also allows us to provide important information related to benefits, VAS, and priority health issues, like smoking and vaping, in a more engaging way. ***For instance, a single September 2019 social media post about the dangers of teen vaping reached over 17,000 individuals and resulted in over 1,900 engagements measured by clicks, comments, reactions, and shares.*** Digital channels like Facebook and Instagram allow us to learn how Members engage with health information, so we can better refine our methods and messages in the future. They also give Anthem a timely mechanism to announce events, such as Health Fairs, and introduce new VAS as they are implemented.

We also have ***Community Engagement Navigators*** located within each of the eight regions with deep ties to the region they serve. The navigators hold localized events and work with non-profit organizations on in-person health trainings with the topics most relevant to each community. While these navigators work to educate all individuals in communities across the Commonwealth, they are also equipped to provide our Members specific information about the benefits and services available to them.

We know that Members experience challenges with SDOH that create barriers to them engaging in their health and wellness. As such, we have created our ***Concierge team of tenured Customer Care Representatives***, who are trained on SDOH and help link Members to supports and services that eliminate barriers and help them focus on their health. The dynamic nature of this team also means that they can engage in any new initiatives related to Member needs or outreach efforts as they are identified.

Our Member website is accessible 24/7/365 and is designed for ease of navigation, and to minimize download and wait time for Members. Through the website, Members can select or change their PCP, securely message Member Services, access a calendar of Member and community events, select a communication preference (text, email, or regular mail), access our Provider Directory, and request a call from Member Services (Click to Call). On our website, we also feature a Member engagement platform, which offers health information, custom campaigns and challenges, and user activity and input to deliver a personalized experience and tools that promote healthy behaviors.

Additionally, Members can download our mobile app for iOS or Android for ready access to their ID card, Healthwise A to Z, Symptom Checker and Condition Lookup, and to send a secure message to Member Services. The app, which is available in English and Spanish, provides access to our full Find a Doctor online Provider Directory tool, including the option to select or change their PCP and the integrated map feature to find offices most convenient to their location and learn about public transportation options. To protect privacy, any Member-sensitive data viewed is not stored on the device. Members who already have an account on our secure portal can use the same username and password to access the app. In addition, users can use their devices' biometric features (fingerprint ID, facial recognition) to make logging into the app even faster.

INNOVATION

We will be using a new mode of communication and outreach to engage and educate new Members. With DMS approval, we will deploy ***video brochures*** in quarter 3 of 2020. This interactive, video-based brochure automatically launches an approachable, easy to understand animated video upon opening, giving Members helpful information on Covered Services, VAS, preventive services, BH, prenatal care, and other areas

of importance to the targeted Member base. These video brochures will be distributed to our Members and community-based organizations (CBO) partners to expand the impact of our outreach and education.

For Members preferring to receive notifications by text messaging, we provide timely updates and reminders about preventive service screenings.

Lastly, we offer a broad suite of culturally appropriate educational materials, available in English, Spanish, and other languages upon Member request and in alternative formats, such as braille and large font.

ii. Priority Areas of Focus

ii. Topics the Vendor proposes to be priority areas of focus for Enrollee outreach and education.

We conduct Member outreach and education to assist Members in accessing Covered Services and benefits that contribute towards population-wide improvements in health areas as specified in the Kentucky State Health Improvement Plan, and to address health disparities and gaps in health equity***. Our PHM program informs our outreach strategies to meet these goals***. We have several priority areas of for outreach and education:

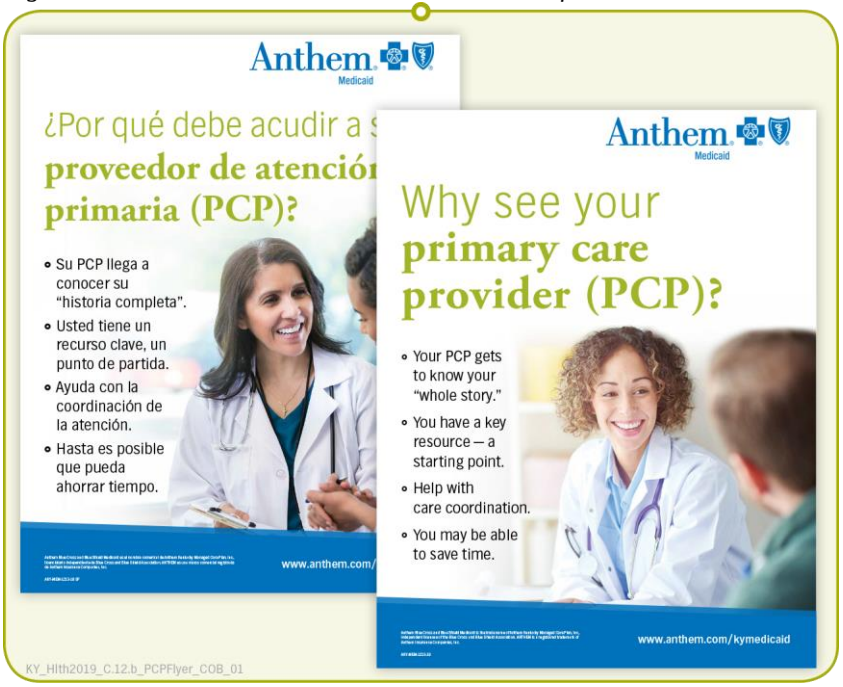
Promoting Enrollment. One of our priority focus areas is to make sure all eligible individuals, ***especially children***, are enrolled. We understand how valuable health care coverage is and the importance of educating the Kentucky community on Medicaid enrollment. We will partner with DMS, other Managed Care Organizations (MCOs), and community partners to develop outreach and education materials that will provide individuals with the information they need to enroll and maintain their Medicaid coverage.

Medicaid Basics. Since new Members are often not familiar with Medicaid services and benefits, we place a high priority on educating Members once they are enrolled about basics such as Covered Services and benefits, how to select a PCP, the importance of regular wellness visits, how to make and cancel appointments, care for pregnant Members, and how to file a Grievance or Appeal. Other key areas of focus include Member rights and responsibilities, information available through our website and mobile app, and key sources of information (for example, our Member Services call center and 24/7 nurse hotline). We have a number of educational materials and automated new Member welcome calls and text messaging that share this information.

Role of the PCP. Through outreach presentations, our Member website, and printed information (such as the PCP Flier shown in Figure C.12.b-3), we communicate to Members the importance of selecting a PCP. Moreover, our Customer Care Representatives emphasize the importance of seeking preventive, routine, and specialty health care services through the Member's PCP and advise that the PCP is an integral participant in service planning and coordinating access to services. We also educate Members regarding appropriate care settings — for instance, when to go to an urgent care center in comparison to seeking care at a hospital ER.

Priority Health Conditions. We believe MCOs play a key role in improving population-level health conditions such as SUD, obesity, and tobacco-related disease. Our health educational materials address these health issues, and we provide training and support to internal staff and our Network Providers in educating Members and their families about these and other health conditions. Provided below is a sample of additional health issues and conditions we address on our website, printed outreach materials, through social media and on our Member blog (coming in March 2020) as part of our standard Health Education Workshop curricula:

Figure C.12.b-3. Anthem Educates About the Role of PCPs



- Opioid use disorder (OUD) treatment
- Immunizations, including flu shots
- Safe pregnancy, including prenatal smoking
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Physical activity and nutrition
- Diabetes
- Asthma
- Mental health
- High blood pressure
- Cancer screening
- Chronic obstructive pulmonary disease (COPD)
- Smoking and vaping

We are constantly developing new materials in response to the health care needs of Members and communities, and will also include a variety of public health concerns in our outreach efforts on topics such as Human Trafficking, Domestic Violence, and Child Abuse and Neglect.

In order to quickly address emerging health needs and priorities, we are not only able to build upon existing health promotion and education materials that we have created for Kentucky, but we can also leverage the materials that have been developed by our affiliate health plans in 23 markets. For instance, when the University of Louisville's Human Trafficking Research Institute announced that human trafficking, particularly of children and vulnerable youth, occurs at high rates across Kentucky, we quickly surveyed our company's inventory to see if there were materials that we could use to help educate and inform Members about this Crisis. These efforts resulted in the identification of a presentation on sexual exploitation and human trafficking that was developed by our affiliate in Georgia, which includes important topics such as prevention tips and victim warning signs. ***We are tailoring this presentation to Kentucky, and plan to use these at schools and other events to educate parents and community partners.***

We are also bringing our innovative **Interpersonal Violence Reduction Program (IVRP)** solution to Kentucky, which is a team-based, tech-enabled, and care extension services to Anthem Members who experienced or are at risk of experiencing acts of intimate or interpersonal violence. Our IVRP will provide participants with individualized violence and safety-related education designed to enhance skills, strategies, and supports to avoid or reduce potentially violent situations.

In addition to broaden the reach of our outreach and education strategies, Anthem collaborates with community organizations throughout the Commonwealth, including those in the most rural areas of Kentucky. We play a key role in improving the health and quality of life of Kentuckians and will continue to form partnerships and develop outreach efforts that strategically address these and other priority health conditions that are of greatest concern to our Members, DMS, and other stakeholders. Examples of organizations that we have partnered with to address priority health conditions include:

Floyd County Tobacco Coalition. Anthem has been part of this group, which helps educate and support the community in becoming tobacco free, for over two years. Anthem has provided support to this coalition in many ways, such as sponsoring giveaway gifts during Red Ribbon Week for initiatives that raise awareness about the benefits of becoming smoke-free. Anthem is excited to participate and support this type of community education outreach.

Big Sandy Diabetes Coalition. Anthem has partnered with the Big Sandy Diabetes Coalition, which helps educate individuals living in Eastern Kentucky on diabetes prevention and care resources. Together, Anthem and the Big Sandy Diabetes Coalition have hosted health events in this region, and Anthem has sponsored $5,000 towards this Coalition to help provide free A1C screenings.

Mountain Regional Prevention Center (Kentucky Moms Baby Shower program). Anthem sponsors baby shower events in all regions throughout the state, including the Big Sandy Region, to help educate mothers on health benefits available for them and their children. The program also helps educate expectant and new moms about the harm of alcohol, tobacco, and drug use.

iii. Promoting Health Literacy

iii. Initiatives and education (health literacy) the Vendor will use to drive appropriate utilization and cost-effective health care services.

According to the National Assessment of Adult Literacy, only 12% of adults have proficient health literacy. Deficiency in health literacy is linked to poor health outcomes, less frequent use of preventive services, and higher health care costs. In an effort to drive appropriate utilization and cost-effective health care services, we have comprehensive education and outreach strategies in place to make sure Members understand their benefits and services, how to communicate with their Providers, and the ways we can help them if they do not. For all of our Member materials, we use an innovative, interactive literacy software tool called ***Health Literacy Advisor*** that replaces hard-to-read medical terms and phrases with plain language, scores documents on their general readability, and increases readers' comprehension in health literacy. We develop materials at a sixth grade reading level using the Flesch-Kincaid readability index. Further, we enhance understanding by using visuals such as relevant photos, diagrams, and drawings to convey information and emphasize key points.

We have our QMAC review our educational materials (such as our Member Handbook) to make sure we are providing Members with clear, easy to understand information. We also work with our partners within the community, such as the Centers for Independent Living (CILs), to review our materials to make sure that they are accessible and easy to understand for our Members with disabilities. Further, we make certain our educational information is uniformly available in English and Spanish, and other languages based on anticipated need. For example, when we host an event in more diverse areas like Louisville or Lexington, with a significant refugee population, we bring health tips translated into Somali or Farsi as well as English and Spanish.

We also have several community initiatives aimed at improving Member health literacy. Our Community Outreach Representatives are specifically trained in basic health promotion and health literacy strategies. They serve as ***health literacy advocates*** by assisting Members in better understanding their health conditions and the supports and resources that are available to them. We partner and collaborate with community leaders and organizations to educate Members and potential Members on managed care benefits, and the importance of receiving preventive care and age-appropriate wellness screenings. Community-based staff distribute plain language health promotion materials focused on priority conditions at Health Fairs, schools, and other Member- and community-facing events.

During these events, Community Outreach Representatives also utilize our ***Health Promotion Demonstration Kits*** to make learning about health topics fun and easy to understand. These kits include large, interactive props, presentation materials, and talking points. They are used by outreach staff to: 1) improve health literacy among Members and the general community; 2) promote healthy behaviors; and 3) align outreach activities with our target quality measures. Examples include a Germ Prevention kit, used to demonstrate proper handwashing techniques through a black light that illuminates germs; an Oral Health kit, used to demonstrate appropriate teeth brushing and hygiene (Figure C.12.b-4); and a Breast Self-Exam kit. We also have demonstration kits for the following health topics: diabetes, nutrition, managing your health care, healthy lifestyle, immunizations, and men's health.

Figure C.12.b-4 Oral Health Kit

We recently brought these valuable resources to the community through a Health Fair with St. James Church, where we provided services and education to over 500 attendees. In addition to Health Fairs, we utilize partnerships with community organizations that serve special populations, such as the Harbor House, to bring in Health Education Workshops on topics such as dental care, healthy eating, and germ prevention, to name a few. We also work with local schools by supporting training on various health topics and through our Teacher's Closet Program, providing classroom essentials to teachers in Title I schools for students in need during the school year.

iv. Collaborating in Outreach and Education

iv. Collaboration opportunities with other contracted MCOs, CHFS Departments, and community partners to support Enrollee needs through joint outreach and education.

We recognize the value and necessity of working with DMS, other MCOs, and our community partners to support Enrollee outreach and education efforts. We believe in order to move the needle on improving the health of Kentuckians, we must address the major issues as a team. As such, our main collaboration priority is to lead a new initiative to partner with DMS and other contracted MCOs to create a standard piece of collateral to help educate individuals on Medicaid benefits and how to enroll. In addition to facilitating consistent messaging about the Medicaid enrollment process from all MCOs, this material could also be used by community organizations and Providers across the Commonwealth. ***This will be instrumental in supporting the state's effort to assure every individual in Kentucky, especially children, has health care coverage.***

Additionally, we will maintain a Public Health Consultant team of ten (10), who will be located regionally throughout the Commonwealth. Our Public Health Consultants will be responsible for driving education, participation, and sustained health engagement. They will provide population-based public health programs and services and will work collaboratively with school districts, public health agencies, Providers, and law enforcement to provide specialized support. They will also be responsible for creating informational and culturally competent material to promote health education programs and services and effective health messages to the communities throughout Kentucky. They will cooperate with DMS and our local health department partners to advance public health priorities and support Enrollee needs through joint outreach and education.

Augmenting our Public Health Consultants, ***Anthem will have eight (8) Community Outreach Representatives located strategically throughout the Commonwealth***. Each representative will live in the respective community they serve, assuring they have deep roots to and an abundance of knowledge around the population in their region. These individuals will develop meaningful relationships with community-based organization that serve the Medicaid population like local faith-based organizations, schools, food banks, WIC centers, homeless shelters, FQHC, and other Provider groups. Additionally, when needed, they serve as a resource to our Care Management team and Public Health Consultants to help resolve challenges for Members and their families and to provide local, community-based assistance. With their strong knowledge of the community and resources available, they help our Care Management team and Public Health Consultants close gaps in care and provide support in connecting Members to the appropriate services and supports, offering recommendations for modifications to care plans based on the need for additional services.

Collaborating with Cabinet for Health and Family Services (CHFS)

Anthem greatly values its working relationship with CHFS departments related to outreach and education, and actively participates in the many opportunities for collaboration that will improve the health of our Members. For example, Anthem key leadership participates on all 10 telehealth workgroups with CHFS. While planning is still in the preliminary stages, Anthem believes there will be many collaborative opportunities including piloting TytoCare in school-based clinics, grants for start-up funding, and sponsoring telehealth workshops across the Commonwealth.

We also share the same priorities as the Department of Public Health, such as reducing tobacco use and promoting healthy behaviors. Together, we can create innovative outreach and education strategies, particularly in conjunction with the following:

- **Division of Maternal and Child Health.** Early Childhood Promotion, WIC Program
- **Division of Women's Health.** Adolescent Health Initiatives Program, Breast and Cervical Cancer Screening Program
- **Division of Prevention and Quality Improvement.** Tobacco Prevention and Control, Obesity Prevention and Control, Healthy Communities, Diabetes

Our new Public Health Consultants will seek additional opportunities to work collaboratively with various departments within CHFS on behalf of our Members.

Collaborating with Other MCOs

In addition to partnering with MCOs to help assure all individuals have health care coverage, Anthem will continue to leverage our history of working with other MCOs. Through past partnerships with other MCOs on events such as listening sessions and educational presentations for Foster Care parents, we know this type of collaboration creates streamlined and consistent messaging for Providers, Members, and other individuals and organizations in the community promoting enrollment. It also provides a venue for MCO staff to learn from each other and to collectively hear the concerns of Members, parents, partners, and other stakeholders. ***Anthem will build upon this collaboration going forward, leveraging its current leadership role in the Kentucky Association of Health Plans to organize additional opportunities to work cooperatively with the other Kentucky MCOs in outreach and education initiatives.*** Additional areas for potential collaborative efforts include:

- Regional Kentucky Medicaid ***listening sessions and health condition-specific workshops*** on priority topics such as the opioid epidemic, adolescent suicide, obesity, and smoking. Anthem is committed to collaborating with MCOs to conduct a series of community forums statewide and develop meaningful Member materials to address these topics.
- Anthem proposes a ***Kentucky Best Practice Summit*** as a joint effort between DMS and the Kentucky Health Plan Association. Each MCO would be invited to submit up to three best practices to be reviewed, evaluated, and judged by local area officials. Potential judges would include: the Secretary of Health and Human Services, the President of the Local Hospital Association, the Health Editor of the local newspaper, and the Chair of the Health Committee in the Senate and House. Plans would submit their presentations including: a full description of the project, a PowerPoint presentation, display boards, handouts, etc. The Summit could be held as an annual dinner and celebration with submissions displayed throughout the room. The objective would be to demonstrate collaboration, learn from each other, and share great ideas benefiting Kentucky's Medicaid population, including best practices on Member outreach and education.
- In-person ***monthly or quarterly Operations Meetings*** with all MCOs where DMS reviews upcoming policy changes and next year pricing plans with all MCO leadership at the same time. This would create efficiencies for DMS, as it would eliminate the need to meet individually with five separate MCOs; would improve the consistency of communications to Members and Providers; and would create more open dialogue between the MCOs and DMS and among the MCOs.

- ***MCO and DMS Combined Regulatory Sessions.*** All MCO and DMS Subject Matter Expert Work Groups would meet to discuss newly proposed legislation or proposed DMS policy changes. The group would then form opinions and collective industry recommendations for proposed legislation, as well as discuss any potential impacts to Members and the best way to communicate these changes.

Collaborating with Community Organizations. We have meaningful, deeply rooted relationship with hundreds of CBOs across the Commonwealth. We collaborate with a wide variety of CBOs in various types of community events, including conducting health and wellness presentations, supporting events and programs, and participating in Health Fairs, baby showers, and well-child workshops. Examples of some of these collaborations include:

- ***Partnership with Highland Middle School*** in Louisville on a *Dangers of Vaping* educational health promotions pilot. Anthem's Community Engagement Navigators are collaborating with Highland Youth Services Center to facilitate a small group classroom education program on the dangers of vaping using information from the Online University. The program will bring in community guest speakers to enhance learning and incorporate peer influencers who are willing to be a part of the conversation to discuss vaping usage in a safe environment. We are also contacting the American Lung Association as well. We are also planning a creative, interactive teen-focused Health Fair during the school day and discussing ideas to include parents, which would allow Anthem an opportunity to meet a large number of Medicaid parents and make sure they have health care coverage.
- Partnership with ***God's Food Pantry*** helped 104 people in Pulaski County obtain good-quality, bug-free beds to sleep in through the *Beat the Bug* mattress program funded by Anthem. The program not only supplied new mattresses, but participants were also educated on how to prevent future infestations. The Commonwealth Journal reported on the partnership and included the following quote from God's Food Pantry's Executive Director, "This program was a wonderful gift for so many families in need," said Russell. "During distribution, I saw several families with small children and the children were literally dancing because they were finally going to have a bed to sleep in! It was so sad, so touching, and so exciting all at the same time."
- Since 2014, the Anthem Foundation has invested ***$8.1 million*** in Kentucky through community grants and sponsorships to address issues such as food insecurity, access to health care, fighting the opioid epidemic, and homelessness. Below is a breakdown of that spending:
  - Anthem Foundation has invested ***$2 million*** in 22 Kentucky local non-profits, such as Maryhurst, The Morton Center, University of Kentucky, and University of Louisville Research Foundation.
  - Anthem Foundation has invested ***$2.1 million*** in 23 national non-profit partners, such as March of Dimes, The American Red Cross, and The American Lung Association. These donations funded educational programs on healthy pregnancies and smoking cessation classes.
  - Anthem Foundation has supported 45 local non-profit partners through community relations donations totaling $918,583 and another ***$1.4 million*** through Employee Community Engagement programs, supporting 130 non-profits in 2019 alone.
  - Anthem employees have spent ***15,840*** hours volunteering in their Kentucky communities.
  - Anthem Kentucky health plans (Medicaid, Commercial and Medicare) have invested approximately $1.7 million in communities across the Commonwealth, supporting non-

profits such as God's Pantry Food Bank, Welcome House, and Dress for Success, which provides educational resume workshops and clothing for women who are reentering the workforce.

Recent Anthem Foundation program highlights demonstrate how Anthem goes beyond providing access to health care services by supporting innovative programs to help address the barriers that negatively affect health and quality of life:

- **$15,000 to Southwest Ministries.** Allowed Southwest Community Ministries to help more than 50 households across southern Jefferson County stay warm through the coldest months by paying utility bills.
- **$80,000 to Welcome House.** Allowed Welcome House's Opportunity Youth Housing Initiative to purchase a home in Covington to be used for transitional housing for those aged 18-24 experiencing homelessness, including Transition Age Youth (TAY). A satellite office inside Welcome House houses one of our Navigators to help provide wrap-around services for the homeless, including housing, income and benefits, and service coordination. Clients receive assessments, outreach, case planning, financial education and budgeting, housing counseling, employment support, and community referrals services.
- **$11,500 to Wednesday's Child.** Provided funding for computers for foster children to position them for educational success, a holiday party each year that includes Anthem volunteers, provided TARC bus tickets for foster youth who are aging out of the system, and helped fund a clothing necessity room.
- **$50,000 Kentucky Association of Food Banks.** Supported the No Kids Hungry Mobile Meals summer program increase the number of meals served to Kentucky kids in 2019 by 10%, to more than 3.2 million meals served in the summer of 2019. Anthem's support made it possible for: Grant County Schools to start a mobile meal program, Bardstown Independent Schools to continue offering their otherwise cancelled Mobile Meals program, Ohio County Schools to expand their program, KCEOC Community Action to reach children in an additional county and funding to rent another van to serve meals, and Hardin County Schools to rent another vehicle to reach additional children.
- **$28,800 to God's Pantry Food Bank's for Donation of Mobile Vehicle and Support of Power Up the Pantry event in Hazard and Prestonsburg (Eastern Kentucky).** Donated a new, custom vehicle to serve as a Mobile Produce Distribution Van to God's Pantry, helping the non-profit meet the nutrition needs of kids and teens during the summer months by providing healthy, fresh alternatives. The van was outfitted and redesigned by Anthem to allow the Food Bank to set up a produce stand out the back. Anthem also donated 10 pallets of food to the Power Up the Pantry event. The event sponsorship led to the collection of 152,000 meals and 7.5 tons of food.
- **$10,000 to Boys and Girls Haven.** Provided funding for improvements and repairs to an independent living facility for TAY after it was gutted by fire. The building was able to reopen nine months later to house foster teens transitioning out of the system and into adult life. It caught fire in late-November, forcing more than a dozen of those teens out of the place they called home.
- **$13,000 to Lincoln Scholar House.** Provided support to help 45 single parent families, enrolled in a post-secondary school, living in Lincoln Grant Scholar House apartment units. The program supports residents to achieve post-secondary education, higher earnings, and a clear career path that will lead to self-sufficiency. It also supports parents to become more

involved in their child's education, resulting in a far greater likelihood of their child pursuing a post-secondary degree, thus ending the cycle of poverty these families have experienced.

We are always expanding our partnerships to reach deeply into communities across the Commonwealth, including diverse communities challenged by health disparities and SDOH barriers. We will continue to build upon the existing collaboration with other MCOs, the state, and community partners in a variety of settings and locations throughout Kentucky.

C.12.c. Engaging Members

c. Describe methods for communicating with Enrollees as follows:

i. Creative efforts to achieve high levels of Enrollee engagement (e.g., smart phone applications,) to educate Enrollees and to communicate information for their individual health issues.

ii. Approach to identifying, developing, and distributing materials that will be of most use to Enrollee populations, and efforts the Vendor proposes to target distribution to specific populations as appropriate.

iii. Methods of leveraging communications to meet the diverse needs and communication preferences of Enrollees, including individuals with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.

i. Creative Approaches to Member Engagement

i. Creative efforts to achieve high levels of Enrollee engagement (e.g., smart phone applications,) to educate Enrollees and to communicate information for their individual health issues.

Research indicates individuals who are engaged in their health care have better health outcomes, express greater satisfaction with their health care, and more efficiently use health care resources.[1] As such, our Ultimate Parent Company, Anthem, Inc., is leading the way to optimal health with personalized digital experiences that make healthy living easier. We are using artificial intelligence (AI) and data science to deliver a customized experience tailored to each Member's need. ***In 2021, we will roll out our next-generation app, Sydney, a Member engagement platform that uses artificial intelligence and data science to deliver a customized mobile and web experience tailored to each Member's needs.*** Sydney brings together easy-to-use care finder tools, clear benefit details, and wellness improvement programs in one simple mobile solution. As Members use Sydney, it learns their preferences and provides smarter recommendations about their health care needs. ***Members will receive content based on key risk factors identified by Anthem's AI engine, as well as select areas of interest like weight loss or getting active.*** This personalized health content will also include articles and videos with the latest news and clinical content surfaced based on what is most important to the Member. This fully integrated engagement platform will help lead the way to optimal health with personalized digital experiences that make healthy living easier.

[1] Hibbard JH and Greene J. *What the Evidence Shows About Patient Activation: Better Health Outcomes and Care Experiences; Fewer Data on Costs*. Health Affairs, 32(2): 207-214, February 2013.

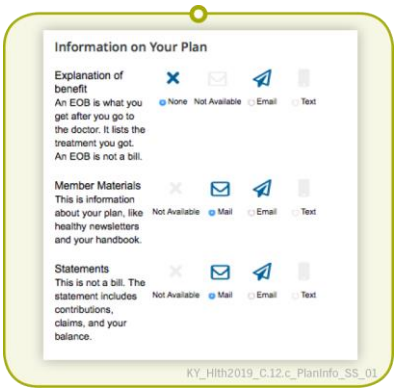
AI and personalized data will also help us intervene earlier to lower Members' risk of disease and improve their health, and will also offer interactive and live chat that will help Members find what they need. Using conversational artificial intelligence, our chat will help Members pull up their Member ID card, get important details about their benefits, and find care. Members will also have the opportunity to securely chat with a Customer Care Representative if they would rather talk to a live person.

As individual Member health issues or potential risks are identified, Care Managers have access to a library of health education materials on hundreds of topics they can order and send directly to the Member with the touch of a button.

Member-friendly Website

Kentucky Members in Medicaid have 24/7/365 access to information about their care through our easy-to-navigate, mobile-friendly website, which complies with Section 508 of the Rehabilitation Act and adheres to the more stringent Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards. Further, our website is designed to minimize download and wait times, with key information, like the Member Handbook, placed no more than two "clicks" from the homepage. With a single click, Members or other interested parties can view a Spanish version of each page of the public Member website. We also include information about getting help in other languages and formats on each page of the site.

Figure C.12.c-1. Members Elect How They Receive Materials from Anthem



On the secure side of the website, important documents, such as Explanation of Benefits (EOBs), are accessible, and Members may choose to receive these documents by text, email, or standard mailing (see Figure C.12.c-1 for a screenshot of Anthem's communication preference webpage). In addition, we offer secure messaging for Members who prefer to communicate online to get questions answered, request information, or provide feedback about services. When Member Services submits their reply, we notify the Member (based on their self-selected method using email or text) that they have a new message waiting. The Member can then log into the self-service site to retrieve their response. This eliminates the need for Members to have their own email program and address and provides a user-friendly format (including a list of topics from which to select) to assist in framing the communication. Members can also request a call from Member Services (Click to Call) through our website and perform other self-service functions.

Our website houses disease- and condition-specific educational content related to the needs and interests of our Members. Additionally, starting in March 2020, we will be replacing our Member newsletters with weekly blog posts, which will allow us to reach Members with important health information that is seasonal, relevant, and timely. This blog also has the potential to allow Members to provide feedback in the comments, which will promote engagement and help us provide more targeted content that meets the needs of our Members.. In addition, Members can connect to *Health A to Z*, which offers a searchable index of information on topics such as asthma, diabetes, and high blood pressure; a symptom checker to help the

Member determine if they should see a doctor; and interactive tools to assess things like body mass index (BMI) and depression. Also on our website, our CommonGround Library offers strategies and tools to help Members with healing and recovery, and our Member engagement platform uses a combination of industry-standard health information, custom campaigns and challenges, and user activity and input to deliver personalized experiences and tools that promote healthy behaviors.

Mobile Access

Data indicates more than 60% of our Kentucky Members use a mobile phone to access our websites. In Kentucky, responsive design enables Member access to our full website through a mobile device. In many cases, this is the only tool they have to access the website, since they may not own a home computer or have wireless internet access at home.

Members in Kentucky Medicaid will continue to have access to our Anthem mobile app until the Sydney app described above is implemented in 2021. This app is available in English and Spanish (see Figure C.12.c-2 for a screenshot of homepage) for both iOS® and Android™ devices. Members will have ready access to their digital ID card, the "*Find a Doctor*" searchable online Provider Directory, a symptom checker, alphabetized bank of health information (Health A to Z), and other resources to assist them in making informed health decisions. A new feature of our mobile app is the Member's ability to access our "Find a Doctor" tool by scanning a QR code (provided in their welcome packet) into their smartphone (Figure C.12.c-3).

In addition, the app includes access to a Customer Care Representative through an automatic dialing feature and secure messaging, and facilitates push notifications regarding recertification and benefit renewal reminders, when appropriate. To simplify things, our Members need only register once for access to both the secure website and the mobile app. For security, Member information viewed on the device is not stored on it. After first login, Members can use the biometric features of their phone (fingerprint access, facial recognition) to make future access even easier.

Figure C.12.c-2. Our Mobile App

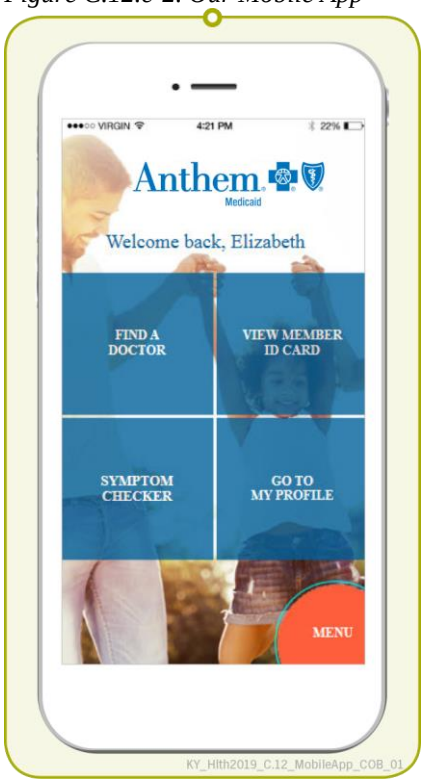


Figure C.12.c-3. QR Code Connects Members to "Find a Doctor" Tool

Specialized Member Engagement and Education Programs

Recognizing that specialized programs can significantly increase Member engagement, Anthem has implemented the following:

Maternal Child. Anthem has implemented a Maternal Child Services program called New Baby, New Life℠; a proactive case management program for all expectant mothers and their newborns. This program identifies pregnant women as early in their pregnancies as possible

through review of State enrollment files, claims data, hospital census reports, self-referrals, and Provider notification of pregnancy and delivery notification forms. As part of this program, Members are also given access to My Advocate® which provides pregnant women proactive, culturally appropriate outreach and education through IVR, or web and smart phone application as a supplementary tool to extend our health education reach. Eligible Members also receive regular calls with tailored content from a voice personality (Mary Beth).

Domestic Violence Support. Understanding that Members who experienced or are at risk of experiencing acts of intimate or interpersonal violence require a tailored engagement strategy, we are implementing our ***Interpersonal Violence Reduction Program***. Under the IVRP, a team of trained individuals work face-to-face with Members in their own communities and virtually through secure messaging, phone, email, video chat, and a proprietary technology platform to ensure ongoing and appropriate contact throughout the program. The IVRP team works with our Anthem care management teams and community-based entities to assure IVRP services extend and complement existing services.

Offering Incentives to Promote Engagement

We offer incentives to Members for activities such as completing the HRA. We have found that offering an incentive increases the likelihood that Members will complete the HRA, which provides critical information to evaluate their health status and their potential need for added assistance managing their health through Care Coordination or care management.

In addition, we facilitate Member engagement by offering ***value-added services***. Examples include an adult vision benefit, access to an Online Well-being program (focused on BH), a breastfeeding support kit, and home-delivered medically tailored meals (for Members with food insecurities and chronic medical conditions), among others. VAS have been strategically selected to complement the Member's Covered Services and benefits. Furthermore, to address Member access to key ***social resources***, our Member Empowerment Program offers VAS related to employment support (for example, criminal record expungement) and up to a $600 allowance for non-health related transportation (for example, bus passes and ride share services for employment, educational opportunities, or grocery shopping). We have included the flier that educates Members about this program as a sample material in section C.12.f.iii.

ii. Population-specific Communication and Distribution

ii. Approach to identifying, developing, and distributing materials that will be of most use to Enrollee populations, and efforts the Vendor proposes to target distribution to specific populations as appropriate.

Anthem is continuing our commitment to make sure all Members — regardless of location, spoken language, literacy level, culture, or age — have access to information about their Covered Services and benefits. As noted previously, ***we identify the need for materials*** through various avenues, including Member feedback, data on SDOH needs, and the health priorities of the Commonwealth (for example, SUD, vaping, smoking, and obesity) and areas of deficiency related to utilization (for example, cancer screening). These types of educational materials that promote healthy behaviors not only benefit our Members, but the larger Kentucky communities in which they live.

We develop materials for a variety of reading and education levels and cultural backgrounds. Both our print and electronic content is developed using plain language, written at a sixth grade reading level, as verified by the Flesch-Kincaid readability index. We liberally use visuals to emphasize key points and takeaways and use photography in our educational and marketing materials that matches our intended audiences' demographics and environments. We recognize certain colors and words mean different things in different cultures. For this reason, we tailor our colors and content to the intended audience's regions of residence, culture, race, and ethnicity.

We also incorporate feedback from various stakeholders into the development of our materials to assure that we are effectively meeting the needs of our Members. For instance, we involve the Centers for Independent Living in the development and enhancement of existing Member materials to make sure that they are accessible and easy to understand. We also seek feedback from subject matter experts from within our organization, like our care coordinators who interact with our Members on a regular basis.

We distribute our materials to Members through a variety of channels, including our Member blog, social media, Member website, and our mobile app. For Members without access to computers, smartphones, or the internet, we produce and disseminate print versions of all materials otherwise accessible by mobile app or on our website. We also rely heavily on Members of our Community Outreach Representative team, who strategically distribute materials at community events such as Health Fairs, screenings, and cultural celebrations. Because the members of this team live and work in the state, they understand the specific health needs that exist for each region and population, and can tailor their outreach strategies appropriately. For instance, understanding there is a higher prevalence for diseases like diabetes and COPD in Appalachian Kentucky, the Community Outreach Representative team can tailor the outreach materials, events, and partnership opportunities we bring to this region.[1]

Additionally, we understand that individuals of racial or ethnic minority often face significant health disparities and can greatly benefit from optimal use of our services. As such, we hold educational events and provide health educational materials in areas where we know disparities exist. In Kentucky's most populated county, Jefferson County, the rate of low birth weight is 13% among African-American residents, compared to just 8% among Caucasian residents.[2] Similarly, the child mortality rate (rate of death among children under 18 years of age) among African-American residents is 90 per 100,000 population, as compared to 50 per 100,000 population among Caucasian residents. The delivery of timely, age-appropriate preventive services plays a critical role in mitigating these health disparities. To address this disparity, we will be holding one of our baby shower events in Jefferson County in 2020. During these events, we provide attendees information about Anthem's New Baby, New Life program, health tips for a healthy pregnancy, and education on the importance of making sure their babies receive regular

[1] https://www.arc.gov/images/appregion/fact_sheets/HealthDisparities2017/KYHealthDisparitiesKeyFindings8-17.pdf

[2] Robert Wood Johnson Foundation. County Health Rankings & Roadmaps, 2019. Retrieved at www.countyhealthrankings.org on May 30, 2019.

checkups once they are born. We also provide information on applicable VAS Anthem provides, such as our Safe Sleep Kit. This kit includes an educational brochure that focuses on actions Members can take to help their baby sleep safely and to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death.

We also know that Kentucky is 9th in the nation among states in the number of refugee arrivals, and that children of racial or ethnic minorities face higher morbidity and mortality rates when compared with white children. For this reason, when we hold community outreach events in areas with a higher refugee population, such as those that exist in Louisville and Lexington, we translate our educational materials, including those related to diseases like asthma, into languages such as Somali or Farsi to help address that disparity.

In addition to these examples, we also identify, develop, and disseminate information with the following Members in mind:

Individuals with visual disabilities. We can translate materials into a number of alternative formats upon request, including large print, braille, and auditory translation. We can also read materials to our Members over the phone at any time at any time.

Individuals with hearing disabilities. We are in the process of expanding the educational videos available to our Members, both in terms of content and accessibility. We are building upon existing closed captioning capabilities by embedding American Sign Language (ASL) translation, starting with our existing *Recertification* video, which provides Members important information about how to maintain their health care coverage. We will also expand our offerings to include videos that have been used in our affiliate markets, such as an *Understanding Your Benefits* video, that provides Members with important information about how to start accessing services as soon as they are enrolled, and videos about appropriate ER utilization.

Individuals with specialized health care needs. To assist Members with questions about managing specific health conditions (for example, diabetes), we have a *Health and Wellness* page on our website that serves as a gateway to that information, interactive tools, related apps, and to access specialized Anthem programs; for instance, the Chronic Condition Management Centralized Care Unit for care management support. For callers without internet access, our Customer Care Representatives are trained to assist them with their condition-specific information needs and questions.

iii. Meeting Diverse Communication Needs

iii. Methods of leveraging communications to meet the diverse needs and communication preferences of Enrollees, including individuals with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.

Consistent with our desire to optimize our cultural and linguistic competency, Anthem has received the ***NCQA Multicultural Health Care Distinction***. We are the only health plan in Kentucky with this distinction, which recognizes our adherence to collection standards for race, ethnicity, and language data; provision of language assistance; cultural responsiveness; quality improvement of culturally and linguistically appropriate services; and reduction of health care disparities.

In our organization's more than 81 years serving Kentuckians, we have gained a strong understanding of its diverse communities, including individuals of racial and ethnic minority, those with disabilities, and those of diverse sexual orientation and gender identity. By listening to our Members and Providers, we continuously expand our knowledge of how diverse social and ethnic perspectives influence everything from what Members are willing to talk about, what medications they are willing to take, what foods they are willing to eat, and how they prefer to receive news about their health.

We make sure to incorporate culturally competent practices — such as honoring Members' beliefs, being sensitive to cultural diversity, and adopting attitudes and interpersonal communication styles that respect their cultural backgrounds and linguistic preferences — into every part of our delivery system. This includes our Network Providers and Subcontractors. No matter how our Members seek assistance, whether using our Member Services call center, 24/7 nurse hotline, website, written materials, or during a Provider visit, we respond in a culturally competent manner.

We will require all newly hired employees to participate in ***diversity training*** during their orientation, and all team members must complete cultural competency training annually. Our training includes a specific Disability Literacy course, which provides the skills our team will need to communicate effectively with people with disabilities, because we know that being able to communicate effectively is essential to the success of our Members and the program. The course will inform our team on the characteristics of the ***Independent Living Philosophy, Principles of Self-Determination***, the contrast between "medical" and "social" approaches to disability, and the legal implications of the Olmstead Decision. Our team will also receive tips on common and specific courtesies for interacting with individuals with disabilities from this course. Our team members will be required to pass an exam at the end of the course, including the Disability Literacy course, to demonstrate their understanding that delivering services to people of all abilities requires recognizing and respecting the Member's worth and dignity. Our policies and procedures will also fully support all 15 Federal culturally and linguistically appropriate standards regarding cultural issues, languages, and readability.

Individuals with limited English proficiency. To assure broad language accessibility, we produce all written materials in both English and Spanish. This includes materials available electronically on our website and through our mobile app. We continually inform Members about the availability of translation services (in more than 200 languages) on the Member website and in other distributed materials. In addition, all significant materials include taglines of the top 15 prevalent non-English languages in Kentucky, explaining the availability of written translation for the information provided. For other materials, such as fliers, we include the DMS-approved abbreviated limited English proficiency (LEP) line that informs Members that they can request materials in other languages and formats through Member Services at no cost. We also work with our language vendors to create informational materials in simplified English prior to translation, and make sure translations maintain the intent, tone, and context of the original messaging (transcreation).

We use our well-established, structured, and rigorous review process known as the Collateral Materials Approval Process (CMAP) to assure all potential Member communications are reviewed by a multi-disciplinary team of subject matter experts (SMEs). CMAP includes a review of content accuracy, clarity, and understandability, incorporating guidance from CMS *Toolkit for Making Written Material Clear and Effective*. To optimize the readability and understandability of our materials, we develop our materials at a sixth grade reading level, as verified by the Flesch-Kincaid Grade Level Index. Furthermore, to optimize the readability and understandability of our materials, we use an innovative, interactive literacy software tool called Health Literacy Advisor that replaces hard-to-read medical terms and phrases with plain language and scores documents on their general readability. During the CMAP process, we also review materials for cultural sensitivity. For instance, our writers are trained and equipped with resources on developing materials using people-first language, and Members from our organization's Disability Inclusion Associate (Employee) Resource Group (ARG) are available to review materials for accessibility and appropriateness. We have also included members of our organization's LGBTQ+ ARG in the review process for topics such as family planning and sex education, to make sure our materials are sensitive to the community and incorporate inclusive language. Once materials receive internal approval, our Chief Compliance Officer submits them to DMS for approval prior to use. This process helps assure materials meet the diverse needs and communication preferences of our Members.

Cultural Competency and Diversity Recognition for Anthem, Inc. (2010-2020)

- *Best Place to Work for LGBT Equality on the 2020 Corporate Equality Index*
- *Top 50 Best Employer for Women on Forbes 2019 List*
- *Best Place to Work for Disability Inclusion by the US Business Leadership Network Disability Equality Index (2015-2019)*
- *Top 50 Companies for Diversity by Diversity, Inc. (2010-2018)*
- *Top 100 Military Friendly Employers by MilitaryFriendly.com*

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Meeting the Communication Needs of Diverse Communities

Anthem understands the critical role that culture, ethnicity, and equity play in the health of individuals, and we have learned ***Members are most likely to access care and follow treatment plans when systems, services, and practitioners are respectful and culturally competent***.

Moreover, we believe language should never be a barrier for our Members seeking or receiving health care services and achieving optimal health. When we receive the 834-eligibility file from the Commonwealth, we upload language preference into our Core Services System so the Member's language needs are accounted for in all future interactions. For example, for individuals preferring to be served in Spanish, we make sure our automated Member welcome call is conducted in Spanish and all mailed materials are written in Spanish.

Another way we support our Members is by hiring individuals who are reflective of our membership. To accomplish this, we conduct recruiting fairs in the community to attract potential candidates of workforce age who reflect the Members we serve. For example, one member of our Community Outreach team is a Kentuckian who is originally from Venezuela. She is dedicated full-time to serving non-English speaking populations through targeted outreach and education campaigns. She also works closely with all our plan's teams to make sure all our materials and efforts will resonate and serve all our Members.

In addition, our Member Services call center has bilingual representatives available to directly handle Spanish language calls, and we can handle calls in more than 200 other languages through

our language line Vendor. Our Network Providers also have access to that Vendor to accommodate Member language preferences in the health care setting. This service is available at no cost to the Member or Provider.

We also work with our Network Providers to support culturally competent practices in the care and service they provide to our Members. We offer Providers access to MyDiversePatients.com, a free online tool and resource for working with diverse patients and addressing disparities. Topics include establishing an LGBTQ-friendly practice, understanding sex, gender, and sexuality, reducing health care stereotypes, moving toward equity in asthma care, and medication adherence. Continuing Medical Education (CMEs) units are offered for completing the learning modules. Providers also have ongoing access to our Cultural Competency toolkit, with guidance for improving communication with a diverse patient base, communicating across language barriers, and complying with regulations and standards for cultural and linguistic services. To make sure all Members receive culturally accessible information across our delivery system, we require our Subcontractors to adhere to culturally and linguistically appropriate standards (CLAS) standards and submit for approval any materials meant for distribution.

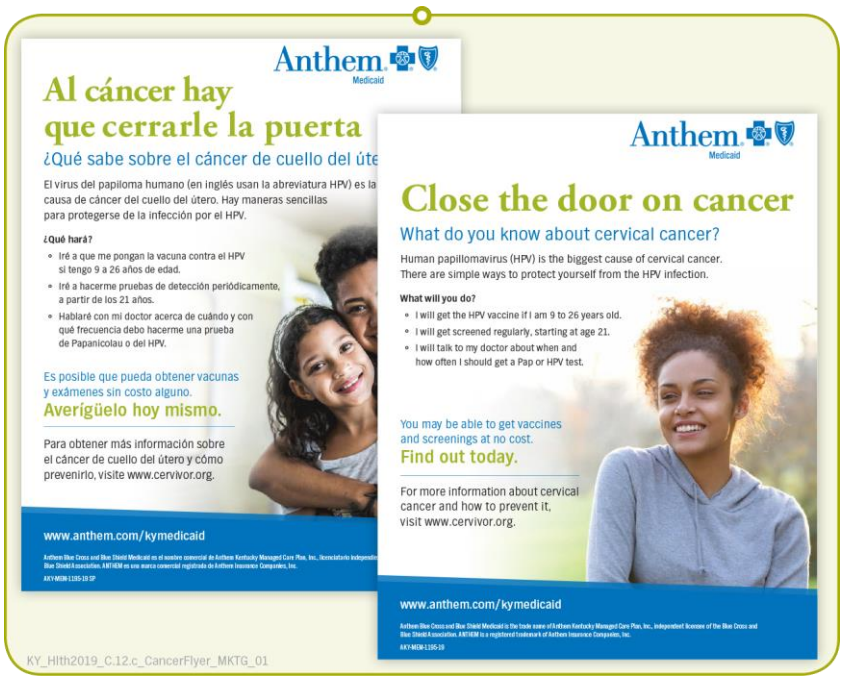
In addition, we make enhanced ***cultural competency training for Network Providers*** available on an ongoing basis in a variety of formats (webinars, online resources in the Provider portal, and individual training, as needed). Cultural competency training for Providers, including office staff, is Member-focused and includes:

- Importance of cultural awareness, sensitivity, and an understanding and appreciation of diversity
- Importance of the Members' beliefs about illness, health, and traditional home remedies that may impact Providers' treatment approaches
- Methods and styles of communication that are effective with respect to culture, language, and literacy levels to support a positive interaction with Members
- Access to language support services for Members, and how to interact with individuals who have limited English proficiency during in-person visits
- How to access language assistance resources available from Anthem, including language identification cards
- Documenting Members' preferred language in the medical record
- Maintaining request or refusal of interpreter services in the medical record
- Discouraging the use of family and friends, particularly minors, as interpreters
- Assisting Members with filing a complaint or Grievance

Simple, Understandable, Written Materials Available to All Members

Anthem provides materials that are accessible and understandable to all Members and their families, regardless of location, spoken language, ability, literacy level, culture, age, or ability to use technology (Figure C.12.c-4). We create materials in alternative formats, including large print, braille, and auditory translation. All videos, webinars, and recorded presentations with audio have accessible captioning at the time they are made available in their original formats, and we are enhancing our video offerings by embedding ASL.

Figure C.12.c-4. We Create Simple, Informative, and Culturally Accessible Educational Materials



Our materials inform Members about the availability of translation and interpretation services (in more than 200 languages), and also include information about free telephonic or in-person interpretation assistance accessible through the Member Services call center, 24/7 nurse hotline, BH Services Hotline, 711 Telecommunications Relay Service (TRS), and Relay Kentucky. ***These services are provided at no cost to the Member or Provider.***

Culturally Competent Care Delivery

All Anthem staff participate in cultural competency training upon hire and an annual refresher course thereafter. A key training goal is to make sure they understand that delivering services to people of all cultures, races, ethnic backgrounds, sexual orientations, abilities, and religions must occur in a manner that recognizes, values, affirms, and respects the worth and dignity of all Members. Our curriculum includes definitions, benefits of cultural competency, government regulations, values, language resources, health related beliefs, culturally specific health disparities, and variations in social comfort factors.

We incorporate the national CLAS into our systems and services by continuously engaging in the following activities:

Workforce Training, and Care Delivery

- Hire and retain a culturally diverse and competent workforce reflective of the culture, races, and ethnic backgrounds of the Members we serve
- Provide comprehensive cultural competency training to all employees upon hire and at least annually thereafter

- Annually assess the cultural, ethnic, racial, and linguistic characteristics and needs of our Members, and adjust clinical and service programs to best meet those needs
- Confirm clinical assessments and care plans reflect relevant cultural issues, as well as historical trauma and Adverse Childhood Experiences

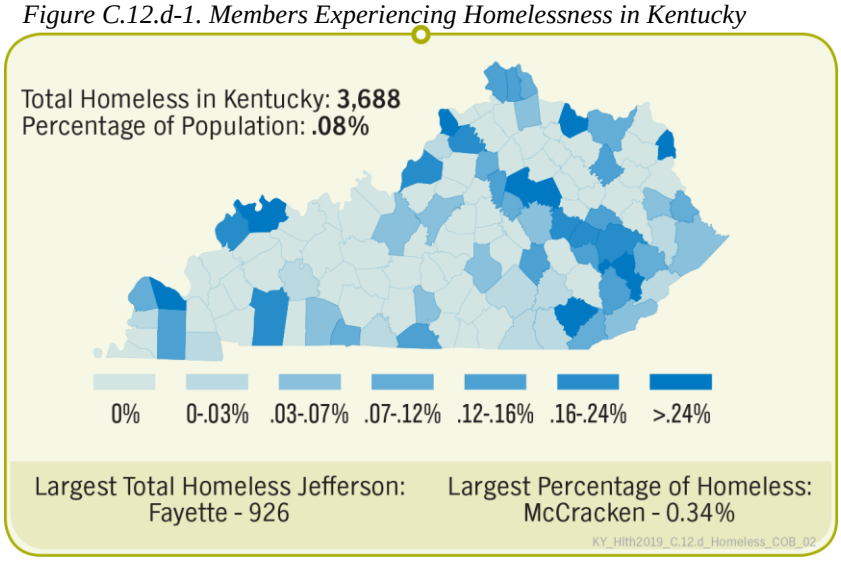
C.12.d. Outreach Plan to Members Experiencing Homelessness

d. Provide a summary of innovative methods and the Vendor's proposed outreach plan to assess the homeless population.

Homelessness in Kentucky

As of January 2019, Kentucky had an estimated 4,079 individuals experiencing homelessness (unsheltered or residing in a publicly- or privately-operated shelter) on any given day (point-in-time). Of that total, 1,006 were individuals in families; 447 were military veterans; 308 were unaccompanied young adults (aged 18-24); and 534 were individuals experiencing chronic homelessness.[1] Figure C.12.d-1 is a representation of total homelessness in Kentucky.

Figure C.12.d-1. Members Experiencing Homelessness in Kentucky



These statistics tell only part of the story. There is a much higher number of individuals and families experiencing housing instability — people who are "couch surfing" or "doubled up" sharing housing with others or living in hotels or motels. For instance, Kentucky public school data reported to the U.S. Department of Education for the 2017-2018 school year suggest an estimated 23,737 students experienced homelessness over the course of the year. Of the total, 2,803 students were unsheltered; 2,371 were in shelters; 1,006 were in hotels or motels; and 17,773 were doubled up.

These data indicate a substantial number of Kentucky residents who are unsheltered, living in shelters, doubled up, or residing in hotels or motels. ***Lack of stable housing is directly associated with poorer reported health, increased rates of SUD and depression, and increased hospitalization and ER visits.*** In addition, individuals experiencing domestic violence are at increased risk of homelessness.

[1] Kentucky Housing Corporation, 2019. K-Count Results, 2018. Retrieved on June 4, 2019 from http://www.kyhousing.org/Resources/Data-Library/Pages/K-Count-Results.aspx.

We are committed to supporting comprehensive health care and associated social and economic supports to individuals and families experiencing homelessness or housing instability with the goal of optimizing health outcomes and self-sufficiency. We recognize their added difficulties to consistently access routine or specialized health care because of challenges related to lack of transportation and housing instability.

Our approach is to identify and engage Members experiencing homelessness or housing instability expediently; to assess needs related to health, housing, and additional barriers (for example, transportation and food insecurity); and to assist our Members in accessing priority resources through care management or other forms of support, such as providing bus passes. We recognize the importance of building upon our existing community-based partnerships to develop a "circle of care" for our Members experiencing homelessness or housing instability. In this section we describe three major components of our approach in addressing homelessness among our membership:

- Early identification of individuals experiencing homelessness or housing instability
- Incorporating new Anthem resources dedicated to housing and homelessness, including staffing, targeted SDOH resources, innovative programming, and VAS
- Expanding community partnerships and solutions to increase housing stability

Early Identification of Members Experiencing Homelessness

Engaging Members experiencing homelessness or housing instability is a critical first step to towards connecting them to the services and supports that lead to healthier lives. However, locating Members experiencing homelessness can be challenging, particularly if the Member is moving frequently or does not have up-to-date contact information on file with DMS or Anthem. We intend to use our proven methods to rapidly identify, assess, and engage Members who are experiencing homelessness, and we will be adding new methods to enhance identification of Members experiencing homelessness, including the use of Homeless Management Information System (HMIS). We are finalizing our access to HMIS in Jefferson County through our partnership with the Louisville Coalition to End Homelessness and intend to extend access to HMIS in the remainder of Kentucky.

Methods to Locate and Engage Members Experiencing Homelessness

We are committed to rapidly locating and engaging Members who are experiencing homelessness. We know time is of the essence in making first contact because of the higher mobility in this population and their higher likelihood of having untreated physical health (PH) and BH conditions. In Table C.12.d-1, we highlight the resources we use in identifying Members experiencing homelessness.

Table C.12.d-1. We Use Multiple Means to Identify Members Experiencing Homelessness

Method / Source	Description
834 Eligibility File	Provides Member address to be cross-matched with housing shelters and other known locations of individuals experiencing homelessness
HRA and SDOH Assessment	Survey instruments with questions regarding housing that can identify Members at risk of or experiencing homelessness
Members Requesting Housing Assistance	Customer Care Representatives, Care Coordinators, Community Engagement Navigators, or other staff can update individuals' records to include housing instability based upon personal interaction

Method / Source	Description
Shelter or Face-to-Face Outreach	Homelessness ascertained by Member report during interactions with staff at shelters, health clinics, or other locations frequented by individuals experiencing homelessness
LexisNexis	Computer-assisted skip tracing to provide additional support in locating individuals
Agency or CBO Referrals	Circumstances in which agencies providing services to individuals experiencing homelessness (for example, shelters, BH agencies, faith-based institutions) refer them to Anthem for enrollment or because they are Members

Use of these data sources is complemented by our locate-and-engage efforts in which our staff conduct in-person outreach to shelters and other locations to find and engage our Members experiencing homelessness. We have a team of Community Engagement Navigators whose sole function is to identify, address, and mitigate Members' SDOH barriers. The program offers person-centered, strength-based needs assessments and individualized, actionable care plans; connection to local community-based economic and social support services; support for Members overcoming barriers to self-sufficiency; and access to new, innovative VAS to address their specific needs. The Community Engagement program helps connect Members with local community resources and Anthem's specialized VAS, including Transportation Assistance, GED Assistance, and Criminal Record Expungement. Members identified as experiencing homelessness are entered into our care management program to assure delivery and coordination of their PH, BH, and SDOH needs. Initial outreach is conducted to facilitate key engagement activities early on, such as completion of the HRA, selection of a PCP, and scheduling a PCP appointment. If the Member is not connected to the Continuum of Care's Coordinated Entry system, our staff facilitate that connection and make sure the Member is assessed and connected to housing placement and services.

We currently have a relationship with the Louisville Coalition for the Homeless serving Jefferson County and will continue to expand our partnerships with Kentucky's other two Continuums of Care — KY Housing Corporation (KY Balance of State) and Office of Homeless Prevention (Lexington – Fayette County) — to connect to HMIS information and data in those regions, extending our system access across Kentucky.

HMIS is used to gather and aggregate data on homelessness at both the local and national levels to accurately describe the scope of homelessness and the effectiveness of efforts to reduce it. Participation in HMIS offers Anthem care management staff tools for faster, more effective Member Services through more rapid identification and improved referrals, interagency case management, and service coordination.
HMIS provides our staff with the following tools:

- Tracker functions to quickly locate Members experiencing homelessness
- Insight into the Member's experience with homelessness, such as the amount of time homeless, number of times homeless, number of past and current services used

- Identification of other organizations working with the Member to allow our staff to reach out and provide proactive Care Coordination
- A central location for all services to be logged – including Anthem Care Manager and contact information, to identify Member participation, and to work to quickly fill gaps in care
- Compilation of Member data across the Commonwealth for trending and gap analysis
- Ability to share information such as disability certifications, homeless certifications, knowledge of the Member's homeless history, and contact information for Anthem staff

Our Affiliate's Successful Use of HMIS in Florida

- In **Miami**, we identified more than 300 Members experiencing homelessness using the HMIS data-matching capacity; 50 of these individuals have successfully applied for and are now pending housing placement
- In **Naples**, we have established a relationship with the CoC lead entity, which also leads the community's efforts around food and hunger; together, we are working to meet our Members' needs related to health care, housing, food security, and other key community resources
- In **Jacksonville**, we used HMIS data to locate a Member with HIV/AIDS in a local shelter who had become very sick (65-pound weight loss); upon locating this Member, our Care Manager has assisted this Member in accessing routine care and treatment

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HMIS also provides names and contact information for service organizations and Providers currently working with our Members, facilitating timely connection and coordinated care planning. Moreover, our Health Intech care management platform contains Member discharge plans, care management notes, relevant pharmacy and Provider data, demographic history, and phone numbers (extracted from claims). Data available through HMIS and Health Intech facilitates Member identification, assessment and Care Coordination, and referral to health and SDOH resources. As described in the next sections, we are also working internally and with community partners and stakeholders in building the Commonwealth's infrastructure, capacity, and partnerships to address homelessness and related resource availability.

Bringing New Resources Towards Housing and Homelessness

We are establishing a dedicated position specifically focused on homelessness and housing. This new position, our ***Housing Liaison*** will work within our Community Engagement Navigator team and will provide coordination across the health plan related to homelessness and housing while developing supports and strategies for Members experiencing homelessness or at risk for housing instability. Key position responsibilities will include:

- Ongoing review of 834 eligibility files and new Members identified as experiencing homelessness, and evaluating our effectiveness in assessing and referring these individuals to PH and BH care, as well as SDOH resources
- Field-based coordination of locate-and-engage initiatives, in-person outreach to shelters and domestic violence shelters, and development and testing of new methods and channels for Member engagement and outreach
- Updating and maintaining internal policies to assure a responsive and effective outreach plan for Members experiencing homelessness and networking with other CBOs to continuously broaden available health and social referral resources

Participating in ongoing Kentucky Continuum of Care meetings, stakeholder and public agency meetings, Provider trainings, QMAC meetings, public and agency in-service education and collaboration, identification and oversight of pilots and innovative programs, and other identified housing initiatives and opportunities across the Commonwealth

The Housing Liaison will work alongside our ***Care Management*** and ***Population Health Management*** teams to provide supports and connections for coordination of care for Members

experiencing homelessness. In addition, the Liaison will work closely with our ***Community Engagement Navigators*** to facilitate housing solutions and to help Members remove other SDOH barriers, such as joblessness and low educational attainment.

Lastly, the Liaison will be centrally involved in the execution of Anthem's broader housing strategy, the development of Commonwealth and local partnerships leveraged to increase housing options, and the expansion of programs, policies, and procedures to build housing capacity and increase resources.

Implementing New Innovations to Address Housing Instability

In our new Contract, we will partner with the Office of Homeless Prevention and Intervention (OHPI) to implement a statewide ***Housing Flex Fund*** for our Members that can be used for a variety of needs to assist Members who are experiencing homelessness or housing instability. The purpose of the program is to support the need for flexible funds that can help communities and Providers meet unmet housing-related needs and prevent housing instability. By creating a flexible pool of funding, we will support our community partners and our Members throughout all stages of housing instability, including for Members experiencing homelessness, those returning to the community from an institution, and those needing assistance to stay in their current housing. This model provides a personalized and adaptable way to engage families and individuals in addressing their varying and changing needs as they move out of homelessness or housing instability and begin to stabilize in housing.

In this program, assistance will be based on an individual's need rather than a set of services or a certain level of funding. Funds can be used to address a wide array of housing needs, ranging from: small one-time costs, such as a housing application fee, security deposits, utility or rental arrears, and essential furniture; medium levels of support, such as payment for housing navigation, medical and legal services, housing supports and care management, and housing repairs or modification; to larger efforts, including funding pilot projects or longer-term efforts. By working collaboratively with the OHPI and local partners, our Housing Liaison and Community Engagement Navigators will maximize limited resources and address the needs that contribute to a healthy life. We will assess and evaluate both programs to identify possible adjustments and supports and to look for opportunities for future expansion and additional collaboration.

To engage our ***Providers*** in identifying homelessness and other SDOH needs among our Members, we have developed a new ***SDOH Provider Incentive Program*** that will offer incentive payments to Providers for having Members complete an SDOH Member Assessment and encourage the use of Community Resource Link to identify resources to address SDOH challenges.

Broadening Partnerships for Improved Outcomes

By strengthening our community partnerships with organizations that provide leadership, coordination, or direct services to individuals and families experiencing homelessness, we improve our ability to serve our Members. We actively collaborate with organizations in our communities to broadly share information, make referrals, and proactively identify Members to make sure they have access to and receive the benefits and services they need.

To this end, we are currently participating in a diverse community partner workgroup relating to homelessness in conjunction with the Louisville Health Advisory Board and Metro United Way. Within this workgroup, the focus has been on strategies to support the homeless population of Jefferson County. The workgroup partners include the Coalition for the Homeless, Metropolitan Housing Authority, Louisville Metro Office of Resilience and Community Services, Humana, Norton Healthcare, University of Louisville, Ariatti Advising LLC, Metro United Way, Louisville Metro Health Department, Park Duvalle Community Center, Doctors for Healthy Communities, Family Health Centers, Smoketown Health Center, Shawnee Healthcare, New Directions, and the Louisville Urban League.

> *Welcome House of Northern Kentucky was lucky enough to partner with Anthem Medicaid to develop the innovative Opportunity Youth Housing Initiative, where we transition homeless youth, ages 18-24, from housing insecurity to housing stability. We have been able to impact the lives of over 20 opportunity youth in Northern Kentucky with the partnership we've formed with Anthem Medicaid, ultimately saving lives.*
> — **Danielle Amrine,** Chief Executive Officer
> Welcome House
> KY_Hlth2019_C.12.d_Danielle_TST_02

We have built strong and active partnerships with many other agencies throughout the Commonwealth with a special focus targeting the organizations that serve victims of domestic violence. A summary of some of our strongest partnerships is provided here:

- **Welcome House.** Anthem granted $80,000 to Welcome House in 2018. This grant provided start-up funding and expansion for a new pilot project, Opportunity for Youth Housing, which delivers housing subsidies and wrap-around services for TAY, focusing on connection to employment, training, and life skills education. Welcome House is one of the few non-profits providing housing and services to TAY in northern Kentucky. ***Anthem has a Community Engagement Navigator co-located at Welcome House who works with TAY and the Welcome House team*** to complete a comprehensive SDOH Assessment, develop an individualized care plan to address SDOH barriers, make effective community-based referrals, support enrollment into other programs such as SNAP and TANF, and participate in Community Engagement.
- **UP for Women and Children Day Shelter.** UP's mission is to provide a healthy and safe environment for homeless women and children that offers opportunities for achieving self-sufficiency through partnerships. Since 2018, Anthem has been visiting the shelter to talk to women about Medicaid. ***The Care Managers at UP have partnered with Anthem Navigators to identify and share Members' current statuses and refer them into our program.*** Because of our collaboration with UP, we have been able to identify our Members and work one-on-one with them to successfully access additional resources and benefits through our Community Engagement program. Anthem has been able to assist with submitting address changes, issuing Medicaid ID cards, obtaining bus passes, accessing educational resources, and making connections with housing supports. Anthem has also supplied the organization with hats, mittens, lip balm, wipes, blankets, and other essentials to help women at the shelter.
- **Women of the Well.** This agency, located in West Louisville, offers services to women who have come out of human trafficking and prostitution. Many of these women may also struggle with substance use disorder. Their goal is to help these women gain self-sufficiency through employment, education, and SUD treatment. Our outreach staff presents regularly to residents about Anthem's services, and Women of the Well actively refers identified Members to us for care planning and support.

- **Office of Homeless Prevention and Intervention.** Anthem provided OHPI with a $25,000 grant for Flex Funds for TAY. The purpose of the grant is to help create safe transitional solutions for homeless TAY in Crisis. Youth in shelters must leave at 18 and without planning and support, youth may be abruptly without shelter and vulnerable to human trafficking. While emergency shelters are sometimes available, they may be intimidating to youth and do not offer supportive services. OHPI aims to reach homeless TAY quickly to prevent acclimation to living on the streets. This grant will be used as a housing assistance fund to help TAY quickly access services and obtain permanent housing. This support may include payment for security deposits, rent, utility hook up, move-in costs, essential furniture, and household goods. This funding may also be used to create incentives, such as signing bonuses, additional deposits, unpaid rent, or for landlords willing to assist young adults.
- **St. John Center.** St. John is a homeless men's day shelter in downtown Louisville with a mission to address the barriers to self-sufficiency they face. The organization provides shelter, social services, supportive housing, and has partnerships with agencies across the Louisville area. ***St. John has afforded Anthem the opportunity to come into the shelter on a monthly basis and speak one-on-one with Members through our Community Engagement program.*** Through this partnership, Anthem has assisted multiple Members in getting new Medicaid cards, cell phones, and bus passes to continue to attend employment classes at St. John and Goodwill, and has provided ongoing care management services.
- **Adult Education Center and Skills U Centers.** The Kentucky adult education centers, named Skills U, are committed to providing academic and skills instruction for adults to achieve long term jobs in high-demand fields that offer sustainable wages. We have an ongoing relationship with Skills U Centers, and we refer Members to them for GED testing through our GED VAS.
- **Dismas Charities.** Our Navigation team regularly visits Dismas Charities. Through our partnership with Dismas Charities, our team can work with Members to identify and address barriers that may prevent them from successful reintegration into society. Often, these individuals face challenges that render them homeless, and we work closely with Dismas Charities to develop the skills, training, and tools to promote reintegration.

In addition to the strategies and partnerships outlined, we look forward to continuing to expand our portfolio of solutions with Providers, CBOs, and agencies across the state. We are committed to supporting DMS efforts to address housing and homelessness in the communities we serve. We will continue to innovate with purpose, expanding the impact of our partnerships and bringing new strategies to Kentucky to advance the health of the state we call home.

C.12.e. Measuring Member Satisfaction

e. Describe the proposed approach to assess Enrollee satisfaction at each point of contact (call, online and in-person), including tools, frequency and process to measure trends, and use of findings to support ongoing program improvement.

Anthem is committed to creating an excellent Member experience. In the past six years, we have gained a deep understanding of the needs, preferences, and strengths of our Members in Medicaid, and we work continuously to improve our responsiveness and assistance to Members, and to help DMS achieve its program goals. ***We use a comprehensive set of evaluation tools to continuously monitor Member satisfaction.*** These tools measure satisfaction at each point of

contact: during phone calls with our Customer Care Representatives, interactions within our website, and during personal interactions with our Care Managers.

Our Quality Management department, in conjunction with Member Services and Operations, oversees the gathering and review of Member satisfaction data. As indicated, we initiate improvement efforts in areas with identified deficiencies.

CAHPS

To generate standardized Member satisfaction data that can be trended and examined by race, ethnicity, language spoken, and age, and compared with other health plans and national benchmarks, we conduct annual CAHPS surveys for Adult and Child Members. In addition, to evaluate Member satisfaction with BH Services, we use the CAHPS Experience of Care and Health Outcomes (ECHO) survey related to the delivery of BH Services. CAHPS surveys ask about Member satisfaction related to a variety of factors: timeliness of care Provider care, and interactions with the health plan (for example, customer service, information delivery, and paperwork). Our CAHPS surveys are conducted annually for submission to NCQA for incorporation into our NCQA ranking, which is reassessed annually.

2018 Anthem CAHPS Results: Adults

- **87.8%** of respondents reported they would "definitely" or "probably" select Anthem as their health plan if they were to select today
- **86.7%** of respondents stated they "always" or "usually" receive needed care through Anthem
- **89.5%** of respondents stated that Anthem was helpful in getting mental health or substance use treatment services

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The CAHPS survey also provides key information about ***in-person interactions*** between our Members and their Provider. The questionnaire solicits Member feedback related to how often their Provider explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say, and spent enough time with them. Data from these questions provides us with important information that drives our Provider training and education efforts.

Satisfaction with the Member Services Call Center

Assessing Member Satisfaction to Monitor Performance

Automated IVR survey. Augmenting our annual CAHPS surveys, we administer automated surveys of a random sample of callers to our Member Services call center. The survey solicits information about the Member's experience during the call, including ability to access needed services and information through the call center and its ease of use. For the period April 1, 2018 through March 31, 2019, we received 1,800 survey responses. ***Members, after interacting with our Member Services unit, gave an average satisfaction score of 91%.*** We review call satisfaction survey data as part of our Quality Management program to identify opportunities to enhance our team's performance and respond to evolving issues and trends.

Email survey. All Members with email addresses on file and who have a logged interaction with the Member Services call center are sent a survey by email requesting feedback regarding the Member's call experience. Survey data are aggregated by month and quarter for trending purposes. Members who provide feedback indicating their experience was poor receive a courtesy call from the employee's manager to resolve any outstanding issues or concerns.

Through this program, we obtain: First Call Resolution scores, Customer Effort scores, and Issue Resolution scores. We also get important information on agent service skills, such as: used words easy to understand, provided accurate information, understood Member's question or issue, and explained next steps clearly. If the survey indicates a negative response to key questions (indicating the Member did not receive the help needed or was not treated with respect), a manager calls the Member to provide the needed information or support, and we provide education and additional training to the Customer Care Representative to mitigate future occurrences, if we identify recurring issues.

We also use our live monitoring tools (Verint), which allow quality auditing of live calls and both see the screen and hear the call. We also record 100% of our calls.

Call center leadership and managers have the same monitoring tools as our Workforce Management team. This allows leadership to clearly see how many calls we have for Kentucky, wait times, and other performance metrics. Front line quality improvement projects are implemented base on Member satisfaction scores, including level of effort and first call resolution. This reinforces accountability to provide exemplary customer service.

Satisfaction with Our Online Services

Members increasingly rely on websites, accessed by computer or smartphone, for information about Covered Services and benefits, to select their PCP, and to access personal information such as EOBs. We are committed to providing user-friendly access to information and functionality on our website. We have made several enhancements to our website based on Member input, including improving the responsive design for our website and developing a stronger search filter for our online Provider Directory tool. We will also be placing a "Feedback" button at the bottom of each webpage, which will provide an opportunity for Members and other website visitors to rate each webpage visited. Clicking on the button will open a brief questionnaire, requesting information about the quality of information, appearance, ease of use, and reason for visit to the website, as well as providing a box for open-ended feedback. With this information, we will be able to adjust the website to make sure it is of optimal use for our Members.

Satisfaction with Care Management

Through an annual telephone survey, we evaluate Member experience and satisfaction with our Complex Care Management (CCM) program. This review provides important insight related to overall program satisfaction, as well as feedback specifically regarding Member satisfaction with their assessment and care planning experience with Care Managers.

In 2018, Members reported a 100% satisfaction rate in response to questions about whether our CCM program "helped me meet my needs," "was timely for my needs," and "helped me make my life better."

Innovative Feedback Channels

We are currently monitoring a social media focus group initiative being conducted by our California affiliate. This innovative approach enables the health plan to seek feedback from the community through private Facebook groups on variety of topics, including Member materials and events. The goal is to increase engagement by conducting focus groups on a platform where most people are already comfortable, at a time that is convenient to them. As compared to in-person advisory group meetings, providing feedback through Facebook eliminates the need for

travel and offers reviewers an opportunity to comment at a time most convenient to them. We will be communicating regularly with our California affiliate and, as indicated by its results, would like to collaborate with DMS on how we could bring similar focus groups to Kentucky while maintaining the privacy of our Members.

Other Sources of Member Satisfaction Feedback

We examine Member satisfaction from a variety of perspectives: QMAC feedback, enrollment information, Grievances, Appeals, and adverse events. We also look at Member Services performance reports, Medical Advisory Committee recommendations, access and availability survey findings, surveys by external bodies such as accreditation entities and CMS, and quality improvement studies. These data sources provide actionable information about Members' satisfaction and opportunities for us to improve their experience under Kentucky Medicaid.

As previously stated, our Quality Management (QM) department is responsible for the review of all Member satisfaction data and working with other teams to implement necessary improvements. Once identified, we incorporate Member satisfaction improvement activities into the annual QM Work Plan, assign staff accordingly, and monitor to completion. As indicated, we designate a cross-departmental team with a range of functional expertise to support improvement initiatives.

Case Study: Turning Feedback into Action

From our Member Services call center survey, we learned that when Members pick up their medication at the pharmacy and there is other health insurance (OHI) on file for the Member, the Member experience is poor. It takes 24 to 48 hours for the Member's OHI to be validated as terminated (which then authorizes the pharmacy to fill the prescription under Anthem). This Member feedback generated an opportunity to look at creative ways to expedite the prescription.

We successfully pilot tested a process in which OHI termination can be confirmed during the initial phone call, allowing for immediate filling of the prescription. We then trained employees to contact the other health insurance company during the initial phone call to verify termination of OHI. With termination verified, the employee is authorized to update the "pharmacy coverage indicator," which notifies the pharmacy that medication can be dispensed under Anthem. This process has improved Member satisfaction and is now standard practice.

C.12.f. Marketing Samples

f. Provide the following sample materials:

i. Draft Welcome Packet and Enrollee ID card aligned with the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

ii. Sample Enrollee Handbook meeting the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

iii. Three (3) sample Enrollee materials with taglines and displaying ability to meet translation, accessibility and cultural competency requirements.

i. Welcome Packet and Enrollee ID Card

i. Draft Welcome Packet and Enrollee ID card aligned with the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

A draft new Member welcome packet and Member ID card is included as Attachment C.12.f-1. The new Member welcome packet is mailed to new Members within five business days of enrollment and includes a welcome letter, Member ID card, and a Quick Start Guide. The Quick Start Guide provides information about key benefits, including VAS, how to choose a PCP, completing a Health Risk Assessment, available digital tools, and how to request information in alternate formats and languages.

ii. Sample Enrollee Handbook

ii. Sample Enrollee Handbook meeting the requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

The sample Enrollee (Member) Handbooks meets the requirements of RFP Attachment C, Draft Medicaid Managed Care Contract and Appendices and is included as Attachment C.12.f-2. The Member Handbook is also provided to Members as part of the welcome packet.

iii. Enrollee Materials with Taglines

iii. Three (3) sample Enrollee materials with taglines and displaying ability to meet translation, accessibility and cultural competency requirements.

Three sample Member materials with taglines are included as Attachment C.12.f-3. These materials include letters and fliers that were developed to address some of the priority health concerns in Kentucky.

1) **Smoking Cessation Letter:** This letter is sent to Members seeking help to quit smoking and emphasizes the health benefits associated with quitting. This letter includes the full tagline in the 15 most prevalent languages informing Members of the availability of assistance in communication with Anthem, including offering materials in other languages and formats.

2) **Member Empowerment Flier:** This flier provides information about the Member Empowerment Program that seeks to help Members to overcome SDOH challenges and achieve their life goals. This material includes the DMS-approved abbreviated tagline, which informs Members of our ability to provide the material in other languages and formats. We have also provided this flier in German, to demonstrate our ability to translate materials and effectively meet the needs of our Members.

3) **Anger Management Flier:** This flier helps Members identify and effectively manage emotions in their household, and was developed with the DMS goal of child safety in mind. This material includes the DMS-approved abbreviated tagline, which informs Members of our ability to provide the material in other languages and formats. We have also provided this flier in Spanish, to demonstrate our ability to translate materials and effectively meet the needs of our Members.

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Anthem Medicaid

C.12. Enrollee Services Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

Anthem Medicaid

Attachment C.12.f-1. Draft Welcome Packet and Enrollee ID Card

Attachment C.12.f-1. Draft Welcome Packet and Enrollee ID Card

Committed to the *Future* of **Kentucky Medicaid**

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Attachment C.12.f-1. Draft Welcome Packet and Enrollee ID Card

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.12.f-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.12.f-1 includes the following:

- Attachment C.12.f-1a. ID card and Carrier Letter
- Attachment C.12.f-1b. Quick Start Guide
- Attachment C.12.f-1c. Notice of Privacy Practices
- Attachment C.12.f-1d. Babel Sheet

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Anthem Medicaid

Attachment C.12.f-2. Sample Enrollee Handbook

Attachment C.12.f-2.
Sample Enrollee Handbook

Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

Attachment C.12.f-2. Sample Enrollee Handbook

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.12.f-2 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

Attachment C.12.f-3. Sample Enrollee Materials

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.12.f-3 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.12.f-3 includes the following:

- Attachment C.12.f-3a. Anger Management-Child Abuse Neglect Flier (English)
- Attachment C.12.f-3b. Anger Management-Child Abuse Neglect Flier (Spanish)
- Attachment C.12.f-3c. Smoking Cessation Letter
- Attachment C.12.f-3d. Empowerment Program Flier (English)
- Attachment C.12.f-3e. Empowerment Program Flier (German)

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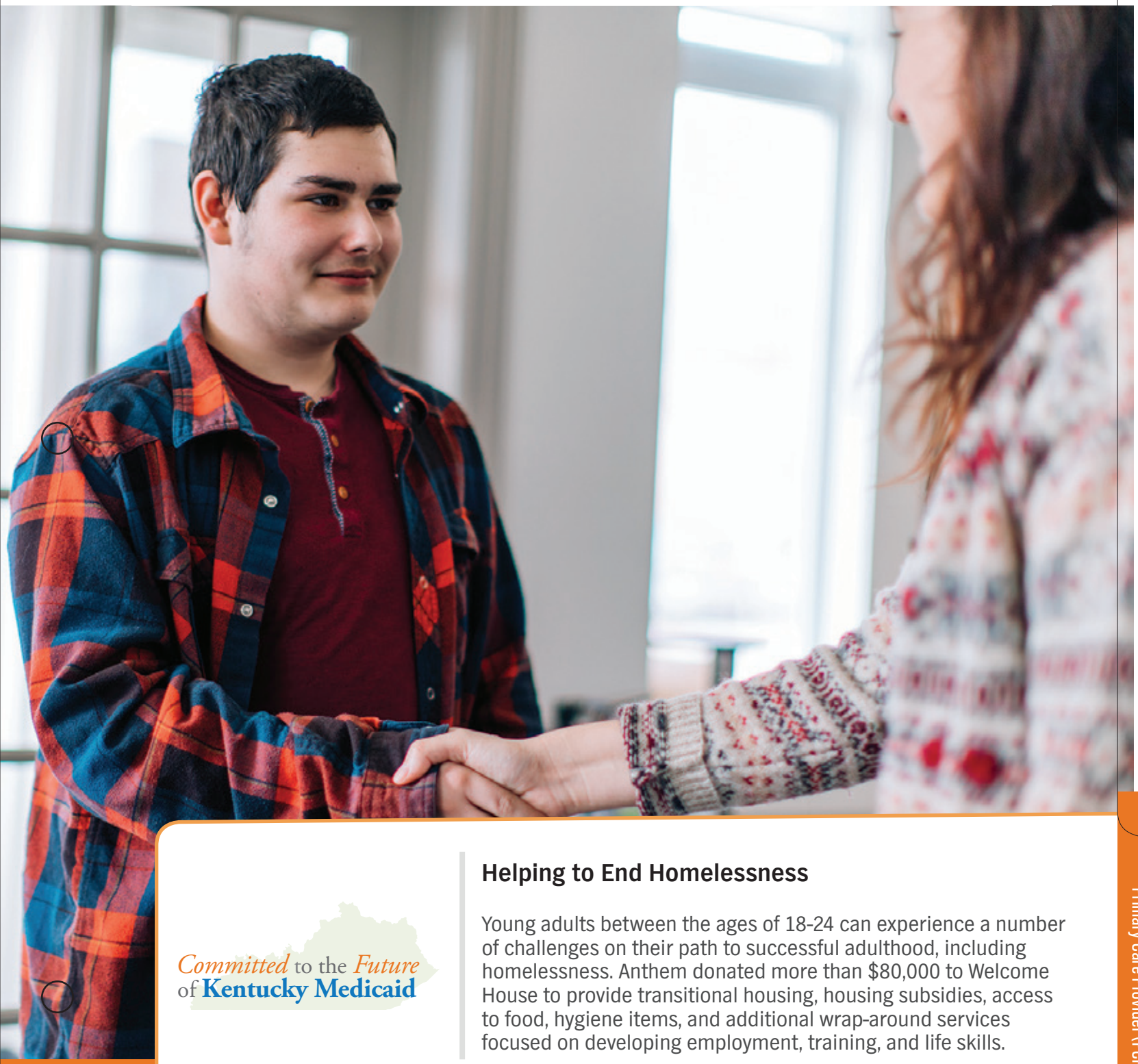
Anthem Medicaid

13. Enrollee Selection of Primary Care Provider (PCP)



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

C.13. Enrollee Selection of Primary Care Provider (PCP)

C.13.a. Enrollees' (Members') Choice of PCP

a. Describe the Vendor's proposed approach to helping Enrollees to identify and make voluntary selections of PCPs, within specified timeframes, who meet their needs, ensure continuity of care. Include information about differences in the Vendor's approach, if any, to supporting Enrollees without Supplemental Security Income (SSI), Enrollees who have SSI and Non-Dual Eligible, and Enrollees under Guardianship through the selection process.

Anthem knows the relationships our Enrollees (Members) have with their PCPs are a critical factor in how they perceive the quality of their care and overall health care experience. We value Member choice and work with them in a multitude of ways to assist in the selection of their preferred PCPs.

Helping Members Select the PCPs of Their Choice

Anthem understands that Dual Eligible Members and Members who are presumptively eligible are not required to have a Primary Care Provider. ***All other Members have the freedom to choose from our entire Network of PCPs upon enrollment and the flexibility to request PCP changes at any time, an unlimited amount of times.*** We give all Members 90 days to select a PCP before we will auto-assign one. When a Member enrolls with Anthem without selecting a PCP, it triggers multiple outreach strategies to help the Member select the optimal PCP within that 90 day window, including:

Member Welcome Calls

We make several attempts to reach all Members through a welcome call within seven days of enrollment to confirm their PCP or assist with any changes. Our Member Services call center team educates Members on the importance of making appointments with their PCPs, and assists Members with scheduling PCP services.

Member Welcome Packet

Within five business days of enrollment notification, we mail new Members a welcome packet that includes a Quick Start Guide, which provides Members information on how to select a PCP. We also tell Members to contact our Member Services call center if they need help making a selection. Our Member welcome packet also includes information about our non-emergency transportation services to help them get to the PCP. We also send Members their ID card and an accompanying letter. The ID card has a "Choose PCP" placeholder, and the letter outlines how Members can either go online or call our Member Services call center to select their PCP.

Member Letters

We send letters to Members who have not selected a PCP every 30 days for the first 90 days of their enrollment with us. These letters encourage Members to select a PCP either through our Member Services call center, website, or mobile app.

Text and Email Campaigns

We also send text messages to new Members at 30 day intervals if they have not selected a PCP. These texts encourage them to make a selection, and a link to our Member website. Members will always have the ability to opt out of text messages. We are also in the process of rolling out email communications to our Kentucky Members that will urge them to select a PCP.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Member Interaction with Care Managers

Members assigned Care Managers undergo a Health Risk Assessment. The Care Manager reviews any access issues during the assessment, including whether the Member has been able to obtain PCP services. As part of the assessment and treatment plan, the Care Manager verifies that the Member has access to a PCP, and addresses any barriers such as transportation. Care Managers may also contact the Provider's office for a three-way call to schedule an appointment if the Member has challenges or requests assistance. Care Managers reinforce choosing and maintaining contact with a PCP in every Member encounter.

Member Website

Our Member website includes a Provider Directory tool to help Members find a doctor, as well as information on obtaining PCP services and a toll-free number to call for help.

Collateral Materials

We also have developed collateral and display materials that reinforce the importance of choosing and maintaining contact with a PCP. Anthem marketing and outreach teams distribute these materials to constituents throughout Member communities.

Member Services Call Center Enhancement

When new Members who have not selected a PCP call our Member Services call center, they will be identified in our interactive voice recognition (IVR) system and routed to a Customer Care Representative, who will be prompted to help them select a PCP.

If a Member has not selected a PCP after this 90 day period of outreach, we will use our PCP matching process to assign the most optimal PCP to the Member based on our auto-assignment logic, which considers several elements such as previous treatment, location, and quality.

We also recognize that some Members may be better served by having a specialist serve as their PCP. We run claims reports identifying Members who have sought treatment from a specialist and have not selected a PCP. We send letters to these Members letting them know that they may be able to select this specialist as their PCP, as long as that Provider is willing to serve in a PCP capacity and provide all required preventive care services. If the Member does not object to this assignment, we will seek agreement from the specialist, and assign the Member. ***Members can change their PCP an unlimited amount of times, at any time, either by calling Member Services or through our website or mobile app.*** Changes take effect immediately, and new ID cards will be mailed to Members within five business days. Members can also access an updated ID card that reflects the new PCP assignment ***the next Business Day*** through our website or mobile app.

We monitor and document in a quarterly report to DMS the number of eligible individuals who are assigned a PCP. We have also included the PCP auto-assignment rate on our proposed sample dashboard report, included in our response to section *C.27.d.ii*.

To facilitate self-service, PCPs can view their assigned Members on-demand through our Provider portal, which is updated daily, to verify a Member's PCP selection or assignment.

Members Under Guardianship

We understand that Members in guardianship status may move from one placement to another frequently. We acknowledge that the county of residence for Members in guardianship status is where the Member is living and that brief absences not exceeding one month, such as for respite

care or hospitalization, do not change the county of residence. All Members, including those in guardianship status, are able to change their PCPs at any time.

C.13.b. PCP Auto-assignment

b. Describe the Vendor's PCP auto-assignment algorithm for Enrollees who do not make a voluntary selection, including how the Vendor will ensure an Enrollee's continuity of care.

Our Process for Matching Members and PCPs

Anthem maintains a fully configurable system that offers multiple options for PCP assignment, and can be customized to assign a PCP any time between day zero to an infinite number of days after enrollment. We also have the capability to apply different rules for each Member group. We are committed to promoting Member choice in selecting their own PCPs, so we have customized our system to allow a 90 day self-selection window before we auto-assign a PCP.

After a non-Dual Eligible Member has been with us 90 days without selecting a PCP, we assign them an optimally matched PCP using our auto-assignment process. It examines Member data, taking into consideration known factors such as current Provider relationships, including specialists; language needs (to the extent they are known); age and sex; enrollment of family members; and area of residence for each auto-assignment. Our process steps sequentially through the following algorithm:

- Assign the Member to the current or most recent valid PCP the Member had a relationship with based on prior claims history or other available information
- If PCP is not found, assign the Member to an active family member's (closest in age) PCP
- If PCP still not selected, assign using SMART assignment logic

The SMART assignment logic identifies the Provider who best meets the needs of Members by examining metrics related to continuity of care, quality of care, and convenient location. This program incorporates the following components:

- Quality rating (for example, HEDIS® scores)
- Geographic proximity (within 30 miles or 30 minutes of the Member's residence)
- Provider specialty and language
- Efficiency rating
- Access to transportation
- Other relevant factors, such as pregnancy or assigning a child with special health care needs to health professionals with training and experience to appropriately treat and manage the condition

We employ continuity of care and quality of care logic in each auto-assignment. We factor in each Member's individual history, preferences, and geographic proximity to the PCP. This includes allowing different Provider types to serve as a PCP according to the Member's needs. For example, individuals who have chronic, disabling, or life-threatening conditions may choose an appropriate specialist to serve as their PCPs (provided the specialist agrees to perform the duties of the PCP), or a female Member may select a participating advanced registered nurse practitioner or physician who specializes in OB/GYN and is willing to serve as a PCP. We also make sure that PCPs are accepting Member assignments prior to assigning Members to them.

Members auto-assigned to a PCP will be sent an updated ID card with their PCP assignment and a letter with instructions to contact us if they want to change the assignment. ***All Members can change their PCP at any time.***

C.13.c. PCP Changes at Any Time

c. Describe the Vendor's approach for processing provider change requests, to include:

i. Enrollee request after initial assignment,

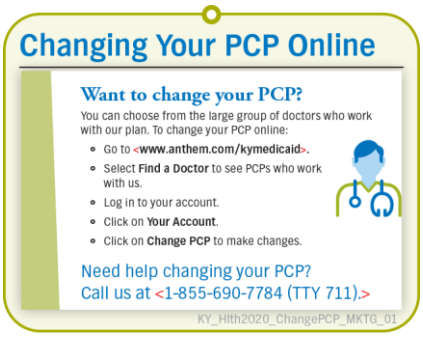
ii. For cause,

iii. When Enrollees regain eligibility,

iv. When the Provider is terminated, and

v. For a Provider request.

Members may request a PCP change at any time in writing, face to face, online, or via telephone. At every opportunity, we reinforce our Members' choice and ability to change their PCPs at any time by providing instructions in our Member Handbook, on our Member website, and via reminders in newsletters and outreach activities. Our Customer Care Representatives help Members make the right choice when changing PCPs through the Member Services call center during regular business hours, and Members can make a PCP change anytime using our Member website, mobile app, or by calling our IVR system.



Any change in PCP is effective immediately. Upon receiving a change in PCP selection, we will mail the Member a new ID card within five business days. Members may access the updated ID card the next Business Day through our Member website or mobile app.

i. PCP Change After Initial Assignment

i. Enrollee request after initial assignment,

Upon selection of the Member's PCP, we send out the Member ID card with PCP contact information, and instructions for changing PCPs. Through our letter, phone, and text outreaches, we inform Members of the process to change a PCP. As part of our Member Services Reporting, we track Member PCP changes.

Further, we conduct claims analysis every six months to identify Members who have received primary care services from a Provider that is not their currently assigned PCP. We send notification to these Members letting them know that we will change the PCP designation to the Provider they are currently seeing for treatment. We give the Member 30 days to respond before we make the assignment. Using this process, we recently found and properly reassigned PCPs for 3,000 Members who were seeing Providers not designated as their PCPs. This reassignment process further supports accurate assignment and the establishment of the Member/PCP relationship.

ii. PCP Change for Cause

ii. For cause,

Our Members may change their PCPs at any time, with or without cause. Members may request their change in writing, face to face, online, or via telephone. PCP Change for Cause incidents are referred to our quality team for identification and tracking of patterns of concerns, and to identify opportunities for Provider education.

iii. PCP Change When a Member Regains Eligibility

iii. When Enrollees regain eligibility,

Members who are reassigned to Anthem receive the same outreach as new Members regarding PCP selection. Utilizing claims data from their previous enrollment, we will identify their previously selected PCP. We then send a letter to the Member asking if they want to designate the same Provider as their PCP. Members who do not designate a PCP by 90 days post-enrollment will be auto-assigned their previous PCP. Letters will be sent to Members identifying the assigned PCP and instructing them to call us if they wish to change the designation. If the previous PCP is no longer a valid Provider, we use our auto-assignment algorithm to assign one. Upon PCP assignment, we send new ID cards and inform Members that they may request a PCP change at any time.

iv. PCP Change When a Provider Is Terminated

iv. When the Provider is terminated, and

When we discover a PCP is terminating, we will send Members a notification up to 30 days prior to the termination date, which will give them the opportunity to select a new PCP prior to the existing PCP terming and a new one being assigned to them. If a Member does not select a new PCP within that 30 day window, we will use our auto-assignment algorithm to assign impacted Members to a new PCP. Upon PCP assignment, we send new ID cards within five business days and inform Members that they may request a PCP change at any time in writing, face to face, online, or via telephone.

v. PCP Change Requested by a Provider

v. For a Provider request.

In the following circumstances, we permit Providers to request (in writing) PCP reassignment of a Member:

- Incompatibility of the PCP and patient relationship
- Non-utilization of a service within one year of enrollment in the PCP's practice, and with documented contact attempts by mail and phone on at least six separate occasions during the year
- Inability to meet the Member's medical needs

Our Providers are not permitted to request a Member's disenrollment from their practice due to:

- Change in the Member's health status or need for treatment
- Member's utilization of medical services
- Member's diminished mental capacity
- Disruptive behavior resulting from the Member's special health care needs unless the behavior impairs the ability of the PCP to furnish services to the Member or others
- Member's race, color, national origin, handicap, age, or gender

When we grant transfers, the existing PCP serves the Member until the new PCP begins serving the Member unless there are ethical or legal issues. We inform Members that their PCP has requested a transfer, and that they have the right to file a Grievance. We will also work with

them to find a new PCP. We also make sure that Members know that they can request a PCP change at any time in writing, online, face to face, or via telephone.

C.13.d. Assuring Members Receive PCP Services

d. Describe the Vendor's approach to identifying, outreaching to, and educating Enrollees who do not receive services from their PCP within one (1) year of enrollment with the PCP. What information and support will the Vendor provide to Enrollees to obtain services?

We proactively work with our Members to educate them on the value of PCP services. Anthem has multiple Member outreach campaigns to educate, encourage, and support obtaining PCP services.

Members Who Have Not Received PCP Services After One Year

We continuously monitor our Member data to identify those who have not received PCP services. We then provide additional focused outreach calls, letters, emails, and texts to reinforce the importance of establishing a relationship with their PCP, and following up on treatment recommendations. For example, we are initiating a Benefits Reminder Campaign in Kentucky, which will conduct outreach to Members that have been with our plan for nine months, and will remind Members about the importance of seeing their PCP and encourage them to take advantage of their benefits. We do have the ability to segment out Members that have not seen their PCP in those nine months, and tailor those outreach activities appropriately. In addition, our condition-related promotional calls offer Members the option to be connected to a Care Manager who can facilitate PCP designation. Our Community Engagement Navigators also work with Providers to identify and outreach to Members who have not had a PCP visit in the year. We work to understand and address any barriers the Member may have with receiving services. For example, if there are access or language barriers, we work with Members to help them find a PCP that offers after-hours or weekend availability or alternative language services. We include Provider office hours in our Provider Directory, but we know that Members sometimes need help scheduling PCP appointments in the evening or on the weekend, or finding Providers with whom they feel comfortable based on their ethnicity or sexual or gender identification. Our Member Services call center assists Members with selecting a PCP who offers after-hours or weekend availability, and scheduling an appointment.

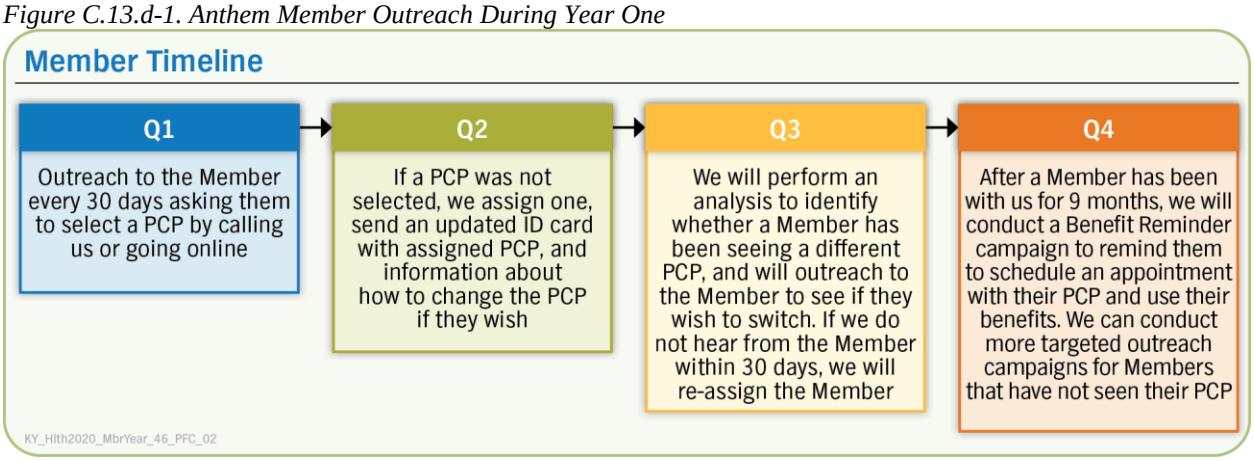
We make sure our Members understand the importance of engaging with their PCPs, and use incentives to help them understand the value of the PCP. We recently implemented a new Member rewards program, which provides $25 for visiting the PCP within 90 days of enrollment, to encourage them to see their PCP. The majority of outreach and education we do to help Members obtain PCP services is proactive and designed to make sure our Members receive PCP services long before they have been in our plan for one year.

We also have developed collateral and display materials that reinforce the importance of choosing and maintaining contact with a PCP. Anthem Community Outreach Specialists distribute these materials throughout the Commonwealth at health fairs and community events

In addition, choosing and maintaining contact with a PCP is reinforced in every care management Member interaction.

Figure C.13.d-1 displays the quarterly Member outreach letter campaigns that Anthem conducts during the first year of enrollment.

Figure C.13.d-1. Anthem Member Outreach During Year One



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14. Enrollee Grievances and Appeals

Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

C.14. Enrollee Grievances and Appeals

C.14.a. Enrollee Grievances and Appeals Processes

Describe the Vendor's proposed Enrollee Grievances and Appeals process, including a summary of methods for the following:

a. Compliance with State and Federal requirements.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) makes submitting a Grievance or Appeal simple and convenient for Members. We believe Grievance and Appeal processes must be compliant with CFR, KAR, and the Medicaid Managed Care Contract requirements; and above all, should be fair, objective, understandable, easy to use, and clearly defined to meet the needs of Members. We provide ongoing training to staff, Providers, and Subcontractors to make sure this is the case. We drive higher Member and Provider satisfaction rates with an enhanced Core Services System and processes that consistently meet CFR, KAR, and managed care Contract requirements, such as processing Grievances, Appeals, and State Fair Hearings (SFHs), and provides a more agile response to new requirements or other changes.

We believe an effective Grievance and Appeal System and processes are critical to protecting the rights and health of our Members and improving our program operations and oversight. If our Members are dissatisfied with any aspect of their experience with Anthem, we want to know so we can address the matter and take steps to improve. Our Grievance and Appeal process is highly accessible, using a "no wrong door" approach where a Member can initiate a Grievance or Appeal at any time by phone, mail, email, or in person with an Anthem staff member. Our Grievance and Appeal System has been approved in writing by DMS and remains in compliant with 42 CFR 438 Subpart F, 907 KAR 17:010, Medicaid Managed Care Contract 25.2, and other applicable CMS and DMS requirements, including notice, timeliness, rights, and procedures. Examples include:

- Providing the Member the opportunity to present evidence and allegations of fact or law, in person as well as in writing
- Allowing the Member or the Member's representative prior to and after the Appeal to review the Member's case file
- Maintaining records of Grievances separate from medical case records and in a manner which protects the confidentiality of Members who file a Grievance or Appeal
- Ensuring that a Grievance or an Appeal is disposed of and notice given as expeditiously as the Member's health condition requires but not to exceed 30 days from its initiation
- Ensuring individuals who make decisions on Grievances and Appeals were not involved in any prior level of review
- Informing Members, orally and/or in writing, about our Grievance and Appeal Process by making information readily available at our office, distributing copies to Members upon enrollment; and providing it to all Subcontractors at the time of contract or whenever changes are made to the Grievance and Appeal Process
- Providing assistance to Members if requested or needed; which includes auxiliary aids, interpreter services and toll-free numbers that have adequate TTY-TTD and interpreter capability
- Assuring that there will be no discrimination against a Member solely on the basis of the Member filing a Grievance or Appeal;

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

- Allowing a Provider to file a Grievance or Appeal on the Member's behalf as provided in 907 KAR 17.010
- Notifying the Member that if a Service Authorization Request is denied and the Member proceeds to receive the service and Appeal the denial, if the Appeal does not result in an overturned decision, that the Member may be liable for the cost
- Assure Grievance and Appeals processes that are culturally and linguistically sensitive through affording Members access to telephone interpreters and TTY for language assistance when initiating a Grievance or Appeal and throughout the resolution process, making sure that each Member understands the words we are using

We are also committed to implementing proactive measures that ultimately reduce the rate of Member Grievances and Appeals filed. For example, we continually seek to understand our Members' unique needs and the capacity of the local delivery system, and refine our medical necessity review process to support efficient delivery of services that meet Member needs while minimizing Member and Provider burden. We do this by closely reviewing Prior Authorization requirements quarterly, and reducing those that are burdensome or unnecessary to facilitate prompt access to needed services. When Prior Authorization is appropriate, we make sure our medical necessity review process considers all the specific needs of each Member at the time of the request.

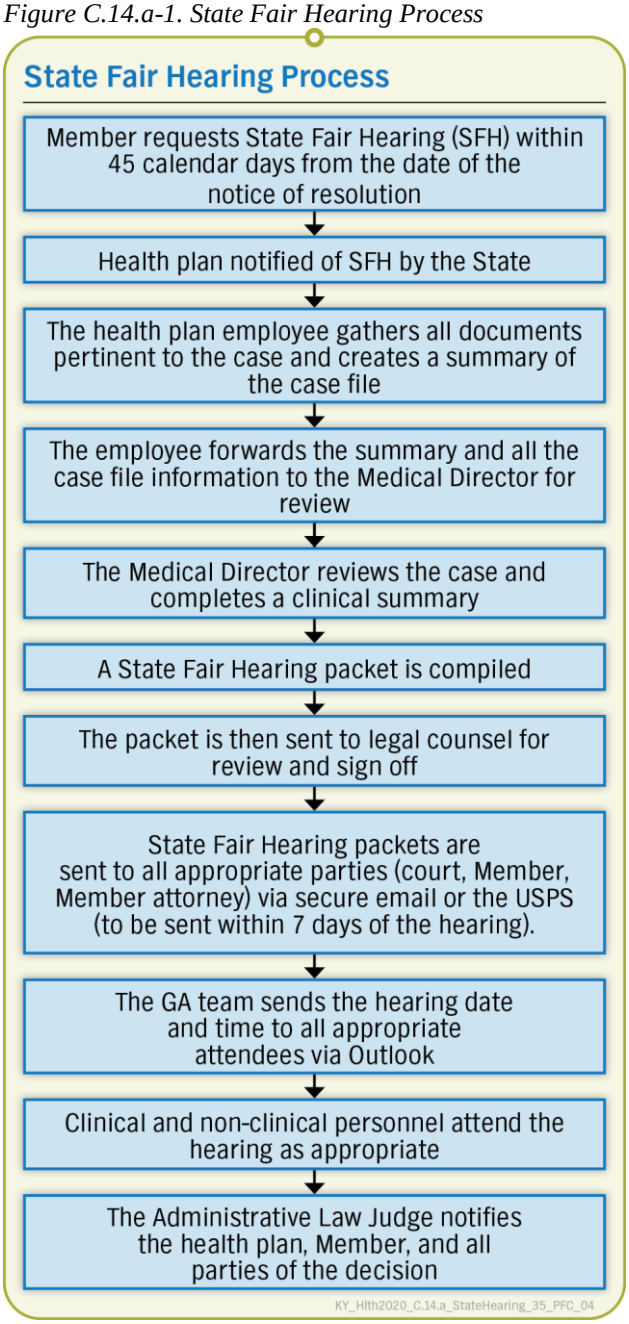
We will continue to comply with all requirements related to the handling of Grievances and Appeals in 42 C.F.R. 438 subpart F, 907 KAR 17:010 and other applicable CMS and DMS requirements and monitor regulations for changes that may lead to enhancements to the Grievance and Appeal (G&A) system. The objectives of our Grievance and Appeal System are to:

- Identify, assess, and address issues that impact specific areas of Member concern and dissatisfaction regarding quality of care or services
- Facilitate identification of discernible trends or deficiencies that represent an opportunity for Anthem to improve health outcomes and processes to positively impact our Members' experience
- Promote Member and Provider education regarding Covered Services and general rights and responsibilities to reduce utilization of the Grievance and Appeals process to obtain services or payment of claims
- Notify and communicate with Members in a manner that helps them understand their rights and responsibilities concerning Grievances and Appeals, including their right to our expedited review procedures, access to external Grievance procedures, and access to the State's fair hearing system
- Maintain confidentiality and privacy regarding Member Grievance and Appeals, including related records, at all times
- Promote effective management of Member Grievances and Appeals
- Provide for accurate maintenance of required documentation and on matters and decisions related to Grievances, Appeals, investigation of affected parties, and quality audits
- Administer Grievance and Appeal System processes in an expeditious and equitable manner. All Grievance and Appeal files are maintained in a secure and designated area, accessible by DMS or it designee, upon request, for review. Files are maintained for no less than 10 years following the final decision.

State Fair Hearings

We provide an overview of our State Fair Hearing process in Figure C.14.a-1. Members must exhaust the internal Appeal process before submitting a request for a State Fair Hearing.

Figure C.14.a-1. State Fair Hearing Process



In alignment with KAR 17:010, we inform the Member, the Member's caregiver, or a Provider authorized by the Member that they may request a State Fair Hearing for a denial or limit of requested services, or results in a reduction, suspension, or termination of previously authorized services within 45 calendar days of their date of notice of an adverse ruling of the Appeal request and, if they choose to request a State Fair Hearing, they must send a letter to DMS, starting the process of:

- DMS submitting a copy of the request to the Cabinet for Health and Family Services (CHFS) Administrative Hearing Branch
- We send CHFS a copy of your standard Appeal, the information we used to make our decision and a copy of the notice of decision
- Upon receipt, the Member will be told the date, time, and location of the scheduled State Fair Hearing. If the Member cannot attend the hearing in person, they can often be done by phone
- A hearing officer at the CHFS Administrative Hearing Branch will conduct the State Fair Hearing. When the hearing is finished, the hearing officer will report the results of the hearing decision to:
  - Member, Member's Caregiver, or Authorized Provider
  - Anthem
  - CHFS

We document fair hearing requests in the Core Services System. Our staff members from relevant departments within Anthem are available to attend hearings and present testimony,

arguments, and all related documentation, such as medical management case notes, medical records, and contract benefits.

Anthem provides reimbursement to the Member or former Member for transportation, child-care, photocopying, witness fee, and other necessary and reasonable costs incurred in connection with a request for State Fair Hearing. ***In SFY 2019, we only received 10 Member requests for a State Fair Hearing.***

Denial of Care

Anthem provides our Members with written notice that meets the language and formatting requirements for Member materials of any adverse action pursuant to the corresponding requirements outlined in 42 CFR 438.210(c). The notice details the following:

- Anthem's intended action and the reasons in clear, non-technical language;
- Federal or State regulations supporting the action;
- Member's rights, and the process to exercise those rights, to expedited resolution, Appeal, and to request a State hearing;
- Accessibility to non-English languages in the service area;
- Availability of alternative formats for persons with special needs;
- Access to a Member Liaison that is there to assist with the process and help alleviate any confusion.

Processing and Resolution

We use our Core Services System as the central repository for Grievance and Appeals information. The Core Services System has been highly successful in supporting Grievances and Appeals operations and aligns with NCQA, State, and federal requirements; and facilitates tracking Grievances and Appeals from receipt of the initial request to resolution. It generates data that enables us to measure and monitor our timeliness, including the following key data points:

- Date the Grievance or Appeal (standard and expedited) was received
- Date the acknowledgment letter was sent
- Reason and category for the Grievance or Appeal
- Date of resolution
- Outcome of the Grievance or Appeal
- Date the resolution letter was mailed
- All correspondence between Anthem and the Member
- Supporting documentation
- Whether the resolution met contractual time limits along with an explanation, if warranted

To assure timeliness in processing expedited Appeal requests submitted by the Provider on behalf of Member, the Grievance and Appeals team works collaboratively with the Documentation Control Center, Compliance, and Provider Solutions to identify and educate Providers on the best option to make their requests and facilitate prompt response. As a result of this collaborative effort and feedback from Providers, we developed and implemented a new standardized process in 2020 to maximize timeliness and reduce burden on Providers and Members by creating a dedicated facsimile line for Provider and Members to submit expedited Appeals. All Providers are being informed in their monthly newsletter of the new expedient method to submit their Appeal requests directly to us via fax.

Receiving and Acknowledging Appeals and Grievances

Members, their caregivers, or a Provider authorized by the Member can submit a Grievance (at any time) or an Appeal (within 30 calendar days of the date on the denial notice) in a variety of ways, including contacting Member Services, in person, or in writing by mail, email, or fax. Anthem will also accept a Member Appeal beyond the 30-day time frame if there is a good cause why the Member was unable to file an Appeal more quickly, such as in the case of an extended hospitalization.

To confirm smooth and efficient Grievances and Appeals procedures, staff who interact with Members receive training on Grievances and Appeals policies and procedures. We train staff to resolve concerns raised during initial Member interactions in a culturally competent manner. We also inform Members on how to contact the Cabinet for Health and Family Services' independent Ombudsman for addressing Grievances and Appeals. We focus on responding to Members courteously and professionally, and we resolve issues through a well-defined and documented process that supports the Member at every step.

Once we enter a Grievance or Appeal request into our Core Services System, we send a notification letter to the Member within the mandated time frame (based on the date of initial receipt). The Core Services System tracks timeliness in disseminating these acknowledgments, and the team will initiate corrective actions if timeliness is at risk. Submissions can be sorted, or prioritized, by oldest to newest, category, etc. in an effort to ensure turnaround times are met. Weekly reports are sent out for leadership to monitor progress, as well.

Quality of Care Related Grievances

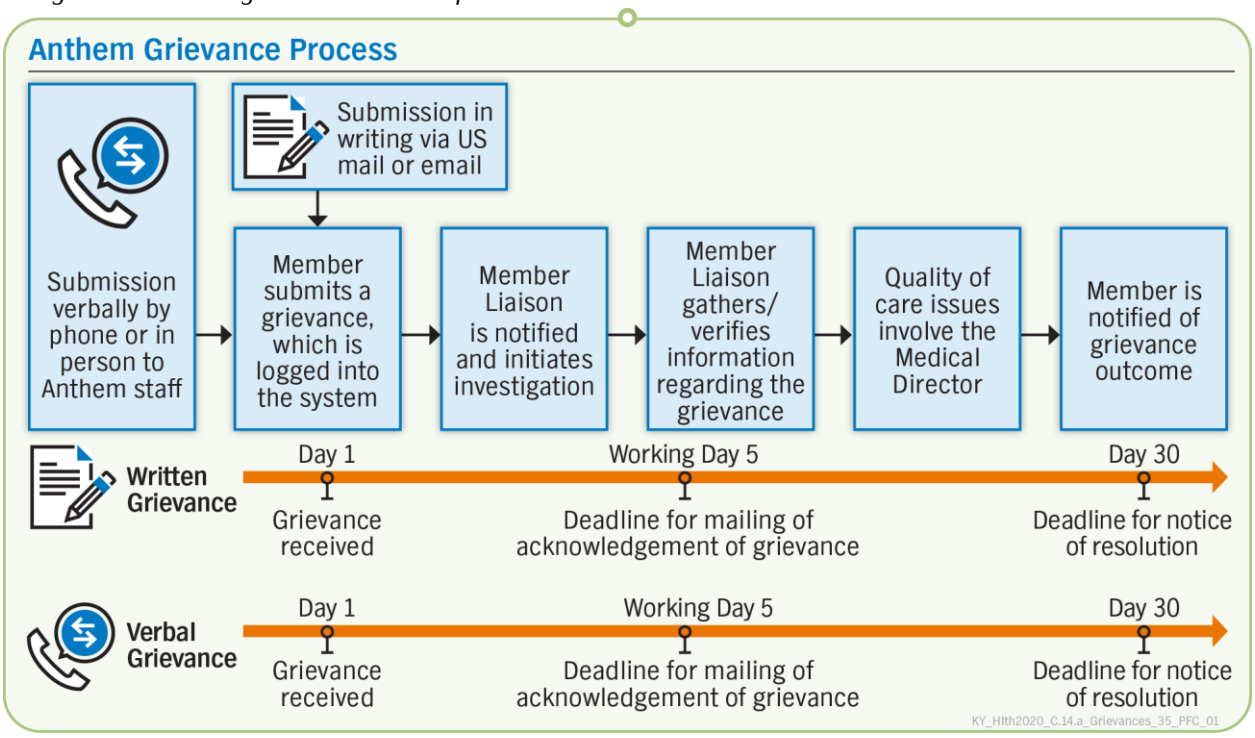
When we identify a Grievance related to a quality of care issue, we promptly refer for a full investigation. The Member Complaint, Grievance and Appeals Coordinator classifies the issue to appropriately coordinate the investigation process through additional levels of review as applicable. A clinician conducts full investigations of clinical issues. When appropriate, we refer cases to internal or external physicians and our Credentialing department, including the Credentialing Committee of external physicians. Our Member Complaint, Grievance and Appeals Coordinator and clinician make sure all applicable information is available for a full investigation to determine appropriate follow-up. Our Quality of Care Subcommittee reviews issues involving actual or serious potential harm for additional recommended follow-up action, which may include a formal Corrective Action Plan. We log all quality issues into a tracking database that we continuously monitor to identify trends.

Resolving Member Grievances

When a Member submits a written Grievance using the DMS standardized form, or through one of the many channels available to them, we enter a record for it into our Core Services System.

The Core Services System houses all data elements needed to record, investigate, track, trend, and report on the status of all Grievances. As part of our services, Anthem monitors all Grievances using a daily report of all open and unresolved cases. We provide an overview of our Grievance process in Figure C.14.a-2.

Figure C.14.a-2. High-level Overview of Our Grievance Process



The Member Liaison makes sure the information necessary to complete resolution of a Grievance is provided promptly, enabling Anthem to provide verbal notice or written notice of the disposition of the Grievance within required time frames. On rare occasions, Anthem may extend the time frame up to 14 calendar days if doing so is in the best interest of the Member, pursuant to 42 CFR § 438.408(c), or if a Member or caregiver requests an extension. For any extension not requested by the Member, we first notify the Member by telephone before making the extension and send written notice of the reason for the delay within two calendar days. Once a written Grievance is resolved, we send a resolution letter to the Member that provides our decision and reasons, a contact telephone number and address for the Member to contact us regarding the decision, and all other content specified by DMS. We provide verbal or written notice of resolution for Grievances submitted verbally and inform the Member of their right to submit a written Grievance if the verbal Grievance is not resolved to their satisfaction.

Notice of Action

When a service request is denied, reduced, or approved in an amount or duration less than requested, we provide a Denial, Termination, or Reduction (DTR) Notice of Action letter to the Member. Our Notice of Action includes all State and federal required elements; confirms that a Member, Member caregiver, or Provider with the Member's written consent may file an Appeal; and provides information on how to file such an Appeal. We notify Providers of their right to Appeal a Utilization Review (UR) decision, without the written, signed consent of the Member, through our Provider contracts and the Provider Manual.

We inform Members they have 60 calendar days from the initial Notice of Action to file the Appeal and that they can file it by calling our Member Services call center, where a Customer Care Representative is available to describe the Appeal process and help the Member file a verbal request. Members may opt to file an Appeal in writing either in person or through mailing, emailing, or faxing a letter. If a Member files a verbal Appeal on a matter with a standard resolution time frame, we send the Member an acknowledgment letter and include the Appeal form, requiring completion and return with any additional information the Member may have. We use the date of receipt of the verbal Appeal to calculate the final date for resolution.

Resolving Member Appeals

We record every mailed or verbal Appeal that we receive in the Core Services System. This System houses all data elements needed to investigate, track, trend, and record Appeals. Additionally, the Core Services System initiates the mailing of a written acknowledgment to the Member regarding their Appeal request within five working days of its receipt. The letter notifies the Member of the right to present evidence and allegations of fact or law in person, as well as in writing. It also notifies Members of their right to examine the case files, including any medical records or other documents, and records both before and during the Appeals process.

A team of Appeals staff, including Registered Nurses, and Behavioral Health (BH) Care Managers, receives Member Appeals of adverse determinations. The designated Appeals Nurse and the health care professional(s) reviewing the case are not involved in the initial review. This includes both the individual that made the previous decision and any subordinates. The designated Appeals Nurse works with the Member and Provider to gather sufficient information about the original service request and assigns the case to a health care professional with appropriate clinical expertise in treating the Member's condition or disease.

Anthem's Appeal Team Takes Quick Actions to Make Sure Tim Has No Disruption in Care

Tim received Dexcom G6 Sensors to help manage his diabetes for many years through the pharmacy. Coverage for these sensors changed, and when Tim went to pick up his sensors, he was informed that he could no longer obtain them through the pharmacy because the sensors are only covered as a medical benefit. Tim was not successful in finding another vendor to obtain the sensors from, and therefore filed an appeal after being denied pharmacy coverage. Kathy, the Appeals Nurse, was notified about his appeal and initiated the investigation. Since the sensors were medically necessary, Kathy reached out to our Medical Director, Dr. Thurman. Dr. Thurman promptly overturned the denial to make sure that Tim could quickly obtain the sensors through the pharmacy benefit and have no disruption in his care. Kathy called Tim and explained that he could obtain the sensors through the pharmacy right away. Kathy also explained that she would make sure that Tim could obtain the sensors as a medical benefit in the future. Kathy called Tim's provider to provide education about how to request and obtain these sensors for Tim and other patients as a medical benefit. Kathy then called Tim to let him know that he would be able to obtain the sensors from his provider in the future.

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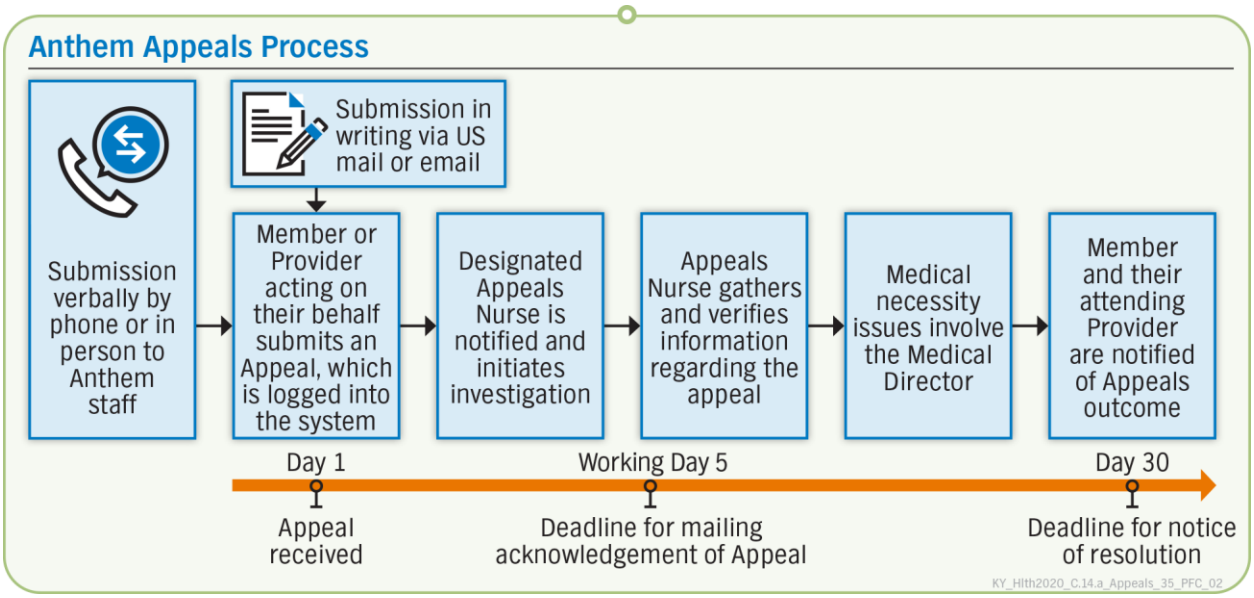
The Medical Director has ultimate responsibility and accountability for Member medical necessity Appeals. A group of BH specialists process Appeals related to BH Services. They work under the direction of the Medical Director and apply their expertise to resolve Appeals of adverse determinations and claims issues for all levels of mental health and substance use disorder (SUD) treatment in a timely, accurate manner.

An Appeals Nurse documents all information, interactions, and decisions in the Core Services System, and maintains communication with Members about the final resolution, which is made within 30 days of receipt for standard Appeals. ***Our Appeals process is shown in Figure C.14.a-3.*** Our expedited review process is described in our response to C.14.b and illustrated in Figure C.14.b-1.

Upon exhaustion of our Appeal processes, we fully inform Anthem Members who are not satisfied with our Appeal resolution about the availability of a State Fair Hearing within the Appeals resolution letter and through Member resources such as the Enrollee Handbook, and our website.

Figure C.14.a-3. High-level Overview of Our Appeals Process



Continuation of Benefits

We make sure our Members understand that they may file a request for continuation of benefits pending an Appeal. This request must be filed within 10 calendar days of the date of the Notice of Action or 10 calendar days from the intended effective date of the cessation of services. We inform Members of their right to continue benefits, and the steps they must take to do so, in our Member handbook and in Appeal resolution letters.

We make sure that Members understand that we will continue to provide Medicaid benefits until resolution of the Appeal, if the following conditions are met:

- Member or Provider asks for the Appeal within 10 calendar days from the date we mailed the Notice of Action letter or the intended effective date, whichever is later
- The Appeal has to do with a service that had been delayed, reduced, or stopped after it was approved
- The services were ordered by an approved Provider
- The first authorization period of coverage has not ended
- The Member requests to extend their benefits

The Member continues to receive the services until the Appeal is resolved when a continuation of benefits is granted. If the termination or reduction is upheld on Appeal and the Member wishes to pursue a State Fair Hearing for Medicaid benefits, we inform the Member through the

Member handbook and in the written notice of Appeal disposition that they can file a written continuation of benefits request pending the State Fair Hearing decision within 10 days of the Appeal resolution notice. If the Member keeps his or her benefits while an Appeal is pending, the benefits will be in effect until one of the following happens:

- Member withdraws the Appeal request
- Fourteen days pass after we sent a resolution letter with our decision to uphold the first denial (unless Member asked for a State Fair Hearing within that 14-day period)

Reversing an Adverse Determination

Anthem promptly provides services, in accordance with 42 CFR 438.424, if a decision is made to reverse the decision to deny, limit, or delay services that were not being provided while the Appeal was pending. Processes we have in place assure that services are promptly authorized and provided upon the reversal, as expeditiously as the Member's health condition requires.

When a denial for a medical service is reversed, an email is sent to the Member Liaison on the day the case is finalized to request the Prior Authorization be updated to reflect the allowed service. This request is processed by the Member Liaison upon receipt.

If the reversal is for a pharmacy service, this email notification is sent to pharmacy to make sure the Prior Authorization is updated accordingly.

For both medical and pharmacy reversals of an adverse determination, the Appeals Nurse mails a decision to the Member and copied to their Provider within five days of the reversal decision (standard Appeal). If the reversal is for an expedited Appeal, we attempt to contact the Member by phone and provide written notification within 72 hours of the reversal. Anthem processes standard Appeals within 30 days, and expedited Appeals within 72 hours of the reverse determination.

C.14.b. Expedited Reviews

b. Process for Expedited Review.

Anthem implements a systematic approach to resolving Member Appeals and makes sure Members or their designated representative have easy access to our expedited review processes to facilitate quick resolution and prompt access to time-sensitive treatment. Our Members or designated representative, including a Provider or attorney, can request an expedited Appeal if the turnaround time for a standard Appeal could seriously jeopardize the Member's life, health, or ability to attain, maintain, or regain maximum function. Expedited Appeals may be filed orally or in writing, and we do not require oral Appeals requests to be followed by written requests in such cases. We use clinical judgment in reviewing all requests for an expedited Appeal and do not take punitive action against anyone who requests an expedited resolution.

Our comprehensive policies and procedures guide our process for managing expedited Appeal requests. We log the request into the Core Services System, and an Appeals Nurse researches the information. We request additional information as needed. Expedited Appeals are flagged in the system so our Grievance and Appeals team can appropriately prioritize submissions.

The Appeal staff will confirm that clinician is not the same physician or a subordinate involved in the initial determination. All previously considered information, in addition to any new information provided, will be considered by the clinician during the review. A clinician will

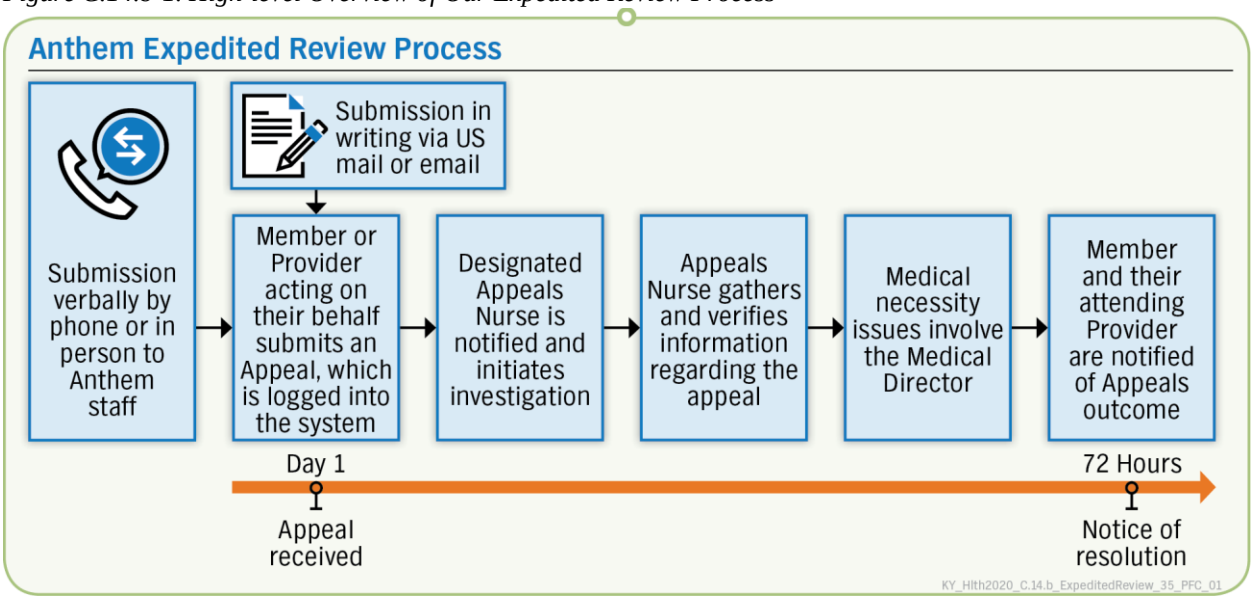
resolve the expedited request within 72 hours of receipt, unless this time frame is extended under 42 CFR 438.408. If the request for an expedited Appeal is denied, we transfer the Appeal to the standard time frame and provide the Member with prompt verbal notice of the decision, as well as written notice within two calendar days.

If the Appeals team has not received all information pertinent to the Appeal and believes it may benefit the Member, we may extend the time frame to 14 calendar days. If an extension is recommended, we will give the Member prompt verbal notice of the delay, as well as written notice within two days. The Member also can extend the timeframe upon request.

We provide the Member with written notice of resolution and make a reasonable attempt to provide verbal notification when feasible. We review all Appeal requests within the required time frames. As previously mentioned, it came to our attention that we needed to ensure expedited Appeal requests are received directly into the Grievance and Appeals team. As a result of this, we developed and implemented a new standardized process in 2020 to maximize timeliness and reduce burden on Providers and Members by creating a dedicated facsimile line for Provider and Members to submit expedited Appeals. All Providers are being informed in the Provider newsletter.

We provide an overview of our expedited review process in Figure C.14.b-1.

Figure C.14.b-1. High-level Overview of Our Expedited Review Process



C.14.c. Involvement of Enrollees and Their Caregivers in the Process

c. Involvement of Enrollees and their caregivers in the process.

Members and their authorized caregivers are involved in Anthem's Grievances and Appeals processes from beginning to end, beginning with the submission of a Grievance (at any time) or an Appeal (within 30 calendar days from the date on the denial notice). Once received, Anthem notifies Members and their authorized caregivers in writing of the receipt of the Grievance or Appeal. The Grievances and Appeals Team responds quickly, attentively, and compassionately

to Member issues and concerns. Member Liaisons are available to assist Members throughout the Grievance and Appeal processes.

We also inform Members how to contact the Cabinet for Health and Family Services' independent Ombudsman for addressing Grievances and Appeals. We focus on responding to Members courteously and professionally, and we resolve issues through a well-defined and documented process that supports the Member at every step. As a core element of our own Cultural Competency program, we make sure Members and their caregivers have access to culturally and linguistically responsive services to support their involvement in the Grievances and Appeals processes through live Spanish-speaking Member Liaisons or Anthem's language line. Our language services Vendor provides translation and interpretation services in more than 200 languages. Interpreters trained in health care terminology are available 24/7 to engage in a three-way call when necessary to meet Member needs. The interpreter, the caller, and the Member Liaison are connected within an average of 45 seconds in a three-way conversation.

Educating Members and Providers on the Grievances and Appeals Process

Anthem makes sure Members understand their right to file a Grievance, Appeal, and of the State Fair Hearing process. We provide information and education regarding Member Grievances and Appeals processes to Network Providers through the Provider Manual, Provider communication materials, during Provider orientation, and on our website. This is particularly important given that treating Providers must have written consent to Appeal a health plan decision.

We inform Members by providing easy-to-understand and accessible written materials that comply with contractual requirements for written Member communications. For example, we provide information about Grievances, Appeals, and State Fair Hearings, including the Ombudsman program, in our new Enrollee welcome packet, Member Handbook, and on our Enrollee website. ***We summarize the information we share in Figure C.14.c-1***.

Figure C.14.c-1. We Provide Comprehensive Information to Members Regarding the Grievance and Appeals Process

We share Member Grievances, Appeals, and State Fair Hearing information with Members, their families, LARs, and Providers that includes the following mix of required topics and other meaningful information:

Member Rights
- To express and expect resolution of Grievances and Appeals
- To request an external medical review through a State Fair Hearing
- To get help and information about Grievances and Appeals
- To report dissatisfaction with our resolution of the Member Grievance or Appeal to DMS

Grievances
- What a Grievance is
- Multiple methods for filing a Grievance, including verbally through our Member Services call center toll-free number, and assistance available from Member Liaisons
- What information to include in filing a Grievance
- Grievance timelines and other requirements
- How to appeal the resolution of a Grievance

Appeals
- What an Appeal is
- Multiple methods for filing an Appeal, including verbally through our Member Services call center toll-free number, and assistance available from Member Liaisons
- Information to include in filing an Appeal
- Appeal timelines
- The Appeal resolution process
- Expedited Appeals
- Opportunity to request a State Fair Hearing

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We train Member Services, Care Management, Quality Management, and Utilization Management (UM) staff to inform Members of their rights to file a Grievance, Appeal, or request a State Fair Hearing during any contact with a Member or caregiver that involves an expression of dissatisfaction with the Member's experience. We make sure that our staff understand and communicate to Members the availability of the Ombudsman program, its role, and contact information.

Supporting Members and Caregivers with the Grievance and Appeals Process

Our Grievance and Appeals team serves as liaisons between Members and Anthem. As appropriate, they interact with Members, families or caregivers, or advocates throughout the Grievance and Appeals process, verifying that Members understand their rights. ***In all cases, our Grievance and Appeals team is available to facilitate the process, coordinating language or disability assistance where needed and making sure all materials are in the Member's primary language.***

When we identify a Grievance related to a quality of care (QOC) issue, a clinician conducts a full investigation of clinical issues, and we involve the Medical Director or external specialists as appropriate. For all QOC cases referred to the health plan Medical Director, Dr. Peter Thurman will document all relevant information and any actions taken during the course of the investigation. For 2019, we received and processed 14 Grievances related to QOC issues. We may also refer cases to internal or external physicians and our Credentialing department, including the Credentialing Committee of external physicians when appropriate. Our Quality of Care Subcommittee reviews issues involving actual or serious potential harm for additional recommended follow-up action, which may include a formal Corrective Action Plan. Additionally, Anthem executives, including our Medical Director, Dr. Peter Thurman, have the authority to require corrective action. We log all quality issues into a tracking database and continually monitor to identify trends. This information is used to assure our Members of high-quality health care by our Network Providers.

Once Anthem reaches a decision, we inform Members and their authorized caregivers of the outcome. For those who are not satisfied with our Appeal resolution and choose to pursue a State Fair Hearing, we inform them that they may request a State Fair Hearing within 120 calendar days of our date of notice.

C.14.d. Tracking Grievances and Appeals

d. Tracking grievances and appeals received by type and trending results for use in improving operations.

Our Members are an important source of information regarding our performance. If they are not happy with their care or the way anyone affiliated with Anthem treated them, we want to know about it. We will continue to resolve Member concerns promptly and completely and use what we learn to identify enhancement opportunities.

Through an established Grievance process, we acknowledge and resolve Member Grievances in a timely and satisfactory manner. Members also have the right to file a Grievance with the Kentucky Medicaid program about their health care Provider or health plan.

We link our Core Services System to our annual Quality Improvement (QI) plan and program evaluation that includes an analysis of Grievance and Appeals to inform continuous QI activities. We track and trend Grievance data by type and Appeal data by service type. We review Grievance trends at the Quality Management Committee to identify trends and discuss proactive solutions to improve processes and reduce the overall volume of Grievances. Grievances related to quality of care are fully investigated and referred to our Credentialing department and Quality of Care Subcommittee, as appropriate.

We review Grievance and Appeal data by categories, such as type of care, and volume. A dedicated team of risk analysts within the Grievance and Appeals team continuously mines data and monitors these trends weekly to be proactive in addressing Members' concerns and contribute to programmatic continuous Quality Improvement efforts. These reports and analyses are also presented to the Kentucky Medicaid Quality Improvement Committee on a quarterly basis to discuss solutions to facilitate access to clinically necessary care, reduce any unnecessary burden on Providers, and reduce the overall volume of Appeals. Market leaders discuss all trends, and the Grievance and Appeals Manager provides ongoing feedback to the Utilization Management team to correct process errors and conduct gap analysis. If necessary, a root cause analysis is completed for any persistent negative trends identified.

Our Quality Management (QM) team also investigates all potential quality of care issues immediately, including those we identify through reviewing or trending Provider complaints, Member Grievances, and Appeals. We thoroughly investigate, gather information (such as claims and authorizations history, Member communication logs, or medical management files), and obtain any necessary consents for release of information. We gather medical records, obtain the Provider's response, and develop an action plan to address the root cause identified during the investigation. If a trend is identified as it relates to QOC issues, it is reported up through our Quality Improvement Committee (QIC).

Quality staff and our Quality Improvement Committee review and analyze Grievance and Appeals data contained in our annual QI Evaluation. They use the analysis to assist Anthem leadership in prioritizing opportunities and developing action plans to improve the quality of clinical and non-clinical services that staff, Providers, and Subcontractors provide. For example, in SFY 2018, we received five Grievances related to discrimination. With this information, we can drill down and look for targeted disparity reduction initiatives, health literacy enhancements, or overall staff or Provider training opportunities. In analyzing these data, we consider the number of Grievances by type and sub-type and by the rate per 1,000 Anthem Members.

Top Five Appeals Received by Volume

Table C.14.d-2 lists the five most common Appeals we received during 2019. We review Appeals by type of care and volume at the Quality Improvement Committee to identify trends and discuss proactive solutions to facilitate access to clinically necessary care, and to reduce the overall volume of Appeals. Market leaders discuss all trends, and the Grievance and Appeals Manager provides ongoing feedback to the Utilization Management team to correct process errors and conduct gap analysis.

Most Common Appeals in 2019
Pharmacy
Behavioral Health
Surgery
Inpatient
Outpatient

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We also track Grievances and Appeals by the outcome of the Appeal, whether Provider training or other actions resulted, and whether a Member requested a State Fair Hearing. We hold Anthem Member Grievance review meetings quarterly with Utilization Management department leads, Regulatory staff, and other key leaders to analyze Grievance and Appeals data and identify opportunities for improvement.

Our Anthem QI Evaluation includes sections for Grievances and Appeals that identify opportunities and barriers gleaned from analysis of Grievance and Appeals data. Quality staff and our Quality Management Committee review and analyze Grievance and Appeals data contained in our annual QI Evaluation. They use the analysis to assist Anthem leadership in prioritizing opportunities and developing action plans to improve the quality of clinical and non-clinical services that staff, Providers, and Subcontractors provide.

C.14.e. Reviewing Overturned Decisions

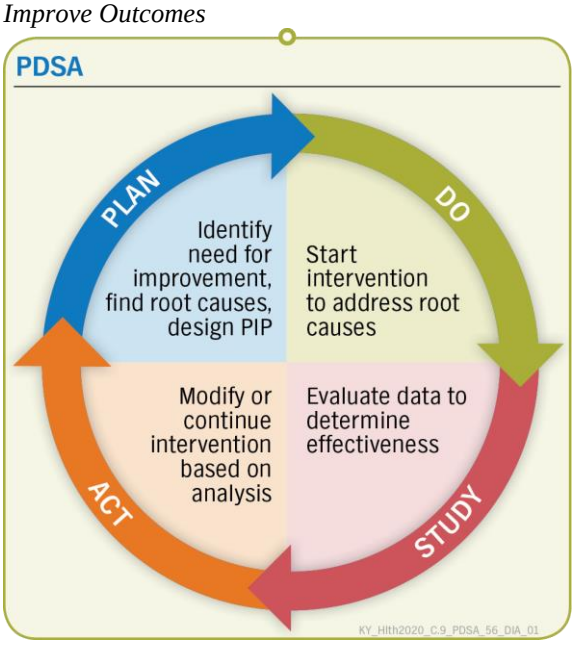
e. Reviewing overturned decisions to identify needed changes.

We also track Grievances and Appeals by the outcome of the Appeal, whether Provider training or other actions resulted, and whether a Member requested a State Fair Hearing. We hold Anthem Member Grievance review meetings quarterly with Utilization Management department leads, Regulatory staff, and other key leaders to analyze Grievance and Appeals data and identify opportunities for improvement.

In addition, our QI Evaluation includes sections for Grievances and Appeals that identify opportunities and barriers gleaned from analyses of Grievance and Appeals data. In a similar fashion to how we review data related to overall Grievances and Appeals, we particularly look at those Grievances and Appeals that result in overturned decisions for needed changes.

Anthem tracks and trends this data by type to indicate whether the service is medical, dental, BH, or other Covered Services. We seek out potential reasons for any trends to identify whether one decision-maker is experiencing more decisions being overturned. The Quality Improvement Committee routinely reviews aggregated results for overturned decisions to identify areas for improvement. When changes are identified based on Member safety, trends such as the number of overturned decisions by a decision-maker, or quality of care issues, we take targeted action and apply QI techniques including the Plan-Do-Study-Act (PDSA) process previously described in Section C.9 Quality Management and Health Outcomes and summarized.in Figure C.14.e-1.

Figure C.14.e-1. Our Structured PDSA Process Helps Anthem Assess and Implement Interventions to Improve Outcomes



Anthem Medicaid

15. Marketing

Committed to the Future of Kentucky Medicaid

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

C.15. Marketing

C.15.a. Marketing and Distribution Plan

a. Provide a summary of the Vendor's marketing and distribution plan, describing the following at a minimum:

i. The system of control over the content and form of all marketing materials.

ii. The methods and procedures to log and resolve marketing Grievances.

iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 "Marketing Activities" and Section 4.4 "Approval of Department" for the Vendor and its Subcontractors.

We maintain a robust and comprehensive marketing, outreach, and communications strategy that is informed by our Population Health Management (PHM) program and our commitment to improving the lives of Kentuckians. We deliberately design our strategy to educate individuals on how to enroll in Medicaid and retain their health care coverage on an ongoing basis and to cultivate deep and meaningful partnerships with community partners and influencers that support the community. Our marketing strategies include community outreach efforts and education, digital and social media campaigns, and traditional marketing vehicles such as radio, television and out of home (OOH) communications, such as billboards. We do all of this while adhering to State, local, and federal requirements regarding the appropriateness of marketing materials.

We pride ourselves on the content of our marketing approach, which includes a focus on providing health education that supports the Commonwealth's most pressing health priorities and assists the community in achieving optimal health. ***Anthem, together with its Foundation, is investing $2 million in 2020 with a focus on addressing health disparities across the Commonwealth and heightened awareness around school-aged youth.***

Education: Keeping Members Informed and Enrolled

A primary goal of our Marketing outreach is to see that individuals eligible for Medicaid receive health care coverage, and we have several campaigns and outreach strategies in place. Approximately two months before Members need to recertify, we conduct our "Recertification Campaign," which includes an interactive voice response (IVR) call, text message, and postcard. The IVR call informs Members that they must renew once every 12 months to keep their benefits, and educates them on the many ways they can accomplish that. To reduce Member abrasion, we run an analysis to identify those who have recertified before moving on to the next stages of the campaign. For instance, we would not send a Member a text message if they recertified following the IVR call. The system tracks this data and helps us tailor future outreach strategies based on the most successful set or combination of campaigns, channels, and content. ***As of September 2019, we reached 24,680 Members through this Recertification Campaign, and 89.3% were reached and subsequently recertified.*** Beginning in mid-year 2020, we will also begin conducting a "Benefit Reminder" campaign for all Members who are nine months into their enrollment. These campaigns will remind Members of their benefits and the importance of visiting their PCPs. This campaign, which is already live in some of our affiliate markets, has resulted in increased retention, Member engagement, and recertification rates.

Beginning in 2020, we propose to lead a new initiative to partner with the Department for Medicaid Services (DMS) and other contracted Managed Care Organizations (MCOs) to create a

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

standard piece of collateral to help educate individuals on Medicaid benefits and how to enroll. In addition to facilitating consistent messaging about the Medicaid enrollment process among all MCOs, this material could also be used by community organizations and Providers across the Commonwealth. ***This will be instrumental in supporting the Commonwealth's effort to make sure every individual in Kentucky, especially children, has health care coverage.***

Developing Meaningful Partnerships

We recognize there are many organizations throughout Kentucky dedicated to serving the Medicaid community. Our Community Relations efforts are all about engaging with partners in communities across the Commonwealth that offer residents, including our Members, support and resources related to key determinants such as safe housing, nutritious food, transportation, education, and employment. We support these organizations with grants and sponsorships and by engaging them in health promotion workshops and Health Fairs – this helps build solid relationships that in turn form the foundation for being able to successfully refer Members with health, social, and economic needs.

Partners that are essential to our outreach and communication strategy include:

- ***State and local government agencies.*** Department for Medicaid Services, Department for Community Based Services (DCBS), Family Resources and Youth Services Centers, Kentucky Career Centers, Office of Employment Training, Department of Corrections, Office of Vocational Rehabilitation, Metro Louisville Board of Health Enrollment Committee, Interagency Councils, and local coalitions
- ***Health care and advocacy organizations.*** Kentucky Youth Advocates, Reentry coalitions, Foundation for a Healthy Kentucky, and Kentucky Voices for Health
- ***Provider partners.*** Federally Qualified Health Centers (FQHCs), hospital systems, county health departments, and Behavioral Health (BH) Providers
- ***Community partners.*** Kentucky Office for Refugees, Community Action of Kentucky, Goodwill of Kentucky, Dare to Care and God's Pantry food banks, faith institutions, schools, chambers of commerce, and small and large non-profits, and businesses such as Maryhurst, Dress for Success, and Welcome House

Following are some examples of our partnerships in action, in the form of health promotion activities and other events.

Key Community Outreach Activities for 2020

Anthem has a longstanding commitment to supporting the community through partnerships that can address complex social barriers and economic disparities to help improve health outcomes. ***Within the past year, our Community Outreach Representatives have hosted or attended more than 2,100 community meetings and events across Kentucky.*** We tailor each event to the various audiences, with a primary focus on making sure individuals have health care coverage and understand the benefits and services that are available, including value-added services (VAS). We also collaborate with community partners during open enrollment events to see that those who qualify for Medicaid are enrolled.

We tailor our community outreach activities to helping address the most complex issues facing the Commonwealth, including food insecurity, child health and welfare, and health literacy. The following summarizes our approach to reaching Kentucky communities in the coming year.

Health Promotion Education (Regional Events)

We hold health promotion workshops across Kentucky that align with the State's priorities, including topics like smoking and vaping, mental health, women's health, dental health, diabetes, immunizations, men's health, germ prevention, and nutrition. Our data analyst team tracks health outcomes across the Commonwealth and we specifically target education in areas of need. Our health promotion education model to address these priorities includes:

- Identifying community partners across Kentucky who have a significant role in addressing targeted health conditions in specific communities.
- Collaborating with these key partners on community events and outreach activities that reach a broad audience to help improve health literacy and promote healthy behaviors.
- Leveraging existing health promotion and education materials that have been developed in our 23 affiliate markets to address evolving health needs and public health initiatives in Kentucky. ***For instance, we are in the process of customizing a human trafficking training developed in Georgia, which we will be able to use at events to educate our Kentucky community partners and parents.*** Our West Virginia affiliate is also working with the American Heart Association to develop school assembly materials related to the dangers of vaping, which we will bring to Kentucky.
- Using our interactive Health Demonstration kits to support health promotion and health literacy education. This includes a Germ Prevention kit, used to demonstrate proper handwashing techniques through a black light that illuminates germs; an Oral Health kit, used to demonstrate appropriate teeth brushing and hygiene, a Breast Self-Exam kit.

Demonstration Kit: Oral Health

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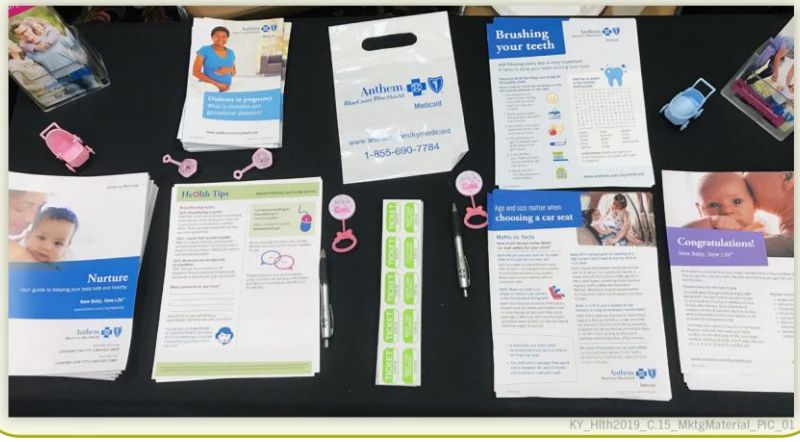
Special Populations (Regional Events)

- Member education materials (shown in Figure C.15.a-1) are available in Spanish and developed with the needs of specific populations, such as racial/ethnic minority populations, rural and Appalachian populations, and gender minorities, in mind.
- We also collaborate with community leaders and organizations to educate Members and potential Members on managed care benefits, and health and wellness. We do this through Health Fairs, such as one recently held with St. James Church where we provided services and education to more than 500 attendees; partnerships with community organizations that serve special populations, such

Figure C.15.a-1. Targeted Materials for Events Such as Baby Showers



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as the Harbor House, to provide health education workshops on topics such as dental care, healthy eating, and germ prevention.

- In conjunction with the University of Kentucky (UK) Disability Resource Center, we host annual Disability Mentoring Day to enhance employment opportunities for UK students with disabilities. Since 2017, Anthem has donated more than $15,000 to the UK Disability Resource Center to support those students.

Teacher's Closet (Regional Schools)

Anthem provides classroom essentials to teachers in Title I schools for students in need during school year, and supports training on various health topics in local schools (see Figure C.15.a-2). One such example was a Dental 101 program in elementary schools where we taught proper brushing technique and provided each child with a timer, floss, and toothbrush.

Figure C.15.a-2. We Provide Health Education in Schools

Food Banks and Housing Support Agencies (Statewide Volunteer and Donation Events)

Our analysis shows that "food" and "housing" are two topics that our Members search for most through our Community Resource Link. To make sure we are doing our part to help them and others in the community access these resources, we:

- Partner with local food pantries and shelters to reach individuals and families experiencing homelessness and continue support for partners such as God's Pantry Food Bank and Dare to Care
- Distribute cold-weather gear, grocery totes, and other items needed by people who are homeless
- Provide canned goods and produce at specific locations
- Volunteer on annual Point-in-Time homelessness assessments

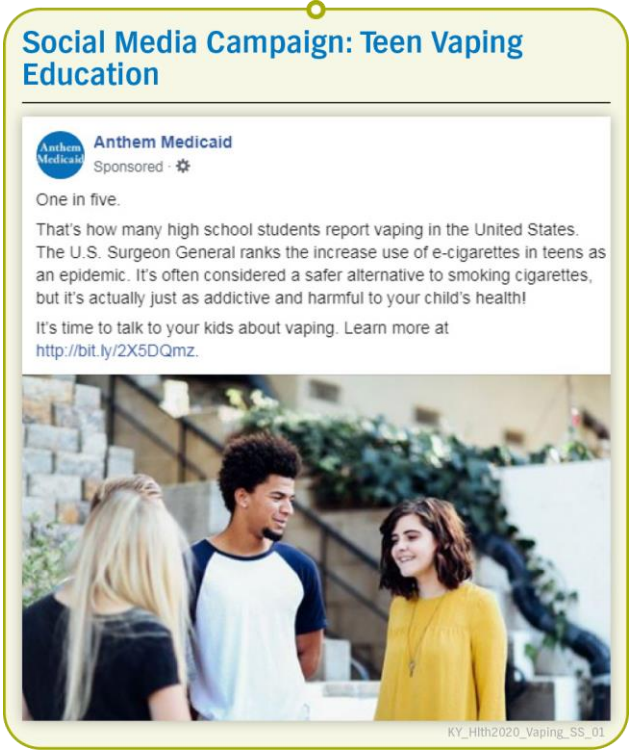
Digital and Social Media

In addition to establishing a physical presence and connectivity in communities, we look forward to expanding our reach in Kentucky through digital and social media. We continuously update our website to make sure it stays relevant, with special focus on its ***usability*** so Members can easily access the information they need. We also understand that more than half of our Kentucky membership accesses our website through a mobile device, so we make sure our site is fully accessible with all features and functionality.

We are building on our current digital and social media presence related to Member health education, Member success stories, community partners, and community events. These efforts will involve:

- A social media calendar to amplify event and campaign activities, promote health education, and provide useful guidance on available benefits
- "Anthem Answers" video clips featuring health plan leadership sharing updates, clinicians and specialists discussing specific health promotion topics, timely announcements of sponsorships, and outcomes of sponsorships
- Relevant social media posts around topics such as smoking, vaping (Figure C.15.a-3), and flu shots; in the fall of 2019, we ran a campaign on these topics on both Facebook and Instagram, which gained more than 160,000 impressions (likes, comments, and shares) and reached more than 100,000 Kentuckians

Figure C.15.a-3. Vaping Post from Fall 2019 Campaign



We are also monitoring a social media focus group initiative being conducted by our California affiliate. This innovative approach enables the health plan to seek feedback from the community through private Facebook groups on variety of topics, including Member materials and events. The goal is to increase engagement by conducting focus groups on a platform where most people are already comfortable, at a time that is convenient to them. As compared to in-person advisory group meetings, providing feedback through Facebook eliminates the need for travel and offers reviewers an opportunity to comment at a time most convenient to them. We will be communicating regularly with our California affiliate and, as indicated by its results, would like to collaborate with DMS on how we could bring similar focus groups to Kentucky while maintaining the privacy of our Members.

i. Verification of Proper Content and Form of Marketing Materials

i. The system of control over the content and form of all marketing materials.

Our Medicaid Marketing and Member Communications team, in place since we began serving Kentucky Medicaid Members in 2014, is responsible for designing materials that are clear, simple, accurate, and do not defraud, mislead, or confuse Members or their caregivers. To make certain the content and form of our Member communications comply with internal, State, and federal requirements, we will continue to use our well-established, structured, and rigorous review process known as the Collateral Materials Approval Process (CMAP). ***This process makes sure we provide correct information to Members and reflects our commitment to be a great partner to the State.*** All marketing materials are approved by DMS prior to use.

This process applies to all advertising materials, health promotion and health education materials, Member and Provider communications and newsletters, health plan or program forms, applications, web-based information and materials, survey instruments, and incentive items.

Robust Content and Material Review Process

Through the CMAP process, all externally distributed materials, including all Member, Provider, web content and marketing, whether developed in-house or by a Subcontractor, are reviewed by a multi-disciplinary team of subject matter experts (SMEs) including Quality, Care Coordination, and Pharmacy team members, as well as functional leads, compliance employees, and legal counsel prior to submission to DMS for approval.

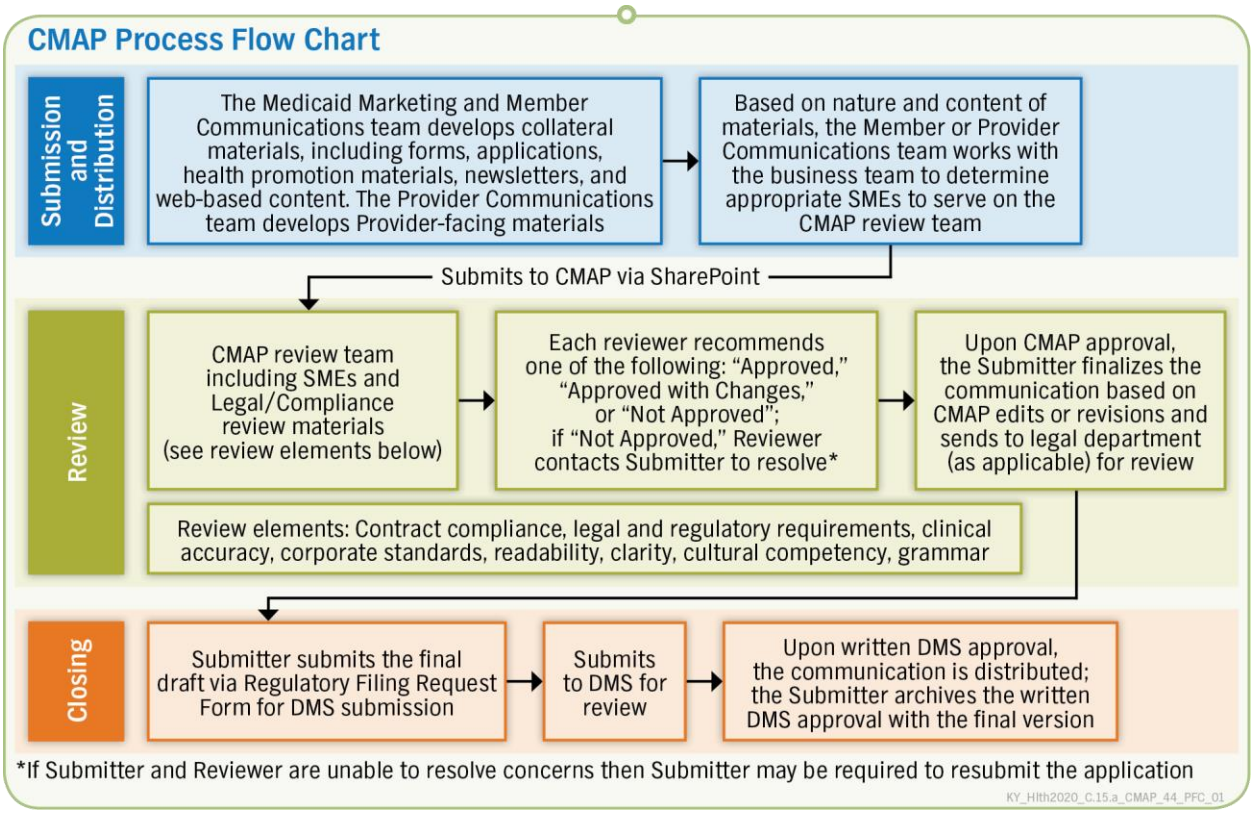
CMAP includes a review of content accuracy, clarity, and understandability, incorporating guidance from the Centers for Medicare and Medicaid Services (CMS) *Toolkit for Making Written Material Clear and Effective*. To optimize the readability and understandability of our materials, we develop our materials at a sixth-grade reading level as verified by the Flesch-Kincaid Grade Level Index. Furthermore, to optimize the readability and understandability of our materials, we use an innovative, interactive literacy software tool, Health Literacy Advisor, that replaces hard-to-read medical terms and phrases with plain language and scores documents on their general readability. During the CMAP process, we also review materials for cultural sensitivity. For instance, our writers are trained and equipped with resources to develop materials using people-first language, and members from our organization's Disability Inclusion Associate (Employee) Resource Group (ARG) are available to review materials for accessibility and appropriateness. We have also included members of our organization's LGBTQ+ ARG in the review process for topics such as family planning and sex education, to help make sure our materials are sensitive to the community and incorporate inclusive language. Members from other ARGs are also available to review materials as appropriate:

- **ACE** — Asians Committed to Excellence
- **ABLE** — Disability Inclusion Network
- **PRIDE** — Promoting Respect, Individuality, Diversity, and Equality (LGBTQ+& allies)
- **APEX** — African-American Professional Exchange
- **MERGE** — Multigenerational ARG
- **SOMOS** — Hispanic/Latino
- **VOA** — Veterans of Anthem
- **WIN** — Women's Inspired Network
- **W@VE** — Working @ Anthem in a Virtual Environment

CMAP reviewers use an online tracking tool that promotes consistency in routing all materials for internal review and thoroughly documents each reviewer's approval or changes. If a reviewer has a concern about the material, they document suggested changes in CMAP, and the document is sent back to our writing team to be edited. The tracking tool also enables all reviewers to see suggested changes and edits made by others to facilitate discussion and collaboration among the team. Once materials receive internal approval, our Compliance team submits the materials to DMS for approval. We track submitted materials using an inventory control number through a cloud-based tool that captures submission dates and status of DMS review. Each item remains in a "pended" status until DMS approval occurs. Approved materials are maintained in StoreFront, our central repository of finalized communications. We regularly audit and review approved

materials to assure accuracy and consistency, and to update and retire materials, as appropriate. We provide a flow chart of the CMAP process in Figure C.15.a-4.

Figure C.15.a-4. Anthem Rigorously and Systematically Reviews Marketing Materials Through CMAP



ii. Marketing Grievance Tracking and Resolution

ii. The methods and procedures to log and resolve marketing Grievances.

Member Grievances Regarding Marketing

Anthem believes that the first step in managing marketing Grievances is preventing them from happening in the first place. ***In the more than six years we have served Members in Kentucky Medicaid, Anthem has never received a marketing Grievance.*** All Anthem employees involved in marketing functions or representing Anthem in any type of community event where contact with potential Members may occur are required to complete the Marketing New Hire training and annual Refresher Marketing training. We also seek feedback from various stakeholders related to our marketing efforts and materials. We look for opportunities to seek Member feedback and make sure our marketing materials are clear and effective through our Member Advisory Committee. We also seek feedback from organizations within the community that give us valuable insight into the design of our marketing materials and whether they are appropriate for all of the populations we serve. For instance, we are working with the Kentucky Statewide Independent Living Council to review our Member materials for accessibility and cultural competence.

Should we receive a Grievance related to marketing, we would handle it through our existing rigorous and proven Member Grievance and Appeals process. As described in our response to

Section C.14, Enrollee Grievances and Appeals, if our Members are dissatisfied with any aspect of their experience with Anthem, including marketing, we want to know so we can promptly address the matter and take steps to improve. Our Grievance and Appeal process is highly accessible, and we use a ***no wrong door approach*** where a Member can initiate a Grievance or Appeal at any time by phone, mail, email, or in person with an Anthem staff member.

We focus on responding to Members courteously and professionally, and we resolve issues through a well-defined and documented process that supports them at every step. To verify smooth and efficient Grievances and Appeals handling, staff who interact with Members receive training on our Grievances and Appeals policies and procedures. We also train staff to resolve concerns raised during initial Member interactions in a culturally competent manner. We also inform Members on how to contact the Cabinet for Health and Family Services' independent Ombudsman for addressing Grievances and Appeals.

Filing and Resolving a Member Grievance

When our Member submits a written Grievance, including those related to marketing, using the DMS standardized form or through one of the many channels available to them, we enter a record of the Grievance into our Core Services System. Once we enter a Grievance request, the system will generate a notification letter and send it to the Member within the mandated time frame based on the date of initial receipt. The Core Services System houses all data elements needed to record, investigate, track, trend, and report on the status of all Grievances, including those related to marketing. As part of our services, we monitor all Grievances using a daily report of all open and unresolved cases, and the team will initiate corrective actions if timeliness is at risk.

A Member Liaison handles the Grievance by reviewing the specifics, analyzing records and other information, interviewing persons involved, including the Marketing team, and making a disposition within the time frames specified by the State. The Grievance and Appeals Manager follows up with the Member Liaison to discuss and resolve any issues that may jeopardize timely resolution.

The Member Liaison makes sure to provide information necessary to complete resolution of a Grievance in a timely manner, enabling us to provide verbal or written notice within required time frames. Once a written Grievance is resolved, we send a resolution letter to the Member communicating our decision and the reasons, a contact telephone number and address for the Member to contact us regarding the decision, and all other content specified by DMS.

DMS Grievances

Though we have never received any marketing-related Grievances from DMS, we would immediately forward the Grievance and applicable documentation to our Marketing team to review. Our Regulatory Team would also place the inquiry into our Core Services System, which enables us to identify any Grievance trends and assess the source of concern. If a marketing issue were to reoccur, we would place our Marketing staff and other parties involved on an internal CAP.

Though we have established processes in place to prevent this from happening, if a Grievance was related to unapproved materials being used by Anthem, Marketing leadership would

immediately pull any of the shared or posted materials and alert any applicable staff to stop production.

If Members were affected by the issue presented by DMS, a Member Liaison would reach out to them within one Business Day to communicate that we are working to resolve the issue and gather any feedback that would be beneficial in coming to a resolution. In addition, a DMS-approved letter is sent to the Member(s) to follow up on the phone outreach.

iii. Tracking Process for Marketing Materials

iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 “Marketing Activities” and Section 4.4 “Approval of Department” for the Vendor and its Subcontractors.

We rigorously adhere to local, State, and federal requirements, including Section 25.1 Marketing Activities and Section 4.4. Approval of Department, relating to marketing practices. Our marketing compliance approach is structured and systematic, prescribed within an annual ***Marketing Integrity and Oversight Plan***, to make sure our business processes meet contractual requirements, follow established policies, procedures, and practices, and represent industry best practices. All Anthem staff involved in the development of marketing materials or in direct or indirect contact with Members, potential Members, or Providers are required to complete marketing compliance training successfully upon hire and to attend refresher training at least annually thereafter. Additionally, all materials developed by our Subcontractors are required to go through the same internal and external approval processes as our internally-developed materials.

Verification and Tracking of DMS-approved Materials

Once all marketing materials, including Subcontractor materials, receive internal approval using the rigorous CMAP process, our Compliance Officer submits the materials to DMS for approval. Our Compliance team employs an inventory control number on marketing, education, training, outreach, and other Member and potential Member communications with the date issued or revised clearly marked. We track submitted materials using the inventory control number through a cloud-based tool that provides submission dates and status of DMS review. Each item remains in a “pended” status until we receive written approval from DMS. We can generate summary reports to track jobs in process and view a comprehensive inventory of all DMS-approved materials at any time. Member materials approved for use by DMS are maintained in StoreFront, our central repository of finalized communications. We regularly audit and review approved materials to assure accuracy and consistency, and to update and retire materials, as appropriate.

Marketing Plan

Our Marketing Plan, which is developed on an annual basis, is submitted to DMS for written approval prior to implementation. Community Outreach Representatives use Salesforce to track and collect key stakeholder information, outreach efforts, relationships, events, and sponsorships to be included in the plan. We also track corresponding outcomes, which enables us to evaluate the effectiveness our outreach efforts and make changes as needed to better serve the Medicaid population.

Marketing Training

All Anthem employees engaged in marketing functions or representing Anthem in any type of community event where contact with potential Members may occur is required to complete the Marketing New Hire training and Refresher Marketing training annually. Upon successful completion of these trainings, which include post-testing, employees are required to sign an attestation stating that they attended training and fully understand the rules regarding marketing activities. The Compliance department maintains a copy of these attestations. In addition, a Compliance department staff member meets with all Marketing new hires to review the Marketing Integrity and Oversight Plan, which is distributed to all Marketing staff members, and a Compliance staff member attends monthly Marketing department staff meetings to assure activities align with marketing requirements.

Field Monitoring and Oversight

On a quarterly basis, our Chief Compliance Officer performs monitoring and oversight of marketing practices and provides a report of field monitoring results, marketing complaints and investigations, and corrective actions implemented, when applicable. The Compliance department also performs unannounced "secret shopper" monitoring and oversight visits to assess compliance with all marketing requirements, including making sure marketing employees do not coach or condone applicants to falsify information or conduct activities that discriminate in any way against individuals eligible for health services.

Marketing employees are responsible for assuring that their marketing activities do not include any prohibited activities. Discipline for engaging in prohibited activities ranges from the development of employee corrective action plans for minor infractions to termination for intentionally fraudulent behavior or falsification of information. Anthem maintains a zero-tolerance policy towards fraud.

C.15.b. Adapting Marketing Materials for Specific Populations

b. Describe the Vendor's understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.

Populations in the Commonwealth

Anthem understands the need to make certain that our marketing information addresses the needs of a diverse population whether viewed through a geographic, health disparity, or demographic lens. Our marketing and outreach plan supports developing and distributing marketing information to all populations, in a manner that is clear, accurate, understandable, and best serves their specific needs.

Engaging diverse audiences through culturally and regionally appropriate messaging to increase awareness of available benefits and improve health.

Addressing Health Equity and Health Disparities

Anthem places an emphasis on reaching and educating underserved and historically marginalized individuals, populations, and communities. This includes individuals with disabilities, individuals of sexual or gender minority, and individuals of racial or ethnic minority. Because we live and work in the Commonwealth, we also understand that significant health disparities exist for individuals living within Appalachian Kentucky. For instance, according to the Appalachian

Regional Commission, Appalachian Kentucky's chronic obstructive pulmonary disease (COPD) mortality rate is 88% higher than the national rate and 38% higher than the rate in non-Appalachian Kentucky, and diabetes mortality rate is 32% higher than the national rate and 12% higher than the rate in non-Appalachian Kentucky.[1] This knowledge helps us tailor the outreach materials and events that we hold in this region, including the collaboration with community partners in the region like the Big Sandy Diabetes Coalition.

To make sure important information is accessible for all Members, including those with disabilities and low literacy, we make provide information in alternative formats like videos with closed captioning. We recently took this commitment to accessibility one step further by embedding American Sign Language (ASL) translation directly within a Kentucky recertification video. We also offer inclusive training to Providers through our website, on topics such as *Creating an LGBTQ-friendly Practice*.

Race and Ethnicity

While White residents remain a significant majority, the Commonwealth is becoming increasingly diverse. According to the US Census Bureau, ***the largest relative growth in non-White residents has been observed among Hispanic/Latinos***, increasing in population from 59,939 in 2000 to 155,163 in 2017 (a 158.3% increase), and among Asian-American residents, increasing from 29,744 in 2000 to 59,593 in 2017 (a 100.3% increase).[2,3] Table C.15.b-1 provides population numbers by race and ethnicity and percentage growth in Kentucky since 2000.

We understand that individuals of racial or ethnic minority often face significant health disparities and can greatly benefit from optimal use of our services. As such, we hold educational events in areas where we know disparities exist. In Kentucky's most populated county, Jefferson County, the rate of low birth weight is 13% among African-American residents, compared to just 8% among Caucasian residents.[4] Similarly, the child mortality rate (rate of death among children under 18 years of age) among African-American residents is 90 per 100,000 population, as compared to 50 per 100,000 population among Caucasian residents. The delivery of timely, age-appropriate preventive services plays a critical role in mitigating these health disparities. To address this disparity, we will be holding one of our baby shower events in Jefferson County in 2020. During this event, we will provide attendees information about Anthems New Baby New Life program, health tips for a healthy pregnancy, and the importance of making sure their babies receive regular checkups once they are born. We will also provide information on applicable VAS Anthem provides, such as our Safe Sleep Kit, which includes an educational brochure that focuses on actions Members can take to help their baby sleep safely and to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. We also know children of racial or ethnic minorities face higher morbidity and mortality due to asthma

[1] https://www.arc.gov/images/appregion/fact_sheets/HealthDisparities2017/KYHealthDisparitiesKeyFindings8-17.pdf
[2] U.S. Census Bureau. Census 2000 Summary File 1. Table P003.
[3] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2013-2017. Table B02001.
[4] Robert Wood Johnson Foundation. County Health Rankings & Roadmaps, 2019. Retrieved at www.countyhealthrankings.org on May 30, 2019.

when compared with white children. For this reason, when we hold community events in areas with a higher refugee population, such as those that exist in Louisville and Lexington, we translate our educational materials, including those related to asthma, into languages such as Somali or Farsi to help address that disparity and help those communities receive care.

Table C.15.b-1. Kentucky Is Becoming Increasingly Diverse

Racial/Ethnic Group	Population (2000)	Population (2017)	% Change
White	3,640,889	3,862,600	+ 6.1%
African-American or Black	295,994	353,088	+ 19.3%
American Indian or Alaska Native	8,616	9,324	+ 8.2%
Asian-American	29,744	59,593	+ 100.3%
Native Hawaiian or Other Pacific Islander	1,460	2,271	+ 55.5%
Hispanic or Latino	59,939	155,163	+ 158.3%

Refugee Communities

Kentucky is ninth in the nation among states in the number of refugee arrivals. In fiscal year 2018, the largest group of refugees emanated from the Democratic Republic of the Congo (970 arrivals), Cuba (272 arrivals), Burma (249 arrivals), and Bhutan (115 arrivals).[5] Refugees also arrived from Somalia, Ukraine, Afghanistan, Eritrea, Burundi, and Rwanda. Many other refugees have moved to Kentucky after initially being resettled in another state. There are three refugee resettlement agencies with five offices across Kentucky, with which Anthem works to refer Members and coordinate services based on identified needs. Refugees are initially resettled in Louisville, Lexington, Bowling Green, and Owensboro.

Language Spoken at Home

A language other than English is spoken in nearly 100,000 Kentucky households (constituting 5.8% of all households).[6] Among these households, ***Spanish is the most commonly spoken language*** (47,933 households), followed by 27,630 households in which other Indo-European languages are spoken. Asian and Pacific Islander languages are spoken in 16,548 households. We use this information to inform not only our translation needs, but also how we outreach to different communities. For instance, given the influx of refugees from the Democratic Republic of the Congo, we have developed relationships with Home of the Innocence, Family Health Center at Americana, and Kentucky Refugee Ministries. We also work with organizations that serve Spanish-speaking Members to develop or tailor our outreach programs, such as Latino Center la Esperanza in Covington, The Catholic Church Hispanic Ministry in Madison and Fayette Counties, La Americana in Louisville, The State Commission on Human Rights, La Casa de la Cultura and Flaca in Lexington.

[5] Kentucky Office for Refugees. Retrieved from https://www.kentuckyrefugees.org/refugees-in-kentucky/arrivals-and-employment-outcomes on June 4, 2019.
[6] U.S. Census Bureau. American Community Survey 5-Year Estimates, 2013-2017. Table S1601.

Adapting Our Marketing Materials

To assure broad accessibility, comprehension, and understandability, we produce all marketing materials in plain language (English and Spanish) at or below a sixth-grade reading level, as verified by the Flesch-Kincaid readability formula (see Figure C.15.b-1 for our ClearMark Awards for Brochures, Emails, and Newsletters). However, we understand that in addition to being clearly written and understandable, materials intended for diverse audiences can also benefit from tailoring in terms of language, cultural nuance, inclusive photography, and other elements of content and messaging. In this section, we describe our approach and specific methods of adapting materials to optimally communicate with individuals across Kentucky.

Figure C.15.b-1. Anthem Received 2019 ClearMark Awards for Plain Language

Limited English Proficiency

To make certain that individuals with limited English proficiency have unfettered access to information and messaging within our marketing materials, we produce materials in English and Spanish, as well as other languages if there is a high concentration of speakers in the area where we are hosting an event. For example, if we are hosting an event in Louisville or Lexington, we have produced materials in Somali or Farsi, as well as English and Spanish.

When preparing English documents for translation, we avoid idiomatic phrases and complicated language to help make sure the translated version is simple and clear. For all non-English translations, we work with translation Vendors who employ ISO-certified translators, most of whom are native speakers, and that apply a two-step back-translation of all our documents in addition to supplying an affidavit attesting to accuracy. Moreover, because we understand that communicating in non-English languages involves more than providing literal translation of materials, we use translation Vendors with the capacity to develop translations that are understandable and maintain the intent, tone, and context of the original messaging (transcreation). ***For Spanish language advertising, a group of native Spanish-speaking employees from different countries of origin review our mass media messaging to verify that it is clear, concise, and tonally appropriate.***

Imagery

We represent varying ages, races, family structures, and abilities in our photography. Use of diverse imagery makes our message more inclusive of our audience, and we have a library of proprietary photography and continue to add to it to make sure we can achieve diversity in our materials and reflect the communities we serve. In addition, we are currently updating our image database to use local photography imagery depicting familiar surroundings to demonstrate our

understanding of the setting in which the people of Kentucky live. We also use icons, animation, and all-type versions of materials when appropriate. In addition, we are cognizant that certain colors and words mean different things in different cultures. For this reason, we tailor our colors and content to the intended audience in terms of region of residence, culture, race, and ethnicity.

Low Health Literacy

To accommodate varying levels of literacy and health literacy — and because attention spans in general are decreasing — we focus on brevity and clarity in our materials, using infographics to pictorially represent important or complex topics. For example, in our Health Tip flyers, we use infographics to compare and contrast symptoms, to show escalation of issues, and to sort information into easily understandable segments.

In other markets, our affiliates have encountered and addressed low literacy among immigrants. For instance, one affiliate worked with the Burmese community to create informational materials in simplified English prior to translation into Burmese to accommodate low literacy identified in this community. Anthem applies this same sensitivity and methodology related to literacy to our marketing approaches in Kentucky.

Communication Channels

We market and provide education through multiple channels, including traditional radio, local television, and print outlets; digital channels such as social media, display advertising, and search engine marketing; as well as through out-of-home channels such as convenience store posters and pharmacy bags.

We have also created educational materials in video format, on topics such as Recertification, which include closed captioning. ***To further enhance our commitment to making our content more accessible to people with varying abilities, we have updated this video to embed American Sign Language translation.*** This video content can be modulated and used in email and social media to promote lasting engagement.

Supporting Kentucky's Goals Through Our Marketing Plan

A key tenet of operating a Medicaid MCO that can move the needle on health outcomes is being able to communicate clearly and meaningfully with our Members and the community at large in ways that are clear, truthful, informative, and helpful — in terms and formats that are accessible and easy to understand. We pride ourselves on a marketing strategy is compliant with all applicable laws and regulations, but also serves as a catalyst for driving population health by building the right connections and partnerships across the Commonwealth.

16. Enrollee Eligibility, Enrollment and Disenrollment

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

C.16. Enrollee Eligibility, Enrollment, and Disenrollment

C.16.a. Meeting Expectations and Requirements

a. Describe the approach to meeting the Department's expectation and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Since 2014, Anthem has been meeting the Department for Medicaid Services' (DMS') requirements for enrollment and disenrollment of Section 26 in the Draft Contract, and we will continue to meet these requirements going forward. During our time as a DMS partner in Kentucky, we have developed the policies, systems, and procedures to rapidly and smoothly enroll new Enrollees (Members). We have also gained significant experience analyzing DMS-delivered information to manage enrollment and disenrollment in Kentucky.

We have created custom interfaces to work with the Kentucky MMIS system. For six years, we have worked with our DMS partners to make sure our enrollment system is aligned to meet all contractual deliverables and processes for enrolling the Kentucky Medicaid. Anthem remains committed to our Kentucky Medicaid Membership, and enrollment and the accuracy of our enrollment loads is a top priority. We can receive data through electronic media and support transmission of enrollment data using the HIPAA-compliant ASC X12N 834 (834) transaction or any other formats specified by DMS. With our extensive enrollment and disenrollment knowledge and specific Kentucky experience, we look forward to continuing our collaboration with DMS.

Our Enrollment and Disenrollment Processes

Anthem recognizes complete, accurate, and timely Member enrollment data loads are critical to our operational functions and vital to supporting our Members in Kentucky Medicaid. Anthem's proven timely and accurate enrollment data loads work to support Members with access to Utilization Management and claims processing. For new Members, it is the start to Member outreach with welcome calls, completion of the Health Risk Assessment, and working to connect them to a Primary Care Provider (PCP). Anthem's commitment to our Members in Kentucky Medicaid drives our success in processing enrollment records promptly and accurately to see that Members receive immediate access to their benefits and services.

Anthem has a proven record with processing more than three million Kentucky Medicaid Member enrollment records within 24 hours of receipt while maintaining a 99.9% error free auto-adjudication rate. ***We typically process our daily Kentucky Medicaid enrollment files within six hours of receipt.*** We process and reconcile the Anthem Core Services System once a month to the Kentucky Medicaid Audit file as an additional quality process, which verifies that all Membership is aligned accurately in the Anthem Core Services System to the Kentucky MMIS system. Receipt and loading of enrollment records start critical processes for our new Members, including receiving a timely welcome call, completion of a Health Needs Screening, and connection with a PCP. Processing information quickly is critical to getting Members engaged in their health care as fast as possible.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

We maintain our operational system which has been built to process and reconcile our Members in Kentucky Medicaid enrollments and disenrollments. Anthem's enrollment systems are flexible and configured for current Kentucky Medicaid Membership, and may be enhanced for any future enrollment needs in the new Contract. Anthem has a proven collaborative relationship with DMS and State vendors for updates and implementations to our files, and we remain committed to these partnerships for all future enrollment and disenrollment processing requirements. Anthem has proven successes with processing enrollments and disenrollments for new Members to managed care, as well as those who are transitioning from another health plan, processing millions of Kentucky Medicaid Member transactions promptly and accurately. We will continue to perform with the same high level of service and quality with a new Kentucky Medicaid Contract.

When we are notified of new Members through receipt of an 834 eligibility file from DMS, we assign each a unique number to track and manage the individual throughout all systems, including those of our Subcontractors. This number stays with the Members even as they move between programs. We also use the 834 eligibility file to identify Dual Eligible Members, and work with Medicare Providers to coordinate their care.

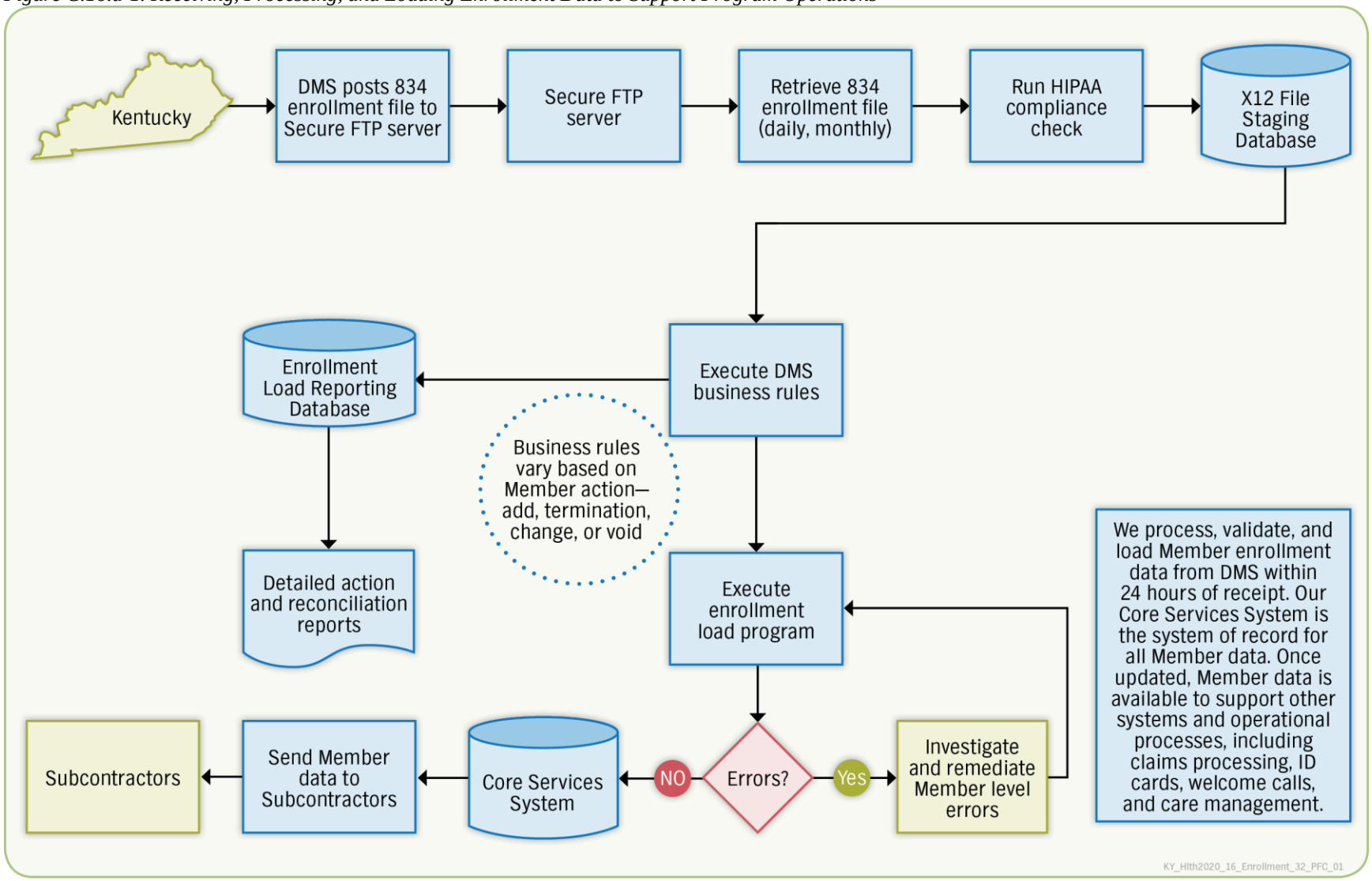
Additionally, we mail confirmation letters and new Member welcome packets daily in compliance with requirements that we send this information within five Business Days after notification of new Member enrollment. Our confirmation letter includes the effective date of enrollment, PCP address and contact information (if one was selected during enrollment process), how to obtain referrals, our role as the health plan, the benefits of preventive health care, an overview of the Population Health Management (PHM) program, copy of the Member Handbook, and a list of Covered Services. We send the Member identification card with instructions for changing PCPs within two Business Days after notification of new Member enrollment. We take a proactive approach to Member outreach to facilitate needed care. If a welcome packet is returned to us due to an incorrect address, we mine claims data for recent claims for that Member. If we find claims data showing an alternative address, we update our system and send the welcome packet to the new address.

Accepting and Processing Member Enrollment Data

We have operational processes to receive, process, and load Member enrollment data on 834 eligibility files from the Commonwealth. Our processes comply with the Companion Guide for the 834 transaction, and we acknowledge that all enrollments and disenrollments become effective on the dates specified on the 834 eligibility file and serve as the basis for our capitated payments.

We process 834 eligibility files daily and make the information available to our claims system within 24 hours. Our comprehensive process is depicted in Figure C.16.a-1.

Figure C.16.a-1. Receiving, Processing, and Loading Enrollment Data to Support Program Operations



We retrieve all 834 eligibility files from DMS using secure FTP, and we subject all files from DMS to HIPAA compliance edits before processing. If the file passes those checks, we perform additional edits against DMS-specific criteria, such as field length, field type, and required data elements.

We evaluate each record on the daily 834 eligibility file. We execute appropriate business rule checks, whether it is an addition, termination, change, or void, and update our Core Services System accordingly. Our process includes logic to compare Member demographic data on the incoming 834 eligibility file against our data to make sure that we record the most current Member information. The enrollment file load process establishes "begin" and "end" dates for Members under their current program eligibility category. Members' eligibility information may change periodically as they move between programs, and those changes are captured promptly and accurately while maintaining historical data. This level of detail enables us to provide appropriate services and accurately process all claims, even when the Member's eligibility changes after the claim date of service.

Our daily process generates reports that list Member-level activity and identifies any errors. Our Kentucky Operations team reviews the reports and investigates errors. The investigation can involve correcting data in our Core Services System, checking the DMS Portal for Member information, and sending a secure email message to DMS for clarification.

Reenrollment and Redetermination

We understand that Members previously enrolled with us are automatically reenrolled if their eligibility is re-established within two months, and we provide a new enrollment date when Members are reinstated. We treat reenrollment more than two months after losing eligibility as a new enrollment. We outreach to Members who are close to their redetermination period to support them throughout the process and make sure they do not lose their benefits.

We provide reasonable modifications to the annual redetermination process for beneficiaries protected by the Americans with Disabilities Act of 1990 (Public Law 101-336), 42 USC 12101, and applicable federal regulations prohibiting discrimination against otherwise qualified disabled individuals under any program or activity according to Section 504 of the Rehabilitation Act. We also provide reasonable modifications to the obligation to report a change in circumstance for any beneficiary with a disability.

Disenrollment

We work to assure the continuity of a Member's care upon disenrollment, which includes assisting in the selection of a new PCP, cooperating with the new PCP in transitioning the Member's care, and making medical records available to the new PCP in accordance with Commonwealth and federal law. We also follow the Transition and Coordination of Care Plan guidelines contained in Appendix J whenever a Member is transferred to another Managed Care Organization (MCO). In 2019, we facilitated the disenrollment of 52 Members.

If DMS sends us a Member disenrollment for cause request, it goes to our Regulatory team for review. After review, it is sent to one of our Member Liaisons who contacts the Member upon receipt of request. The Member Liaison then asks the Member if they would be open to resolving the issues they are having with the health plan (for example, finding a Dental Provider) prior to disenrollment. If the Member agrees, the Member Liaison will help resolve the issues that

prompted the request for disenrollment. For example, if the Member needs help finding a Provider, the Member Liaison assists with scheduling an appointment. The Member Liaison may also provide education on services that will help meet the Member's needs, such as our value-added services, any pertinent quality programs, and our 24/7 nurse hotline. Afterwards, the Member Liaison asks the Member if they wish to stay with the health plan or would still like to disenroll. We have seen a 50% retention rate after Members work with a Member Liaison to identify and address concerns. We then send an update on the Member's disenrollment status to DMS with the exact information we provided to the Member and the outcome.

We transmit Member requests for disenrollment to the DMS Contract Compliance Officer, and our requests for disenrollment (pursuant to 42 CFR 438.56) are provided to DMS in writing with the reason for our request. Our requests document the reasonable steps taken to educate the Member regarding proper behavior, as well as the Member's refusal to comply. We never request disenrollment based on an adverse change in the Member's health, or because of the Member's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from their special needs, except when their continued enrollment with us seriously impairs our ability to furnish services to either the Member in question or other Members. Additionally, when we receive notice of the death of any Member, we notify DMS or the Social Security Administration in the appropriate county within five Business Days of receiving notice.

C.16.b. No Limitations or Issues

b. Detail any limitations and/or issues with meeting the Department's expectations or requirements and the Vendor's proposed approach to address such limitations and/or issues.

We will continue to meet DMS' expectations and requirements for enrollment and disenrollment as outlined in the Draft Contract.

In addition to meeting contractual requirements, we are committed to providing Members with an exceptional experience from the moment they are enrolled with our plan. For instance, we have evolved our welcome outreach to include easier-to digest pieces, such as the Quick Start Guide, meant to highlight what Members need to start using their Covered Services. The Quick Start Guide provides information about key benefits, including value-added services (VAS), how to choose a PCP, completing a Health Risk Assessment (HRA), available digital tools, and how to request information in alternate formats and languages.

We have also implemented strategies to achieve high levels of engagement with newly enrolled Members. A week after a Member is enrolled in our plan, we conduct a "Welcome Campaign" through our Campaign Engine, an Adobe software application in which we can load Member-level communication touchpoints and program advanced queries to optimize channel delivery and messaging. This application allows us to leverage and manage multiple data sources to orchestrate multi-channel campaigns. For the Welcome Campaign, we first reach out to Members through an IVR outbound call, inviting Members to complete the HRA and contact our Member Services call center with questions or concerns. We are then able to run an analysis of the Members who were not reached by the call campaign, and follow up with a text message. The system tracks this data and helps us tailor future outreach strategies based on the most successful set or combination of campaigns, channels, and content. ***As of September 2019, we reached nearly 14,000 Members through this Welcome Campaign.*** We conduct similar

campaigns when a Member is auto-assigned to a PCP after the 90 day self-select period to explain the importance of a PCP and how they can select a new one at any time.

Additionally, we are in the process of expanding the educational videos available to our Members, both in terms of content and accessibility. We are building upon existing closed captioning capabilities by embedding American Sign Language (ASL) translation, starting with our existing *Recertification* video, which provides Members important information about how to maintain their health care coverage. We will also expand our offerings to include videos that have been used in our affiliate markets, such as an *Understanding Your Benefits* video, that provides Members with important information about how to start accessing services as soon as they are enrolled.

Committed to the Future of Kentucky Medicaid

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

C.17. Provider Services

C.17.a. Summarizing Our Overall Approach to Provider Services

a. Summarize the Vendor's overall approach to Provider Services, including initiatives and processes for providing effective services to Providers to support the Kentucky Medicaid program. In the response, address the following at a minimum:

i. A description of how provider representatives engage with providers initially and on an ongoing basis, including level of local presence and onsite visits to provider locations.

ii. Description of formal committees, workgroups, or other forums, if any, in which Providers can receive updates and instruction from the Vendor and offer input about the overall program and Vendor initiatives.

iii. Methods and metrics used to collect provider feedback and to measure overall provider satisfaction, including frequency of doing so.

iv. Methods the Vendor will use to minimize provider complaints and escalations to the Department.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) is part of the most tenured organization in the Commonwealth with the longest standing Provider relationships cultivated over the past 81 years. Anthem's Network is comprised of more than 5,000 unique PCPs, as well as 110 hospitals, more than 19,000 unique specialists including Behavioral Health professionals and ancillary Providers, more than 1,660 dental Providers and more than 1,300 vision Providers. Our ***Provider Promise — Engage, Incent, Empower*** — is to simplify health care so Providers can focus on patient care. This promise guides our overall approach to providing Kentucky-based, comprehensive Provider services. Our local Provider Solutions team aligns the various activities that support Providers — including enrollment, contracting, innovative payment strategies, Provider collaboration through value-based programming, and Provider relations, which includes the overall Provider experience, Provider data maintenance, and frequent Provider communications, to execute our Provider Promise and deliver a seamless experience. Our Kentucky Provider Solutions team of 45 employees includes dedicated Network Relations Consultants in each Region who work directly with the Providers in the very communities in which they live. While Provider services for dental and vision are delegated to our Subcontractors, DentaQuest and EyeQuest, we maintain oversight and assure our delegated Subcontractors uphold the same Provider service model and standards as Anthem.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

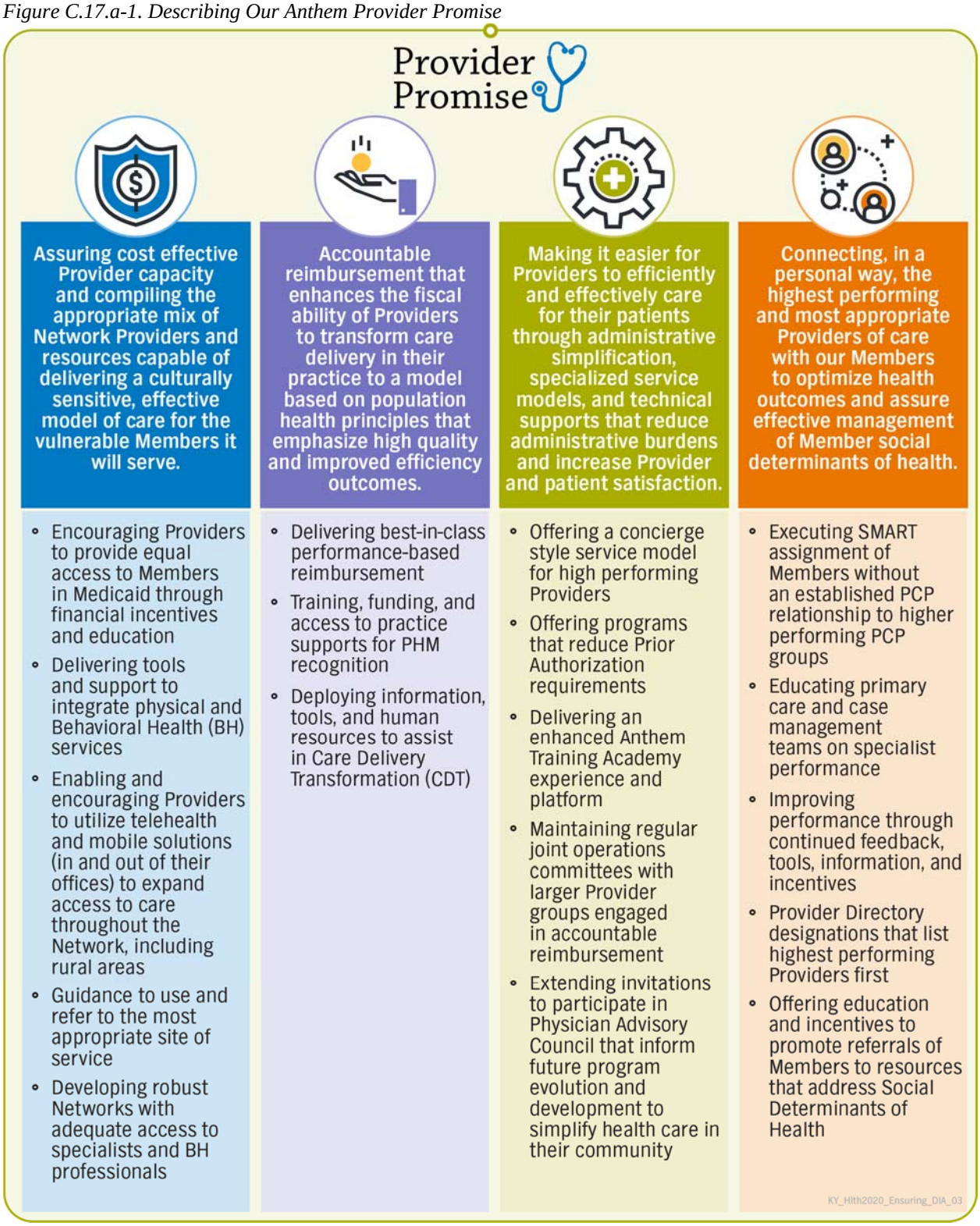
Simplifying Health Care so Providers Can Focus on Patient Care

Anthem makes it easy for Kentucky Providers to care for their patients efficiently and effectively through specialized service models and technical supports that reduce administrative burdens and increase Provider and Enrollee (Member) satisfaction. Our approach to Provider service builds on our experience maintaining ***our long-established Kentucky Network that includes more than 28,000 contracted Providers, of which 110 are hospitals.*** Our Provider Promise (Outlined in Figure C.17.a-1) helps assure:

Anthem Blue Cross and Blue Shield is a highly trusted, reliable, and valued partner. Anthem has been a local presence for over 80 years and an established provider partner. As an innovator in the health care industry focused on creating seamless access for consumers and providers, they have integrated provider services functions to allow a single point of contact for all lines of business including Medicaid, Commercial, and Medicare Advantage. Since Anthem is our state's largest payer, this change has simplified administration for our physician offices and decreased costs.
— **William Banks,** VP, Managed Care at St. Elizabeth Healthcare
KY_Hlth2020_William_TST_02

- **Capacity for Efficient Care.** Compiling an appropriate mix of high-quality Providers and resources, capable of delivering whole-person, culturally sensitive care to our Commonwealth neighbors as demonstrated by our Network adequacy statistics and online Provider Directory resource.
- **Accountable Reimbursement.** Serving as responsible financial stewards for Kentucky by contracting at appropriate reimbursement levels; incenting outcomes; preventing fraud, waste, and abuse through concentrated efforts; and conducting ongoing Provider oversight.
- **Administrative Simplification.** Improving Provider efficiency through administrative simplification, standardized processes, and technical supports that reduce administrative burdens through enhanced online portal functionality, such as claims disputes and medical record submission.
- **Health Advocacy.** Connecting Enrollees (Members) with the highest performing and most appropriate Providers equipped with the resources needed to deliver integrated care that addresses Kentucky's most critical health challenges (for example, opioid use disorder, diabetes, social determinants of health [SDOH], etc.) in partnership with DMS and other Managed Care Organizations (MCOs).

Figure C.17.a-1. Describing Our Anthem Provider Promise



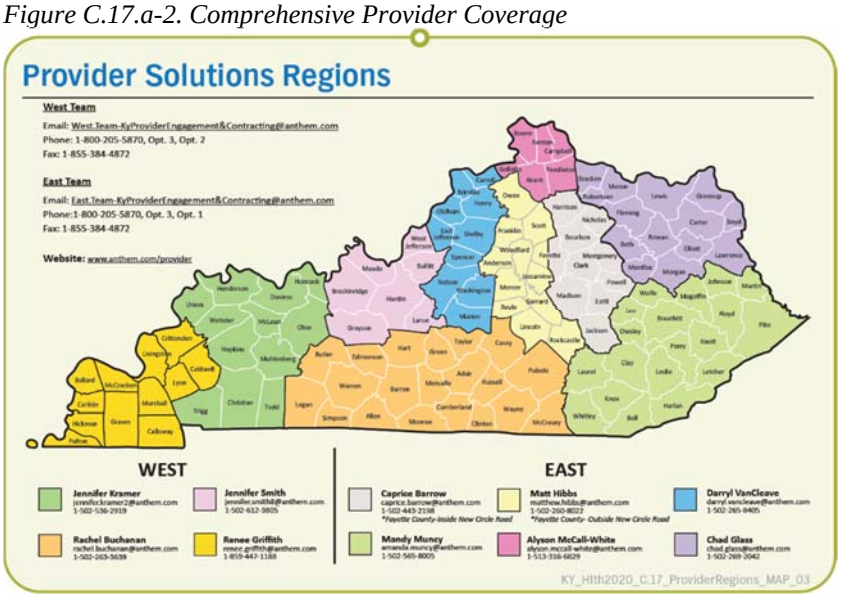
i. Describing Our Network Relations Consultants Engagement with Providers

i. A description of how Provider representatives engage with Providers initially and on an ongoing basis, including level of local presence and onsite visits to Provider locations.

Engaging with Providers

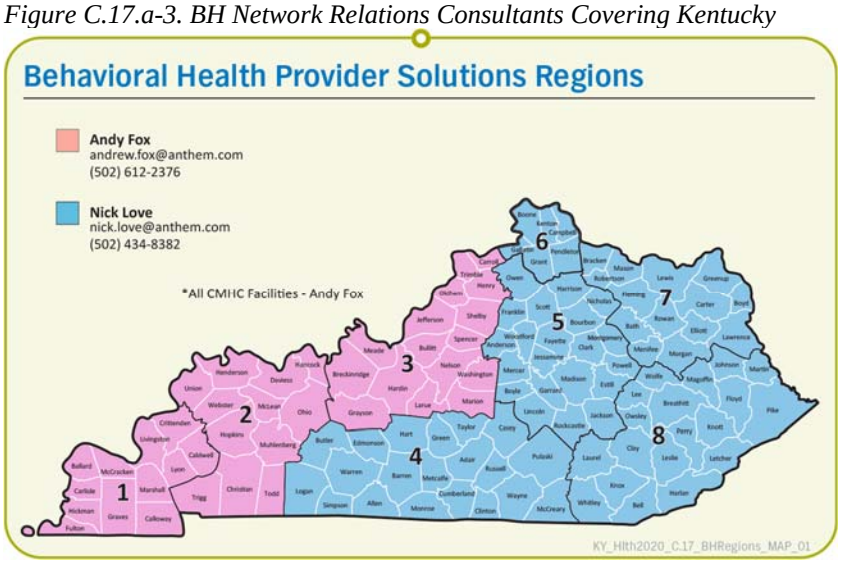
Anthem's ***regionally-based Network Relations Consultants*** are highly seasoned professionals responsible for cultivating and maintaining meaningful relationships with their Providers. Network Relations Consultants are located across the Commonwealth and readily available to assigned Providers as shown in Figure C.17.a-2 and Figure C.17.a-3. Upon joining our Network, Providers are introduced to their assigned Network Relations Consultant as part of the welcome packet that includes critical onboarding information, such as registration details about our Provider orientation webinars, which we hold each month. Based on the Provider's preference, new Providers have the option to attend an orientation webinar or request an in-person orientation to be conducted in their office.

Figure C.17.a-2. Comprehensive Provider Coverage



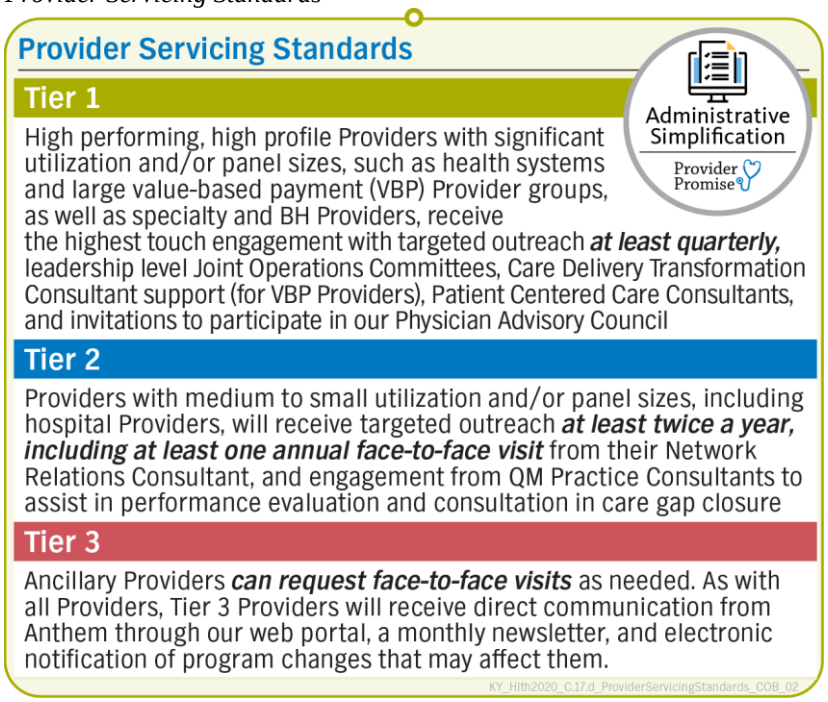
After the Provider's initial orientation to Anthem, Providers will experience regular interaction with their assigned Network Relations Consultant. Anthem maintains Provider servicing standards to assure Providers receive a high-level of service and education on an ongoing basis. In keeping with our pledge to administration simplification, we tailor our communications to the Provider's preference — in-person, telephonic, or

Figure C.17.a-3. BH Network Relations Consultants Covering Kentucky



web-based. To assure our staff meets or exceeds the servicing standards, the Network Relations Consultants log Provider contacts in our Provider Relationship Management system. This documentation supports continuity in the Provider's relationship with Anthem. We recognize that every Provider is different and offer a tailored service model; as described in Figure C.17.a-4, we meet Providers where they are, to give them the right level of support and engagement without creating additional administrative burden. To assure our consultants are providing exemplary service and meaningful content during service interactions, we deploy a post-visit survey to solicit Provider feedback and improvement recommendations.

Figure C.17.a-4. Offering Administrative Simplification Through Our Provider Servicing Standards



In addition to the enhanced servicing model, Anthem simplifies Provider administration by offering support tools that are easy to access and use. To promote timely and pertinent communications between Anthem and the Provider Network, we produce a monthly electronic newsletter that Providers can subscribe to and receive in their inbox at the first of each month. In addition, our public Provider website captures all Provider communications, delivers actionable information, and streamlines plan administration. For example, the public site provides access to the current Provider Manual, the Precertification Look-Up Tool (PLUTO), as well as a Provider Network search tool. In addition to the public site, we offer a secure, Provider Portal deployed through Availity. Availity is a robust, multi-payer portal that offers online functionality such as claim submission and inquiry, claim dispute submission and tracking, and Prior Authorization submission. Our public Provider website and secure Provider Portal features tools that promote convenience and transparency while simplifying practice management. We are committed to deploying an ongoing effort of support and collaboration through our ***Provider Promise: to deliver a best-in-class experience by simplifying health care so our Providers can focus on Member health***.

ii. Describing Our Provider Committees, Workgroups, and Forums

ii. Description of formal committees, workgroups, or other forums, if any, in which Providers can receive updates and instruction from the Vendor and offer input about the overall program and Vendor initiatives.

Our Program Advisory Council

Anthem's Program Advisory Council, which includes Medicaid priorities and programming in their quarterly meetings, is coordinated and overseen by our Provider Relations department. This oversight includes maintaining the membership roster, scheduling the Program Advisory Council meetings, sending meeting reminders, preparation of the agenda content, and facilitating the meetings.

Composition of our Program Advisory Council

Our Program Advisory Council is comprised of Commonwealth Providers, including medical and Behavioral Health Providers, and Anthem leaders who serve two-year terms. Our current Program Advisory Council members are listed in Figure C.17.a-5.We work closely with members of the Program Advisory Council to make certain that meeting agendas include topics of their interest and priority. Our Network Relations Consultants contact these group members by email requesting agenda items prior to each meeting. The final agenda includes topics submitted by Program Advisory Council members and Anthem staff, including issues for which we are seeking Provider input and open items from previous meetings. We email agendas and minutes from the prior Program Advisory Council meeting to group members at least three Business Days in advance of meetings to allow sufficient time to prepare for meetings. Some topics discussed during our 2019 Program Advisory Council meetings include:

- Value-based Payment models
- Value-added Services
- Performance Improvement Projects
- Healthy Rewards Program

Figure C.17.a-5. Our Council Members

Anthem's Program Advisory Council

Providers
Rick Schultz—Precision
Julia Richerson—KPCA-Family Health Center
Dr. Keith Toms—Generations Primary Care
Dr. Patrick Hynes—One Pediatrics
Stephanie Woods—GLMS
John Mark Fones—Enspire
Carter Rieser—Imperium
Craig Gillispie—FPA Lex
Joe Gerhardstein MD—FPA Lex
Dr. Greg Hood—TPN
Derrick Hamilton—KPCA-JuniperHealth
Dr. Cyrus Joshi—Greentree Primary Care
Dr. Roy Harper—APCP
Molly Lewis—KPCA
Sarah Roy—Graves Gilbert
Anthem
Mike Lorch, RVP
Dr. Jeffery Reynolds, Medical Director
Amy Mattingly, Provider Collaboration Director
Jill Hans, Provider Collaboration Manager
Phillip Smith Jr., Provider Collaboration Manager
Derek Robinson, Provider Collaboration Manager
Davy Goff, Director Network Management
Jennifer Ecleberry, Director Provider Solutions
Ken Groves, Manager Network Relations

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We take our Program Advisory Council's feedback seriously and use insights to enhance our programs to make them most meaningful for Providers. For example, we received feedback from our Program Advisory Council that our Value-based Payment programs were too complex for Providers to achieve program goals. We used this insight to guide our program changes for 2020,

which include the separation of the quality and cost components of our Provider Quality Incentive Program (PQIP) program to allow for Providers who achieve their quality or cost goals independently to earn rewards for their efforts. This change will increase participating Provider satisfaction and assure high performing Providers receive incentive dollars to reinvest in their practices. Focus areas for our 2020 Program Advisory Council include: rural health challenges and access, workforce development, and value-based payment innovation.

Medical Advisory Council

Our quarterly Medical Advisory Committee (MAC) is led by our Medical Director, Dr. Peter Thurman, and facilitated by our Quality Management department. This council engages local physical health (PH) and Behavioral Health (BH) Providers in our Quality Management (QM) activities and Quality Assessment and Performance Improvement (QAPI) program. It reviews, provides input, and approves Clinical Practice Guidelines (CPGs) to confirm local Kentucky practice context; approves Utilization Management criteria and program descriptions; and reviews information on Appeals, Grievances, and quality of care issues. The MAC conducts peer reviews to assess levels of care and quality of care provided. It also monitors practice patterns and drug utilization to verify appropriateness of care, improvement, and risk prevention activities, including review of clinical studies, development and approval of action plans, and recommendations for quality improvement (QI) studies. Members include our Medical Director, BH Medical Director, quality leaders, Network PH physicians, a dental Provider, and one BH physician.

Peer Review Committee

External Providers participate in our peer review body, known as Anthem's Credentials Committee, as detailed in our Credentialing Policy, which is responsible for rendering the decision to accept, retain, deny, or terminate a practitioner's participation in our Network as part of our credentialing process.

Dental Advisory Council

DentaQuest created the DentaQuest Advisory Committee in Kentucky to partner with key stakeholders to improve oral health for all Kentuckians. The committee meetings are hosted quarterly and available for Members to attend in person or via conference call. DentaQuest is relentlessly dedicated to improving the oral health of all. To do this, they take an all-in approach with key stakeholders to understand and develop better care, expanded access, investment in innovative solutions, and transformative systems change. The advisory committee focuses on the overall view of DentaQuest in the Commonwealth, and improvements that can be made to the administration of the program, identifying benefits that need to review or change, and suggesting additional outreach possibilities for overall oral health and Member education topics. Key Stakeholder members include Anthem, Kentucky Dental Association, University of Louisville School of Dentistry, University of Kentucky School of Dentistry, Mortenson Family Dental, and licensed and practicing Kentucky General and Pediatric Dentists.

Anthem is the only payer that has proactively set up monthly meetings with Kentucky Medical Association leadership to discuss provider notices and potential impacts on our physician members. These meetings create pathways for rapid problem solving, solution focused actions, and cross discipline collaboration.
— **William Banks,** VP, Managed Care at St. Elizabeth Healthcare
KY_Hlth2020_William2_TST_02

Monthly Meetings with the Kentucky Medical Association

Anthem meets monthly with the Kentucky Medical Association to discuss challenges facing Kentucky Providers and collaborate on ways Anthem can help address them, emerging health needs in Kentucky, impending administrative and process changes, Anthem programs, and how we can collectively promote a state of enhanced health for the future.

First, We Listen

We know that Providers have knowledge and experience critical to informing and strengthening our systems, operations, and policies. We value Provider participation on a number of committees, which provides a forum for open dialogue and information sharing.

Informing Providers

Two-way communication between Anthem and the Provider Network is of the utmost priority. Anthem distributes information using multiple methods including in-person service visits, monthly e-newsletters, fax and email blasts, website and Provider Portal, and via our Provider Manual. On at least an annual basis, we conduct comprehensive Provider education workshops and forums to offer trainings to Providers across the Commonwealth. We deploy post-visit and workshop surveys to gather Provider feedback on content and improvement recommendations. Through our Medical and Program Advisory Councils, we update and share best practices to guide our Anthem processes and to inform Providers about our program and initiatives. We use these councils to solicit Provider feedback on Anthem policies and initiatives.

Anthem Provider Education Workshops

We invite Network Providers to attend annual Provider education workshops held across the Commonwealth. In 2019, 438 Providers attended workshops and received education on various topics of importance, including Provider maintenance forms for demographic updates, Provider Portal, program enhancements, cultural competency, and SDOH needs. In 2020, our Provider education workshops in each Region will focus on Provider enablement. Our agenda will include Kentucky Health Information Exchange (KHIE) Outreach Coordinators who will deliver education to our Network Providers on the KHIE application, perform live demonstrations, provide technical support and answer Provider questions about enrolling in the application.

State Provider Education Forums

Kentucky Medicaid Providers also receive focused training during state-sponsored Provider Education Forums where Anthem participates and partners with other Kentucky MCOs. Anthem is a contributor to the forums which include Provider participation; these forums provide an opportunity to solicit and collect input, distribute information, and deepen relationships with Providers such as Kentucky Rural Health Association, Kentucky Medical Association (KMA), Kentucky Hospital Association, Kentucky Primary Care Association (KPCA), Kentucky Academy of Pediatrics, and the Kentucky Association of Regional MH-MR Program, Inc.

High Priority Topic Provider Education Forums

In addition to the previously-mentioned education forums, we hold additional Provider Education Forums throughout the Commonwealth when there are impending legislative or managed care changes that will substantially impact Provider practices. Most recently, to help our Network Providers prepare for the defunct Kentucky HEALTH waiver, we produced and delivered custom training, communications, and education on waiver requirements for Providers

that was leveraged by DMS for other incumbent MCOs. We focus on simplifying health care so Providers can focus on health and are committed to ensuring our Network Providers are poised to deliver the highest quality care to Members in Medicaid.

iii. Using Methods and Metrics to Collect and Measure Provider Satisfaction

iii. Methods and metrics used to collect Provider feedback and to measure overall Provider satisfaction, including frequency of doing so.

Anthem places great emphasis on the results of our annual Provider Satisfaction Survey, as these results aid us in identifying improvement opportunities. Our annual Anthem Provider Satisfaction Survey process, conducted by an external Vendor, includes an objective, systematic review of activities and systems to assess quality of care and service that meets or exceeds all acceptable prevailing standards. Respondents are given a month to complete the survey and are able to complete the survey online or respond on paper upon request. A large proportion of Kentucky Providers are satisfied overall with Anthem, as shown in our 2019 satisfaction survey results, which indicated that 83% are very or somewhat satisfied with Anthem. Additional survey results indicated:

- 86% of Providers are satisfied with the helpfulness of our Provider Relations team services
- 89% are satisfied with our claims payment timeliness and accuracy, respectively
- 91% are satisfied with the clarity of our remittance advice
- 86% of Providers are satisfied with the quality of our Provider newsletters
- 85% of surveyed Providers indicated high levels of satisfaction with our Provider Portal
- 84% of Providers indicated that the quality of our Provider Manual was excellent, very good, or good
- 81% rate of satisfaction with the efficiency of Anthem's Utilization Management process
- 85% of Providers rate their experience with disease management as excellent, very good, or good
- 97% perceive disease management programs as having a positive impact on a patient's health status
- 66% indicate that patient quality of life has improved since enrollment in an Anthem disease management program
- 90% would recommend the Anthem disease management program to other Providers

Survey results help us better understand our Provider Network, its needs, challenges, and opportunities for Member-focused, cost-saving innovations. Additionally, it enables us to identify training needs by asking Providers what information they would like from Anthem. Topics may include chronic condition management programs, HEDIS measures, participation in a quality incentive program, innovative programs to implement, afterhours care, electronic claims processing, and any other subjects they specify. We use results from the survey to address Provider-specific areas of opportunity, including Provider satisfaction and overall performance. Our survey gauges Provider satisfaction in the following areas:

- Overall satisfaction and loyalty
- Claims processing and Provider reimbursement
- Utilization Management and Chronic Care Management
- Local health plan Provider services
- Provider training and education
- Communication and technology
- Continuity and coordination of care
- Cultural competency
- Language
- Provider complaints resolution

Addressing Provider Dissatisfaction and Monitoring Improvement

In response to results of our annual Provider Satisfaction Survey, our Provider Relations team, in partnership with our Quality Management department, analyzes results from the survey to identify improvement opportunities and necessary actions to address satisfaction in these areas.

Through surveys, advisory councils and committees, and Network assessment, we monitor, track, and trend Provider Complaints and Appeals to identify root cause issues causing their dissatisfaction. This detail is used to generate an annual Provider Satisfaction Work Plan; a formal Corrective Action Plan which outlines specific areas of focus for improvement and clear action items and deliverables required to deliver the improvement. Jennifer Ecleberry, our Director of Provider Solutions, is responsible for ensuring execution of the work plan prior to the commencement of the subsequent annual Provider Satisfaction Survey process. Findings from the annual Provider Satisfaction Survey allow us to have a full view of Provider needs. We analyze the results to identify improvement opportunities, as well as necessary actions to address satisfaction in these areas.

Improvement Opportunities Identified and Actions Taken to Improve

As mentioned, Provider Relations uses results from the survey to address Provider-specific areas of opportunity, including Provider satisfaction and overall performance. Our 2018 Provider Satisfaction Survey results showed that satisfaction had decreased from 83.8% in 2017 to 78.5% in 2018 around the efficiency of the Anthem Utilization Management process overall. To address this, we deployed targeted education for Providers on alternative methods to obtain precertification that would streamline the process for Provider offices. We introduced our Interactive Care Reviewer (ICR) in 2019 as an option for submitting authorization requests online, eliminating the need for a phone call to the health plan. The 2019 survey results showed an increase in satisfaction on this process to 80.9% from the 2018 results.

Integrating Provider Satisfaction into Ongoing Network Management

Our Provider Solutions team uses results from the survey to address Provider-specific areas of opportunity, including Provider satisfaction and overall Provider Network performance. Additionally, our survey provides us with information about areas for Network enhancement and additional contracting needed. Providers are asked to assess the value of Anthem's Network and the ease of locating a Provider for referral. The results of this component are used to identify areas for Network expansion, Provider education, and optimization.

Additional Forums We Use for Soliciting Feedback

In addition to our formal annual Provider Satisfaction Survey process, we solicit Provider feedback on Provider satisfaction throughout the year through multiple forums, such as direct feedback received by our Network Relations Consultants, and Care Delivery Transformation (CDT) Consultants that work with value-based payment (VBP) Providers and our Program Advisory Council.

Anthem believes that a comprehensive and high performing Provider Network helps achieve the triple aim to improve Population Health and quality of care while lowering cost. Provider satisfaction is essential to delivering high-quality health care to Members.

Collecting and Measuring Provider Satisfaction

We use multiple methods to gather information and feedback from our Network Providers and evaluate Provider satisfaction, as shown in Table C.17.a-1.

Table C.17.a-1. Summary of Provider Satisfaction Assessments

Methodology	Provider Satisfaction
Surveys	• Comprehensive Provider Satisfaction Survey • Provider Visit Feedback Survey
Advisory Councils and Committees	• Program Advisory Council • Medical Advisory Council • Peer Review Committee • Dental Advisory Council
Other Methods	• Provider Complaints • Focus Groups

Our annual Anthem Provider Satisfaction Survey process includes an objective, systematic review of activities and systems to assess quality of care and service that meets or exceeds all acceptable prevailing standards. The survey targets a randomized sample of 1,000 Network Providers from among four Provider types (PCPs, specialists, BH specialists, and OBs), prioritizing high-volume Providers in each Region. Providers can complete the survey online or in hard copy. Our Network Relations Consultants encourage non-responders in person or via telephone to complete the survey to reach an appropriate sample size for analysis.

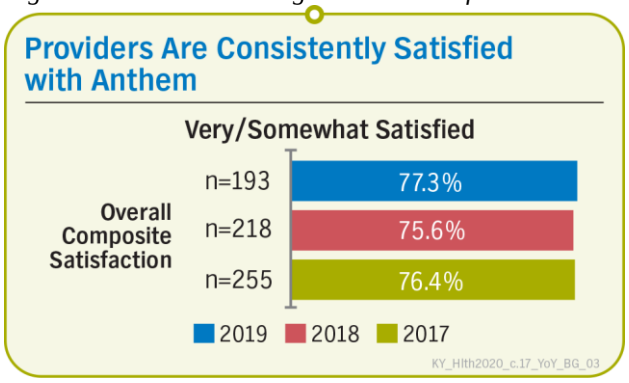
Through the Provider Satisfaction Survey, we evaluate Provider satisfaction with our communications, services, and procedures, and use the results as part of our continuous QI efforts. Other areas we assess include satisfaction with our chronic condition management program, Provider enrollment, complaint resolution, claims processing and reimbursement, and Utilization Management processes.

In addition, we monitor, track, and trend Provider Complaints and Appeals to identify root cause issues causing dissatisfaction. We also solicit and leverage feedback from our locally based Provider Relations staff, as well as the call center, care management, and community relations areas related to Provider satisfaction and service issues.

Using Survey Results to Improve Processes

Our comprehensive Provider Satisfaction Survey includes questions that focus on key operational service areas with which Providers have contact, including but not limited to authorization processes, claims and reimbursements, Provider Services call center, Member education and health, enrollment processes and complaint systems, Quality Management, chronic condition management, Provider relations, communications and technology, Utilization Management, and continuity and coordination of care. We target 50% Primary Care Providers, 30% specialists, 10% OB/GYNs, and 10% BH Providers (Figure C.17.a-6). As required, we submit the survey instrument and our sampling methodology to DMS for review and approval. Once approved, we use an NCQA-certified external partner to administer the survey. Recent survey results are highlighted in Figure C.17.a-6.

Figure C.17.a-6. Measuring Provider Satisfaction



As mentioned, Provider Relations uses results from the survey to address Provider-specific areas of opportunity, including Provider satisfaction and overall performance. As an example, in the 2018 Provider Satisfaction Survey, results showed that satisfaction had decreased from 83.8% in 2017 to 78.5% in 2018 around the efficiency of the Anthem Utilization Management process overall. As a result, significant emphasis was put on educating Providers on alternative methods to obtain precertification that would streamline the process for Provider offices. Interactive Care Reviewer (ICR) was introduced as an option for submitting authorization requests online, eliminating the need for a phone call to the health plan. The 2019 survey results showed an increase in satisfaction on this process to 80.9% from the 2018 results.

To deliver on our Provider Promise, for administrative simplification, we use insight gleaned from our annual Provider Satisfaction Survey to refine our processes and resources to meet Provider needs. Examples of programming enhancements and changes made as a result of Provider feedback include the following:

Communicating with Providers

Provider newsletters are now delivered electronically on the first of the month to all Providers. This format streamlines communications into a single, organized source for easy access for Providers. We made this change in response to Provider feedback indicating there were too many communications, which made it difficult to determine what was most important.

Providers now receive direct communication advising them when new newsletters are posted to our website via subscription service emails. This enhancement helps assure that Providers are made aware in a timely manner of new information that is critical to their successful performance.

Updating Our Provider Portal

In response to survey results about the ease of use of our Provider Portal, we are in the process of restructuring our site to make it more user friendly and easier for Providers to locate critical information. We anticipate these enhancements will be live in 2020.

Providers also indicated they have difficulty determining appropriate training materials. In an effort to improve our Anthem Training Academy (Academy) and resources, we are restructuring the navigation and clarity of our Provider Training Portal, which will deliver an enhanced self-service platform that allows Providers to access curriculums easily, track completion, and complete attestations for required trainings. These enhancements are also planned to go live in 2020.

Updating Our Claims Processing

Despite high levels of satisfaction with our claims processing turnaround time and accuracy, Providers were interested in learning more about coding accuracy to improve claims processing. In response, we created a focused webinar series, delivered through our Academy in 2019, that educated Providers and resulted in a decrease of average days to pay claims. ***Our auto-adjudication rates are steady at 85%, and our turnaround time (TAT) for new day claims processing averages less than nine days from receipt to processing.***

In addition to our annual Provider Satisfaction Survey, we conduct ongoing monitoring of operational performance and offer Providers the opportunity to complete a Provider Satisfaction Survey after each web, call center, or in-person interaction with our Network Relations Consultants to make sure we meet our service commitments. We developed a Provider dashboard that tracks claims statistics for a specific Provider, such as number of claims submitted, paid, denied, top denial reasons, and percentage of paper vs. electronic claims for a given time period. The dashboard is prepared and discussed during Provider visits to assure Providers and Anthem are aware of possible trends that need attention. Dental and vision are monitored through national Joint Operations Committee meetings that feed into the Delegated Vendor Oversight Management Committee.

We are very pleased with the service we have received from Anthem. The speed of claims processing and their Provider Relations team are assets to our office. We hope to see Anthem continue to participate as a Managed Care Organization with the Commonwealth of Kentucky.
— **Linda Horton & Kim Marshall**
Resurrection Treatment Clinics
KY_Hlth2019_C.17_Linda_55_TST_02

Monitoring and Addressing Provider Grievances and Appeals

It is critical for any health plan to systematically evaluate and assess Grievance and Appeals processes so that results can be used to inform and improve operations. Anthem has long-standing experience self-auditing Grievance and Appeals processes for our other health care products. We will continue to conduct quarterly self-audits of our Grievance and Appeals processes. We use our already successful trend analysis of Appeals data to identify root causes of inappropriate denials or underpayments. Once we identify the root cause, we review all correlated claims to identify issues that span multiple Providers and Provider types and select additional claims that are potentially eligible for reprocessing. The result of the analysis initiates process improvement activities and system enhancements; for instance, claims processing configurations that affected automated processing, external clearinghouse data issues, manual processing errors, unclear standard operating procedures, or Provider training needs, as appropriate. We categorize, track, trend, and aggregate all Provider dispute data, including type of issue and other details such as resolution status and time frames for completing process steps. We process and review the Provider Complaints Report for monthly submission to the Commonwealth and to our Quality Improvement Committee (QIC).

Our QIC reviews data related to Provider dispute volumes by topic, Region, outcome, and timeliness of resolutions. After reviewing data, the QIC identifies action plans to address areas of concern and improve the Provider experience through process and system improvements. For example, if a Provider receives three or more Grievances initiated by a Member per quarter, this is grounds for corrective action. Similarly, if we receive a high volume of a particular type of Appeal, we can examine internal systems and policies to remove barriers to efficient payment, or re-educate Providers about what is required for the claim to process. The QIC reports the cumulative results of Provider dispute data and improvement actions through the annual evaluation that we present to the Anthem Joint Operations Committee.

These procedures and their processes help assure all Grievances and Appeals received from our Network Providers are tracked, along with their resolution, in accordance with Contract requirements, 42 CFR 438.10(g)(2)(xi), and other applicable State and federal requirements. Historically, we have maintained a very low volume of Provider Grievances; for 2018, we processed six (6) Provider Grievances and for 2019, we processed six (6) total Provider

Grievances. The Grievances have typically pertained to dissatisfaction with administrative policies or processes, which result in the Network Relations Consultant contacting the Provider office to ensure understanding of the policy or process and to offer additional support as needed.

We fully respond to each Grievance and Appeal and have multiple status documentation points, including final disposition and closure. For a full description of our processes for monitoring and addressing Provider Grievances and Appeals, see our response to section C.17.g.

iv. Minimizing Provider Complaints and Escalations to DMS

iv. Methods the Vendor use to minimize Provider complaints and escalations to the Department.

We use our no-wrong-door approach to minimize the escalation of complaints to DMS by capturing Provider concerns, monitoring, tracking, addressing, and resolving issues. We address all Provider complaints using the feedback to improve the Anthem experience for Providers and for our Kentucky Members in Medicaid. We employ our enhanced service model to give Providers access to our regional Network Relations Consultants. The Network Relations Consultants respond to Provider inquiries within 48 hours of receipt to acknowledge receipt, provide guidance, or outline a plan of action. Anthem complies with DMS and Contract requirements when tracking Provider complaints, including Grievances and Appeals.

> *Anthem is the easiest Managed Care Organization (MCO) to work with by far. We can always count on their Provider Relations department to help us answer any questions we have. Anthem has also been the most consistent MCO that we've worked with year after year. We look forward to continuing our partnership with Anthem.*
> — **Matt Grammer,** Owner/Chief Executive Officer
> Kentucky Counseling Center
> KY_Hlth2019_C.17_Matt_55_TST_01

When Provider inquiries are received, we identify the root cause so that we can better address the issue, whether it is an isolated Provider concern or a trended issue, to resolve the complaint, Grievance, or Appeal, and minimize escalations to DMS. Historically, most Provider complaints have centered on claim payments. To respond to this trend, we implemented a claim dispute function in Availity in mid-2019. This provides an electronic and transparent process for Providers to submit claim inquiries and follow through from submission to resolution. We anticipate the ease of this process will continue to be welcomed and widely adopted by Providers, greatly diminishing the need for escalated complaints.

Tracking and Reporting Inquiries and Complaints to Improve Provider Relations

> Anthem has the lowest number of issues outstanding with the Kentucky Hospital Association of all MCOs, every month 11/2017 to present and the lowest trend in rate of issue days per 1,000 members of all MCOs, every month 7/2017 to present.
> KY_Hlth2019_C.17a_KHA_COB_03

Anthem tracks and monitors every contact point where we receive Provider inquiries and complaints. We track and trend inquiries and complaints because they provide critical information regarding our Provider's experience. Our operations team receives weekly and monthly trending reports on Provider inquiry and complaint volume across all of our primary contact points. We use these reports to spot trends and patterns that could indicate something is potentially wrong with our claims system, with our Provider reimbursement, or other policies and procedures. The information reviewed from Provider inquiries and complaints also helps identify opportunities for increased Provider communication and engagement. We take Provider inquiries and complaints very seriously, as it

is critical to make sure there are no systematic errors that could lead to a larger scale payment issue or Network disruption. Some of our views into detecting system issues or errors are highlighted in Figure C.17.a-7 through Figure C.17.a-10.

Figure C.17.a-7. Days with Outstanding Issues

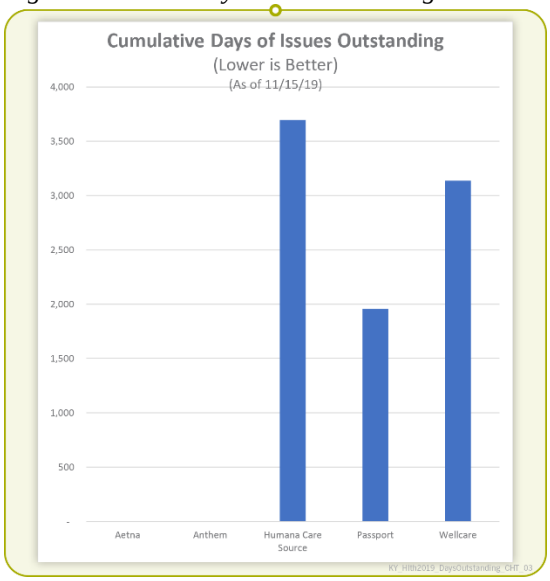


Figure C.17.a-8. Measuring Outstanding Issues

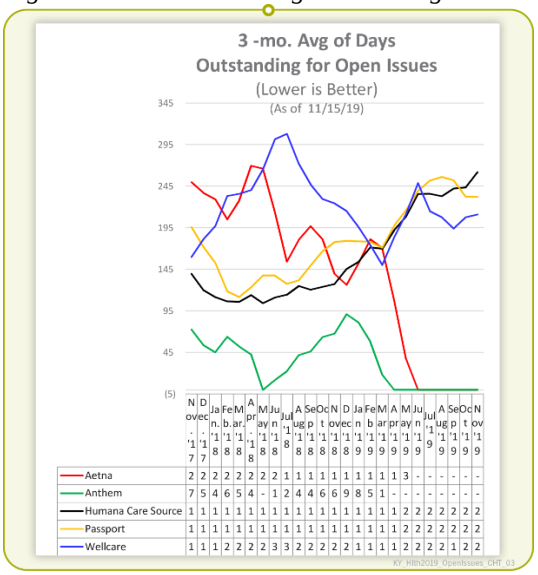


Figure C.17.a-9. Trending Issues

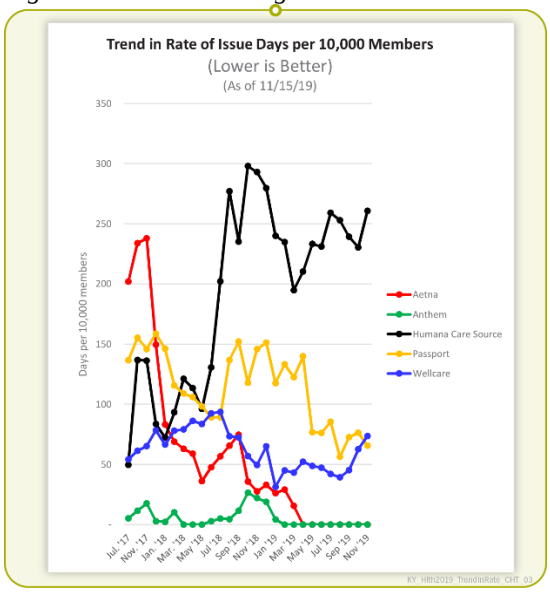
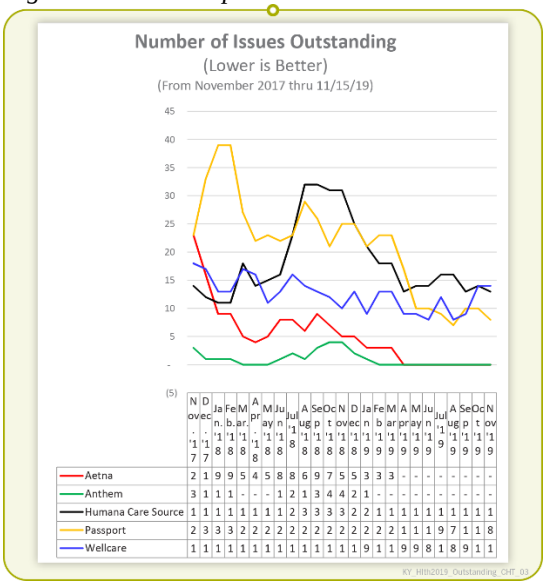


Figure C.17.a-10. Open Issues



Using Information to Improve Operations. When we identify a claims pattern or trend across multiple Providers that may indicate the presence of a systemic issue, our Operations team takes a number of actions to identify the reason for the increase in Provider inquiries or complaints. Using root cause analysis techniques, we perform analytical research to get to the source of the concern. We have a number of tools and reports to detect system issues or errors. Examples of changes made as a result of identified system issues include:

- Implementation of the ***Provider Collaborative Resolution Model***, partnering members of the Operational Excellence team with the Provider Solutions team to conduct on-site visits to

address outstanding Provider questions and/or concerns around claims issues. The integration of this model in 2018 reduced Provider complaints by more than 75%.

- Integration of the ***Provider Reconciliation Score Card*** to support the resolution model to quickly and consistently provide collaborative feedback to Providers when claims issues arise
- Optimization of our **Encounter Data Submissions** including performance improvement to 99.8% Accuracy of monthly claims submissions

If we identify a system error affecting Provider claims payment, we immediately implement a system update to correct the error while concurrently running an analysis to identify all impacted claims. Once this analysis is complete, we immediately develop and implement corrective action to reconcile the claims of impacted Providers. Running in parallel to our root cause analytics, we provide the Network Relations Consultants with a comprehensive overview of the issue so they can outreach to the impacted Providers and inform them of our plan of action. We make every effort to minimize the impact to our Provider's administrative responsibilities and have a process in place to proactively perform claim adjustments without the Provider having to refile claims. We target a 30-day completion time for all claim adjustment projects.

We take a slightly different approach when our Operations team identifies an isolated issue with a particular Provider. We use an end-to-end Provider audit process that allows us to review the entire system configuration for a specific Provider. During this process, we review the entire history of the Provider's billing patterns and system configuration updates, which allows us to identify the exact nature of an issue as it pertains to the Provider. We begin with an assessment of the Provider's setup in our claims system and move through the Provider agreement to review billing patterns, call center trends, and system changes. Each audit conducted has multiple checkpoints and task requirements to help assure the Provider's setup and configuration is accurate.

C.17.b. Describing Our Provider Services Call Center

b. Describe the Vendor's proposed Provider Services call center, including an overview of the following at a minimum:

i. Approach to assuring the call center is fully staffed during required timeframes.

ii. Location of proposed operations.

iii. How the Vendor will meet and monitor call center standards, and how the Vendor will use monitoring results to adjust operations, as needed.

Anthem is committed to meeting the needs of our Providers in Kentucky, with whom our organization has built deep and meaningful relationships over the last 81 years. We have programs and processes as part of our Provider Services to address Provider needs and decrease administrative burden. ***Providers can call our Kentucky-based Provider Services call center, access our Provider website, or speak with our clinical team 24/7 to verify eligibility for Members and request service authorizations that require a medical review.***

Between January 1, 2019 and December 31, 2019, we answered **171,507** Kentucky Provider calls, with an average speed of answer of **25 seconds** and a call abandonment rate of **1.01%.**
KY_Hlth2020_C.17.b_ProvCalls_COB_01

Anthem provides concierge level service to Providers for operational support functions, resolving payment matters including eligibility verification, benefits, Prior Authorization requirements, claims, and administrative requirements, and addressing barriers to care. Our Provider Concierge program goes beyond traditional Provider Services and is focused on

continually making it easier for the Provider to do business. This is one of the ways we deliver on our Provider Promise to simplify health care so Providers can focus on Member health.

Our Provider Relations department will continue to serve as a trusted, one-stop resource for all Medicaid questions, including onboarding, education, Provider data updates, credentialing, Commonwealth managed care guidelines, medical homes, and opportunities for health coordination. Our Provider Services call center currently meets and exceeds call center standards outlined in the Draft Contract in Section 27.2 Provider Services Call Center and we will continue to operate our call centers to exceed the Contract standards.

We have implemented effective training and communication programs to keep Customer Care Representatives informed on current Kentucky Medicaid program benefits, Covered Services, and Contract requirements. Customer Care Representatives use integrated desktop technology that provides rapid access to information and displays all data related to the Member's benefits, assigned Primary Care Provider (PCP), service utilization, claims history, enrollment, authorizations, and other health insurance coverage. Customer Care Representatives can also help Providers register and access information on our secure website.

i. Staffing the Provider Services Call Center During Required Timeframes

i. Approach to assuring the call center is fully staffed during required timeframes.

Maintaining a Fully-staffed Provider Services Call Center

As an incumbent health plan, we have been providing call center services to Providers since 2014. Providers can contact our call center to speak with a clinician 24/7 (for service authorizations requiring medical review) or a Customer Care Representative on Monday through Friday from 8:00 a.m. to 6:00 p.m. ET.

While our system is designed to prioritize Kentucky-based staff to answer calls from Kentucky Medicaid calls, our Louisville call center is backed by Anthem, Inc.'s nine national Medicaid call centers across the country to provide backup support and help ensure we meet performance standards and the needs of our Providers.

Making sure that our call center is adequately staffed is a two part process: 1) developing a forecasting model tailored to Kentucky; and 2) monitoring calls in real time.

Our Kentucky Forecasting Model

Forecasting is more effective when we have experience in the market. We will use our more than six years handling Kentucky Medicaid calls to inform our forecasting model and help us more effectively staff for our Providers' needs. We develop the forecast of monthly call volumes and average handle times for Provider calls using:

- Membership projections
- Historical contact rates and call lengths
- Factors applied for initial, short-term, and extreme variances (like increased volume at program go live)
- Seasonal variations, including increased call volume following holidays

We then take these forecasts and develop staffing requirements and hiring/training plans based on historical Kentucky-specific data, including:

- Call volume
- Average handle time
- Contractual service level requirements
- Call arrival patterns

Our extensive call center experience has taught us that we cannot just develop one forecast, so we develop forecasts at each half-hourly interval, by day, and ongoing. From these, we plan, create, and maintain employee schedules, time off, and off-phone activities. Independent processes are instituted at regular intervals to review and adjust forecasts for things like changes in membership, daily and actual call volume by interval and patterns, and seasonal factors. In building these forecasts, we also account for things like shrinkage (such as time off the phone lines for planned training and unplanned absences that reduce available staff); natural volatility across similar days and intervals (such as peaks at first of the month); and assumed attrition.

We also know that we need to adjust our staffing for different time periods in each month, and upon program go-lives. Our staffing models already account for the additional staff that we know we will need to support the increased call volume following the implementation of the new Contract. Additionally, we know that call volume is typically heavier at the beginning of the week; therefore we vary employee schedules by day of week (four 10-hour days, four 9-hour days and one 4-hour day). We also limit planned time off and off-phone activities for heavy call periods to preserve more resources.

Live Monitoring

Our Workforce Management system functions as an information hub, which allows us to ***monitor call center trends in real time***, and automatically shift resources as needed. Our team reviews call queues reports at a variety of frequencies, ranging from every 15 minutes to quarterly, to confirm that required performance standards are being met or exceeded, and can make manual adjustments as necessary. For instance, if we see that call volume from Kentucky Providers is increasing beyond the capacity of our scheduled Customer Care Representatives, we can add designated, Kentucky-trained backup representatives to the queue, seamlessly expanding the number of representatives available to answer calls from our Providers. This approach enables us to optimize staff efficiency while exceeding performance standards and giving our Providers the best possible customer service. ***Leadership, including the Chief Executive Officer, receives daily updates on call center performance, with more frequent updates provided if an issue is identified.***

ii. Location of Anthem's Provider Services Call Center

ii. Location of proposed operations.

Operating Our Locally-based Provider Services Call Center

We are expanding our Louisville call center, located at 13550 Triton Park Blvd., to 158 employees, 49 of whom have already been hired and trained. This will not only help us meet the needs of our Providers more effectively, but will also bring new jobs to the Commonwealth.

During peak times, the Louisville call center will be backed up by 59 additional representatives currently trained on the Kentucky Medicaid program who are located in our organization's Central region call center locations, including Nashville and Indianapolis. Further, we have over 250 additional Customer Care Representatives available in other locations across the country,

skilled in preparation for a business continuity event. These representatives are trained to handle calls from Medicaid Providers and are located in additional locations, including Houston, Tampa, Las Vegas, and Virginia Beach.

iii. Meeting and Continued Monitoring of Provider Call Center Standards

iii. How the Vendor will meet and monitor call center standards, and how the Vendor will use monitoring results to adjust operations, as needed.

Meeting and Exceeding Provider Services Call Center Standards

Anthem strives to meet or exceed all Provider call center URAC standards — offering Providers support to ease administrative burdens and focus more on the health of our Members. As outlined earlier, our workforce management team sets staffing levels as necessary to meet Provider expectations and meet or exceed all service level agreement (SLAs) in our Contract. The call center is then monitored in real time to identify times when actual call volume is higher or lower than expected and staff are moved to the queues where they are needed throughout the day to maintain optimal levels of service. Table C.17.b-1 demonstrates our performance results over the most recent 12 months. We work in conjunction with DMS and other MCOs to establish definitions and measures for the newly developed metrics in the Contract, including the 90% accuracy response rate and 100% of open inquiries being resolved within 72 hours.

Table C.17.b-1. 2019 Provider Call Center Performance

Standards and Results	Call Abandonment	Avg. Blockage Rate	Average Speed of Answer (ASA)	Calls Answered in 30 Seconds	Calls Answered in 60 Seconds
URAC Standard	<5%	< 5%	< 30 seconds	80%	100%
Anthem Result	1.01%	0%	25 seconds	95.20%	96.18%

Anthem uses multiple call status reports at a variety of frequencies, ranging from every 15 minutes to quarterly, to monitor our rates of response, performance, and compliance with performance standards. Our reports show trends for call volume, average speed of answer, length of call, incomplete calls, and abandonment rate. Our workforce management team monitors the Provider Services call center's telephony metrics. If call volume increases beyond the capacity of our scheduled representatives to respond, or if there is a natural disaster, we can expand the call answering queue to include designated backup representatives in other locations. We evaluate existing call center processes and make necessary adjustments to meet or exceed all service levels and requirements to improve the quality of our service.

We will operate our call centers to comply with the URAC standards and the Contract standards as described in Draft Contract Section 27.2 Provider Services Call Center.

C.17.c. Describing Our Provider Website

c. Provide an overview of the Vendor's proposed provider website, including examples of information that will be provided through the website and any functionality that will be included to communicate with providers.

Provide sample screenshots of provider websites currently maintained by the Vendor.

Communicating with Providers Through Our Provider Website and Provider Portal

Our Provider website is the central hub for Provider communication, resource materials, and online functionality. Through ongoing maintenance and enhancements to our website, we are committed to continued efforts in support of collaboration and administrative simplification through our ***Provider Promise: to deliver a best-in-class experience by simplifying health care so our Providers can focus on Member health***. Our website features tools that promote convenience and transparency while simplifying practice management. Through these channels, we can disseminate information to Providers quickly and efficiently, offering immediate access to important information and a connection to the tools and resources needed to deliver appropriate care. We educate Providers about the resources available on our Provider website through multiple modalities including in-person Network Relations Consultant visits, new Provider orientations, newsletters, workshops, and the Provider Manual. These resources promote communication and convenience, and support the complaint and resolution process. This includes links to online training, Provider bulletins, and Network e-updates that include important information on claims submission processes, pharmacy, BH, and the Prior Authorization process, to name a few topics. Our Provider website includes a publicly accessible side and a secure Provider Portal deployed through Availity. Availity is a robust, multi-payer portal that offers online functionality such as claim submission and inquiry, claim dispute submission and tracking, and Prior Authorization submission. ***In 2019, we had a total of 13,899 single sign-ons among Kentucky Providers — an average of 1,158 per month and 2,847 active users among Kentucky Providers — an average of 237 per month.*** Our website and Provider Portal comply with Contract requirements as described in Draft Contract Section 27.3 Provider Services Website. The information and tools we offer are listed on our Provider public landing page, and illustrated in the screenshot shown later in this section in Figure C.17.c-1.

Our public website for Providers includes tools and information such as the current Provider Manual, claims and reimbursement information, Provider Network search tool, and access to the Precertification Look-Up Tool. In addition to the public site, we offer a secure Provider Portal deployed through Availity. Providers can also link to our dental Vendor, DentaQuest, and vision Vendor, EyeQuest, via links on the website. An additional offering is our Anthem Training Academy (Academy) which is available through multiple modalities including access through our website, Provider Portal, and in-person, as requested. Our Academy is a vehicle to facilitate a consistent, compliant, and comprehensive approach to training. We provide a multitude of expert-developed, customized trainings and accommodate various formats, media, and schedules. In addition, we develop our own program-specific, customized trainings that promote greater understanding of the program, processes, and population needs through Kentucky expert input.

Information and tools are available through our secure Provider Portal on our Availity landing page as shown later in this draft in Figure C.17.c-1. In Table C.17.c-1, we include a detailed list of the tools and information available on our secure Provider Portal.

Table C.17.c-1. Describing Our Secure Provider Portal Functions

Provider Portal Functions	Description
Verification of Client Eligibility and Benefits	Providers can check eligibility of a Member or use online batch management to check eligibility for multiple Members. Users must identify Members by a unique ID and either their date of birth or their name.
Claims Submission and Status Inquiry	Providers can submit individual claims using direct data entry and complete batch submission through upload of HIPAA EDI compliant files with ease. Providers can submit clinical data for medical claims via HIPAA compliant 275 transactions on the Provider Portal or as a Trading Partner through EDI. Providers can submit professional and institutional claims through the Provider Portal. If using direct data entry, the portal offers "express entry," a feature that eases entry by auto-populating certain fields once a National Provider Identifier (NPI) or tax identification number (TIN) is entered. Providers may complete a claim status inquiry in the portal. The response to the inquiry returns claims matching the inquiry criteria. Users select from the result set to view the details of the selected claim.
Utilization Management and Coverages	Providers can access CPG updates, pharmacy conditions for coverage and utilization limits, and Pharmacy Preferred Drug List (PDL) and CPG updates within 30 days of adoption or revision.
Prior Authorizations	The portal's ICR gives Providers easy access to submit a Prior Authorization (PA) request and associated documentation. Our PA requirements are current and clearly defined. When initiating a PA request, Providers choose either medical or pharmacy. ICR includes a search feature and sorting on status, service dates, requesting NPI, and patient name. Providers will also be able to submit PA medical Appeals using the ICR, and can check the status of Appeals, and can submit concurrent and retroactive reviews in the ICR.
Claims Appeals	Providers can upload relevant supporting documentation for a payment Appeal to the Provider Portal including the original Explanation of Payment, corrected claim, invoices, medical records, and reference materials.
Submission of Clinical Data	Providers can submit unsolicited and solicited medical attachments via the Portal associated with claims. Providers can also submit clinical data with PA requests in the ICR.
Health Intech — Patient Health and Treatment History	Providers can access a real-time dashboard giving them a picture of their patients' health and treatment history and can facilitate care management. Providers can drill down to specific items in a record to get demographic information, care summaries, claims details, PA details, pharmacy information, and care management activities.
PCP Panel Listing	Providers can research and download a complete list of past and current Members assigned to them as their PCP through the portal's Online Reporting tool.
Precertification Look-Up Tool	Providers can search by Member's plan and CPT® code to determine if a service requires precertification.
Account Management	Providers can add an avatar, update their password and security questions, view a list of staff members with access to the practice's information in Availity, view support tickets, and more.
Grievances and Appeals	Providers can: • Electronically file Grievances and Appeals • Submit supporting documentation online • Check the status of a Grievance or Appeal concerning a submitted claim • Use encrypted format which complies with federal and State law

Our Health Intech Member dashboard is available to all Providers through our secure Provider Portal. It gives electronic access to Member data and allows Providers access to a single view that displays data in an easy-to-navigate dashboard including HEDIS care alerts, authorizations, prescriptions, and claims; and organized by type, such as inpatient, Emergency Room (ER), and office visits. The dashboard serves as our primary method for sharing Member care management information, including care plans. Data is updated daily with near real-time Provider availability on demand.

Sample Screenshots of Our Provider Website

In Figures C.17.c-1 and C.17.c-2, we provide screenshots of our public Provider website.

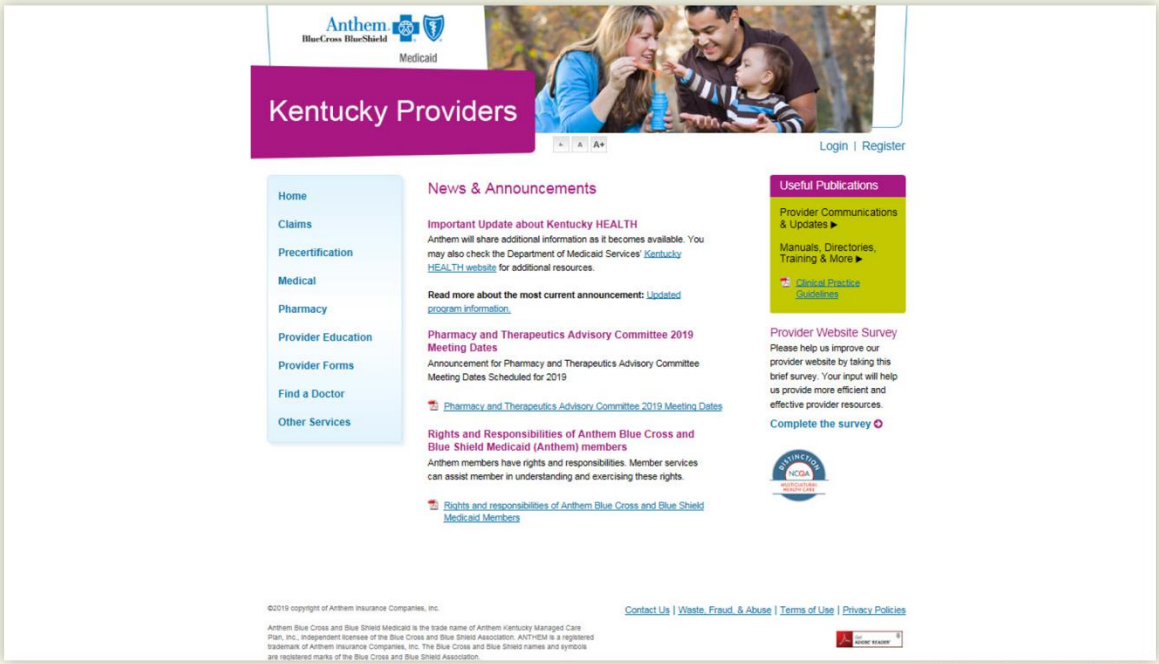
Provider Landing Page

The Provider landing page is the main page for Kentucky Providers to log into our Provider website. It shows the latest news and updates, and offers a selection of sub-pages for Providers to select, including:

- Claims
- Medical
- Provider Education
- Find a Doctor
- Precertification
- Pharmacy
- Provider Forms
- Other Services

Figure C.17.c-1. Screenshot of Our Main Landing Page on Our Public Provider Website

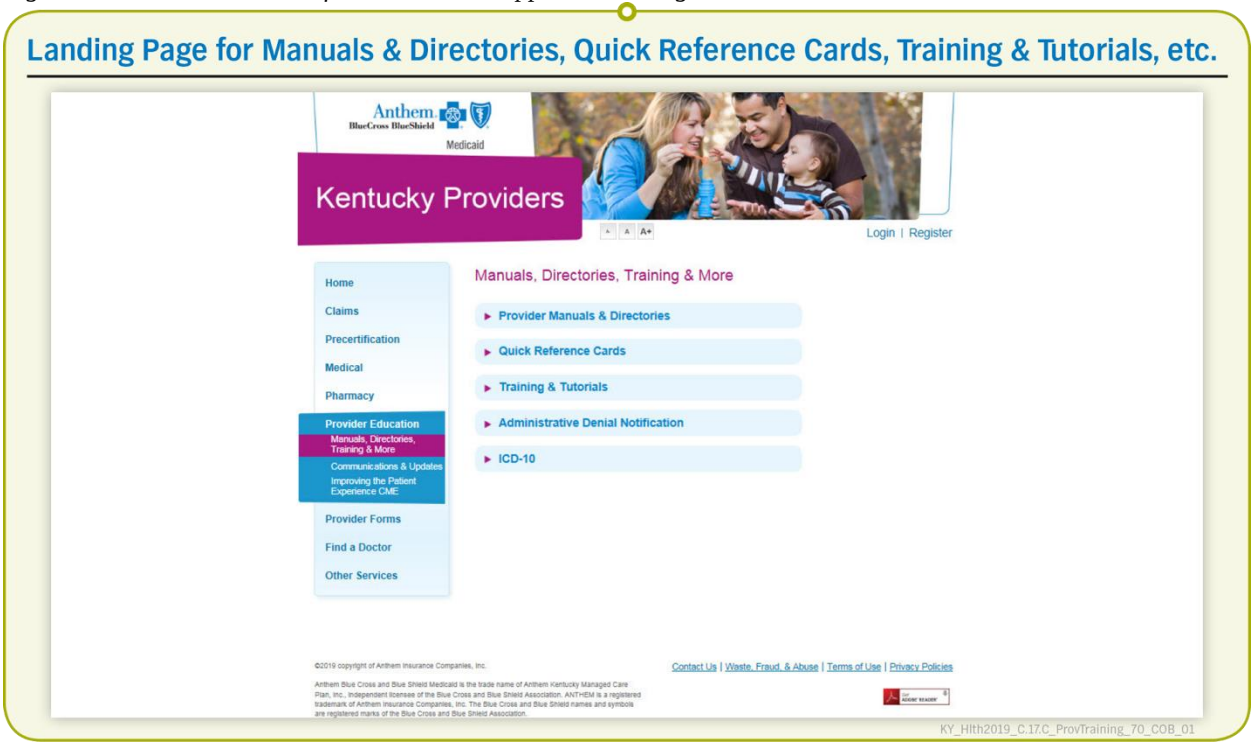
Our Main Provider Website Landing Page



Provider Support Tools Page

The Provider support tools page offers access to Provider Manuals and directories, quick reference cards, training and tutorial information, administrative denial, and ICD-10 Information.

Figure C.17.c-2. Screenshot of Our Provider Support Tools Page on Our Public Provider Website



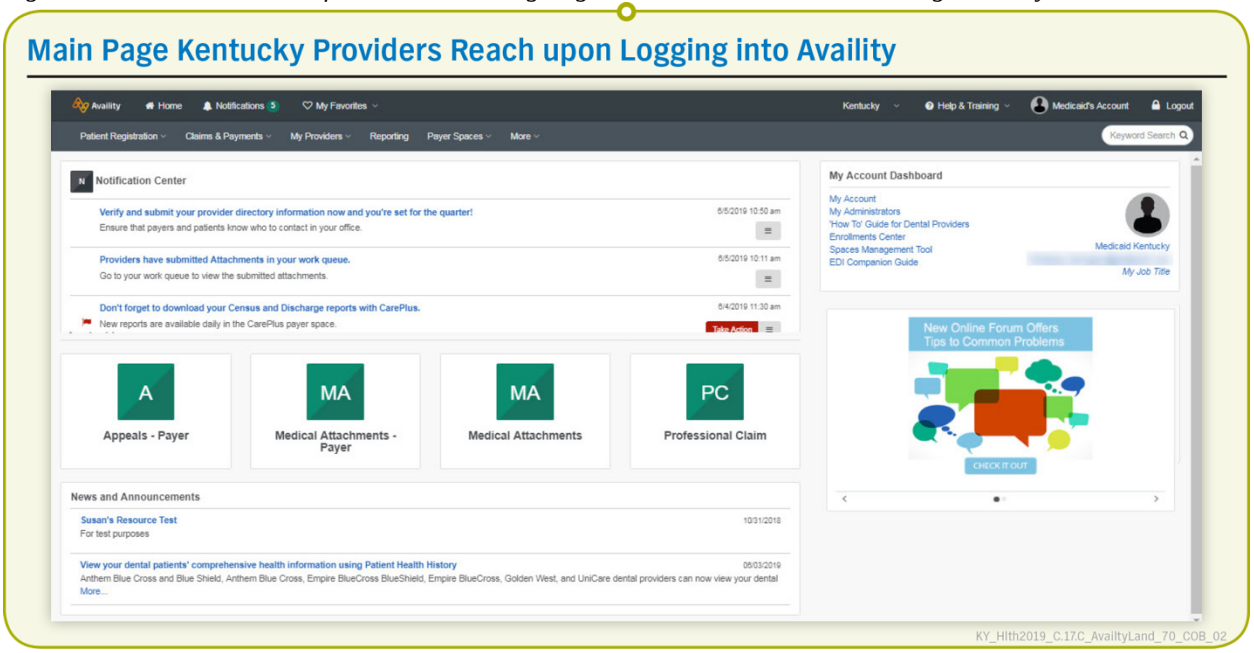
Screenshots of Our Secure Provider Portal

Figures C.17.c-3 through C.17.c-8 provide screenshots of our secure Provider Portal.

Availity Main Landing Page

On the Availity main landing page Providers can view the Notification Center and submit Appeals, medical attachments, and claims.

Figure C.17.c-3. Screenshot of Our Main Landing Page on Our Provider Portal Through Availity

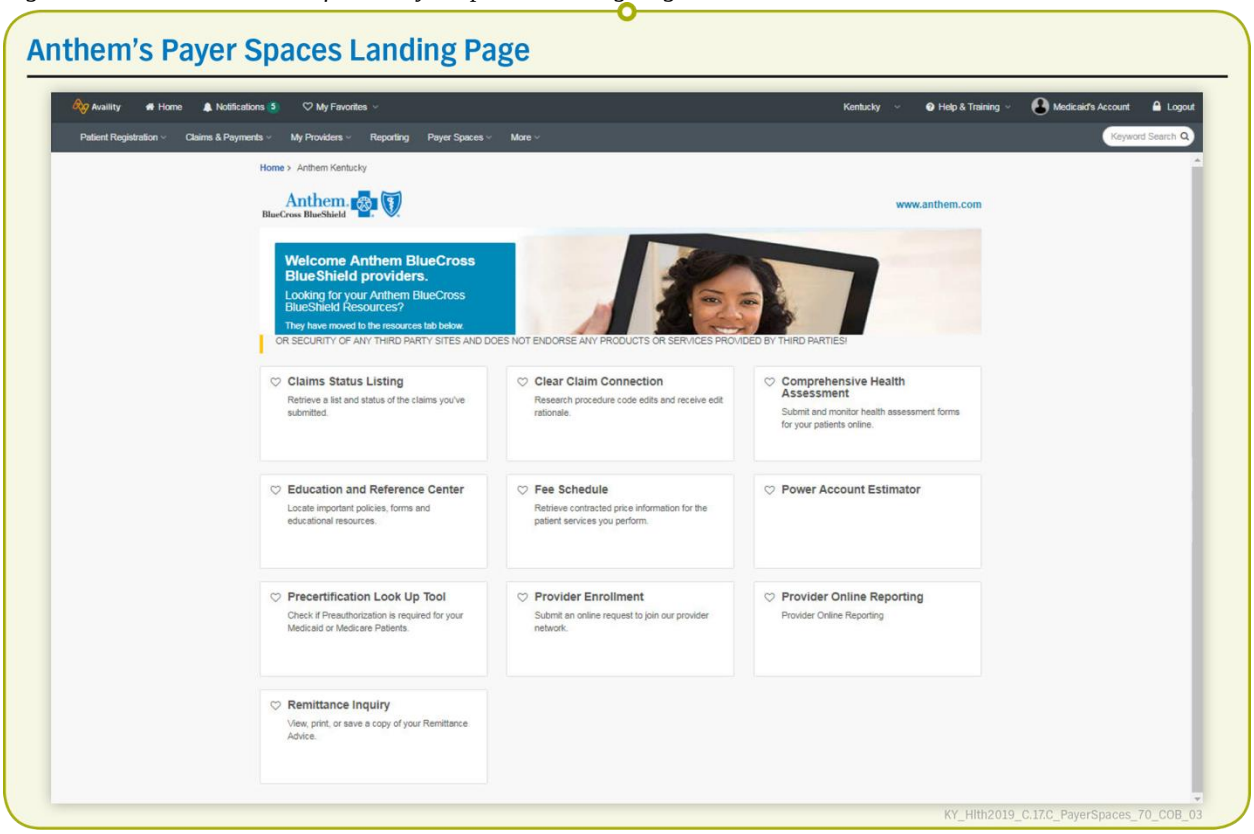


Payer Spaces Landing Page

The payer spaces landing page is the welcome page for Providers where the following can be accessed:

- Claims Status Listing
- Comprehensive Health Assessment
- Fee Schedule
- Precertification Look-up Tool
- Provider Online Reporting
- Clear Claim Connection
- Education and Reference Center
- Power Account Estimator
- Provider Enrollment
- Remittance Inquiry

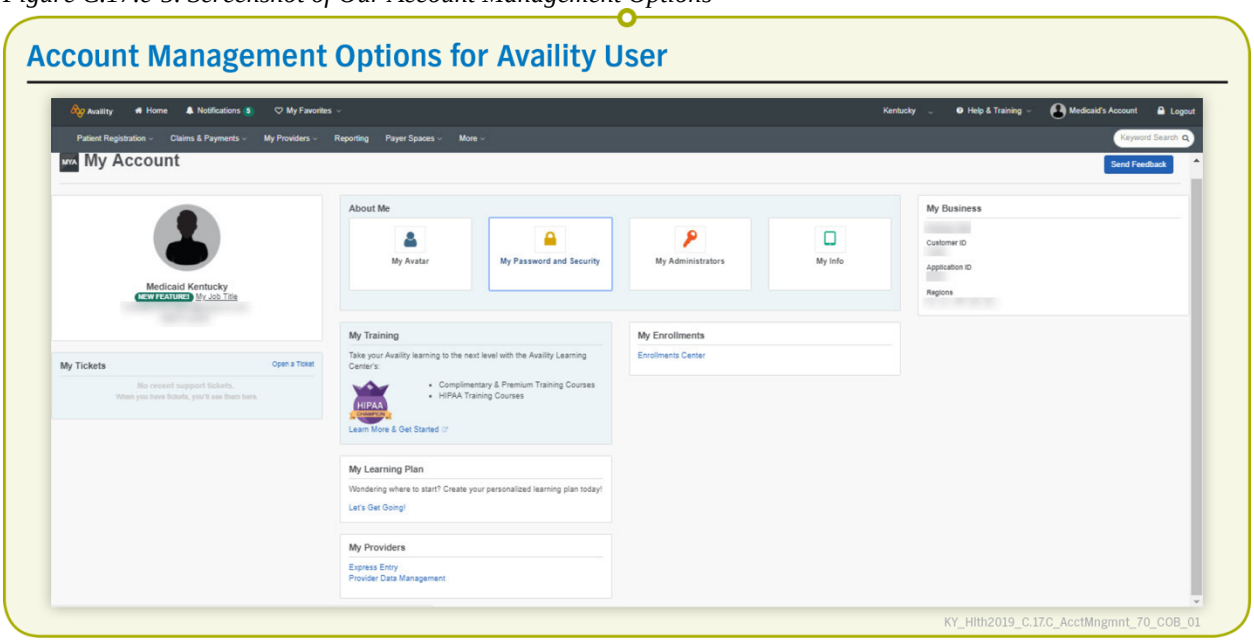
Figure C.17.c-4. Screenshot of Our Payer Spaces Landing Page



Account Management Option Page

On the Account Management page, users can view their information, reset their password, view and open tickets, and access training.

Figure C.17.c-5. Screenshot of Our Account Management Options

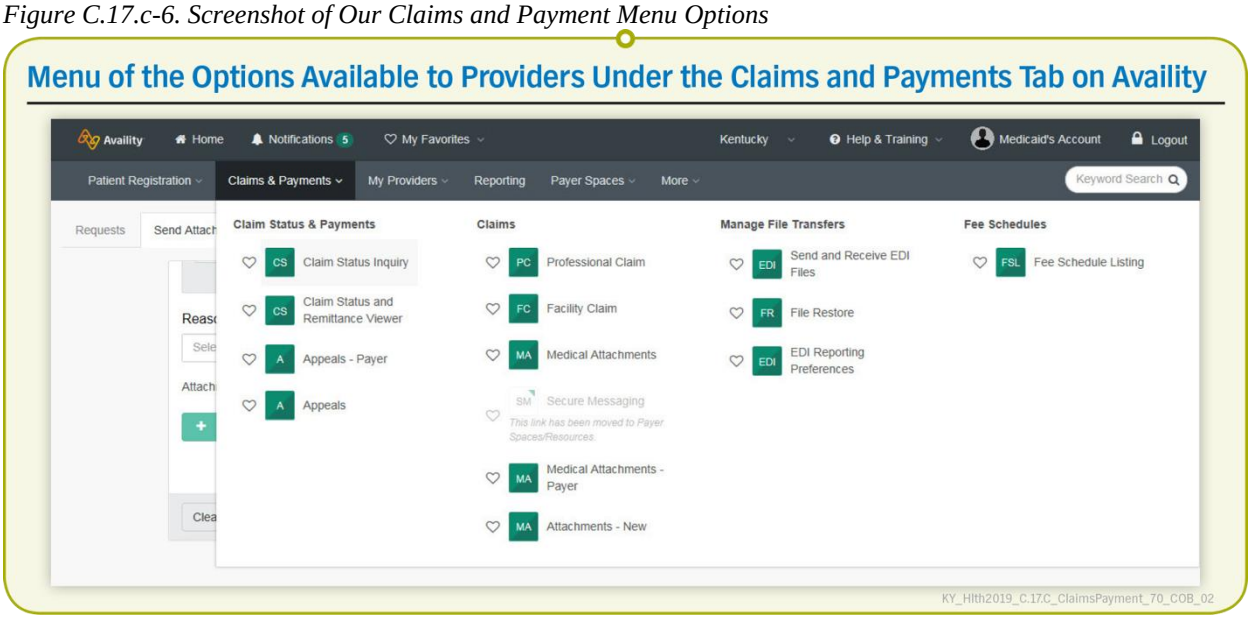


Claims Payment Tab

The claims payment tab provides access to detailed information on claims including:

- Claims Status Inquiries
- EDI Files and Reporting Preferences
- Claims Status and Remittance Viewer
- File Restore
- Medical Attachments
- Professional Claims
- Fee Schedule Listing
- Facility Claims
- Appeals
- Financial

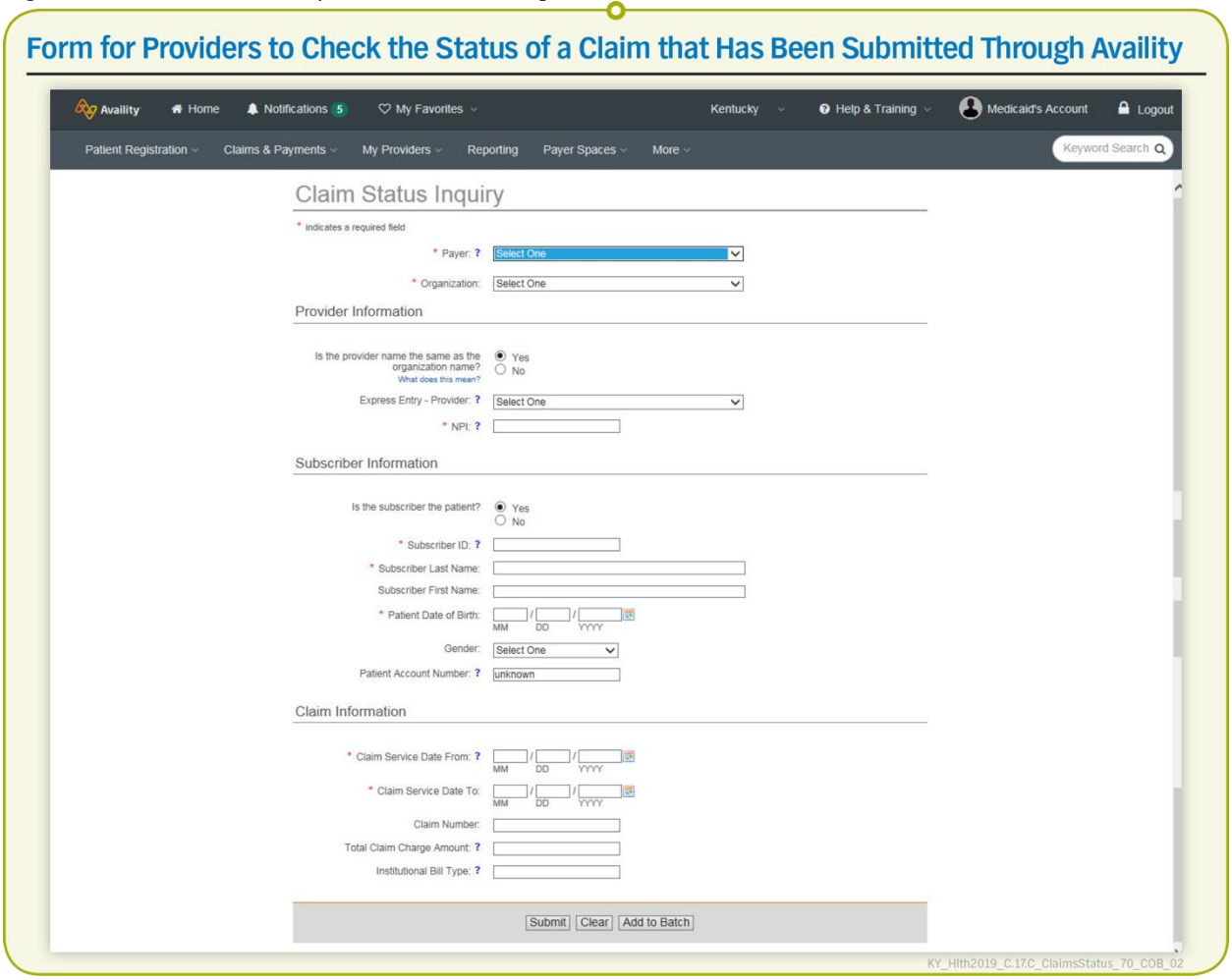
Figure C.17.c-6. Screenshot of Our Claims and Payment Menu Options



Claims Status Inquiry Page

The claims status inquiry page is the demographic entry page for claims status inquiries.

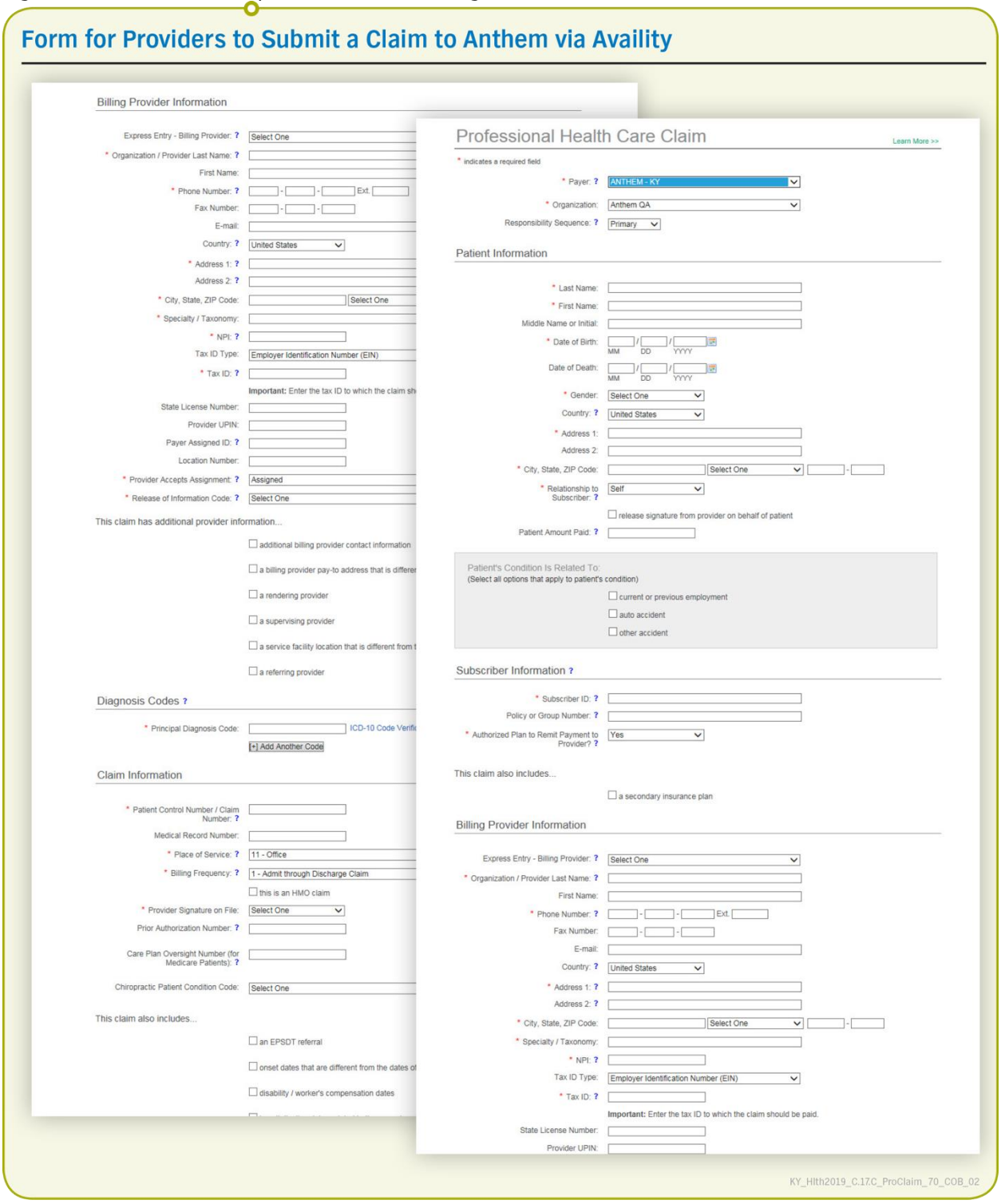
Figure C.17.c-7. Screenshot of Our Claim Status Options



Submit a Claim Page

Provider billing and claims detail entry for the online submission of a claim is available on the Submit a Claim page.

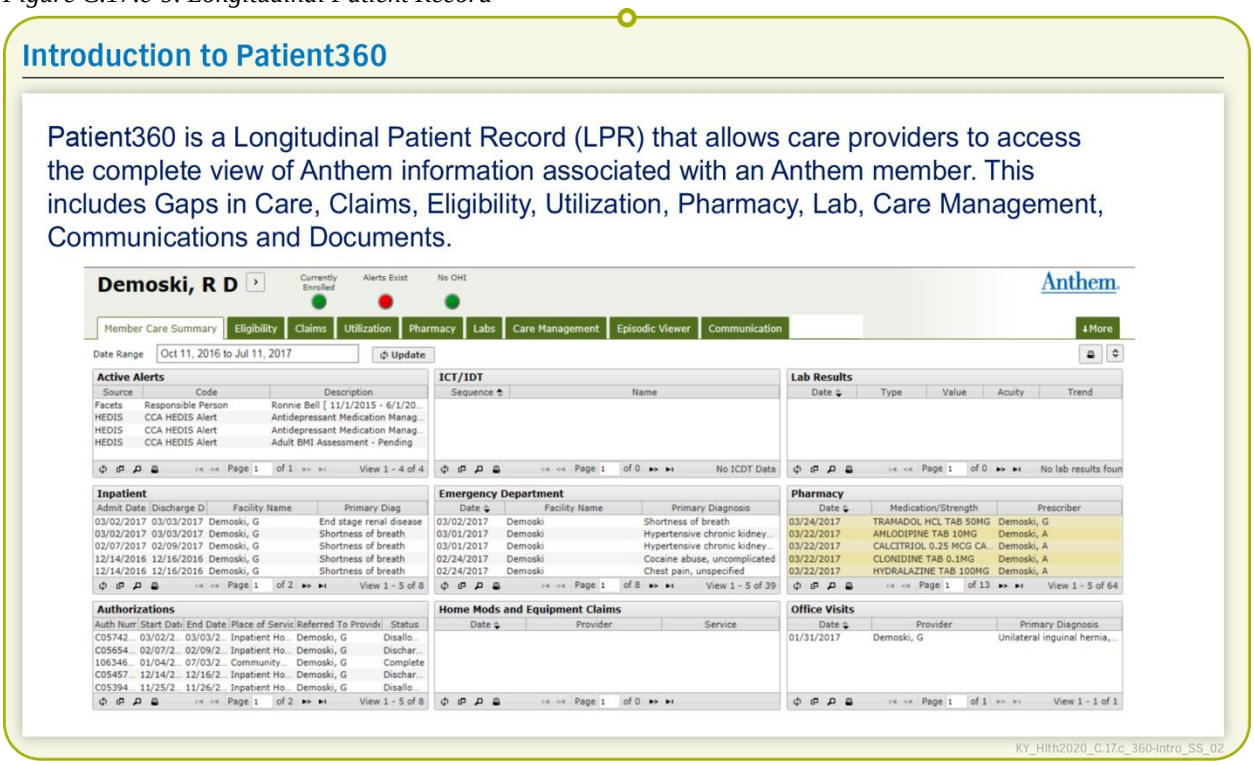
Figure C.17.c-8. Screenshot of Our Submit a Claim Page



Screenshots of Patient360°

The Provider-facing Patient360° view is available to our Network Providers for their Members through our secure Provider website, making it easy for Providers to access information, fill gaps in care, and make sure their patients are getting the services they need. This tool gives Providers access to a single view that displays data in an easy-to-navigate dashboard. This includes gaps in care, claims, eligibility, utilization, pharmacy, lab, care management communications, and documents. It enables Providers treating Members to see a full picture, including care plans and assessment information, enhancing their ability to reduce duplication, address unmet needs, and improve quality of care to promote appropriate utilization of services and prevent use of the Emergency Room. Patient360° is accessed through Availity by logging in, selecting payer spaces, then Anthem, Application, Patient360°. Figures C.17.c-10 through Figure C.17.c-20 provide screenshots of Patient360° Longitudinal Patient Record. The Longitudinal Patient Record (LPR) displays a complete view of Member information contained in the Anthem system. Figures C.17.c-9-20 provide screenshots of Patient360° Longitudinal Patient Record. The Longitudinal Patient Record displays a complete view of Member information contained in the Anthem system.

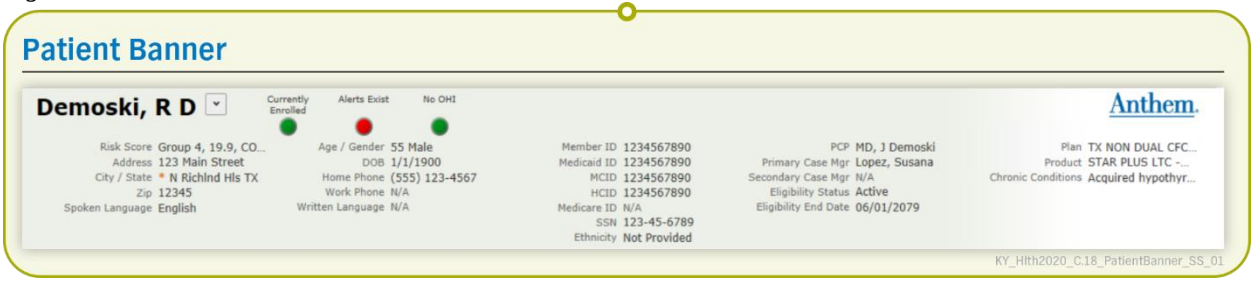
Figure C.17.c-9. Longitudinal Patient Record



Patient Banner Page

The Patient Banner Page shows a summary of all Member demographic information available in our system.

Figure C.17.c-10. Patient Banner



Member Care Summary

The Member Care Summary pages summarize important aspects of the Member's care, including:

- Active alerts for HEDIS care gaps
- Immunization records
- Lab records
- ER visits
- Inpatient stay summaries
- History of office visits

Figure C.17.c-11. Member Care Summary

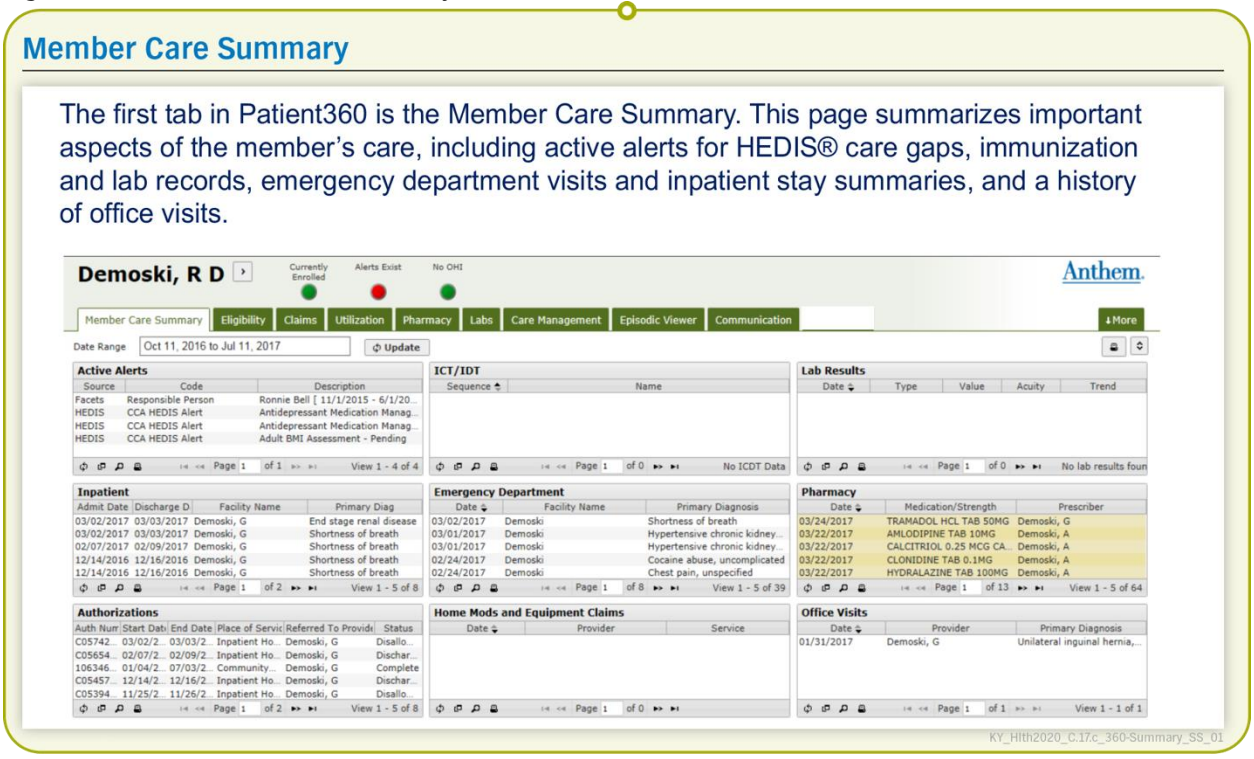
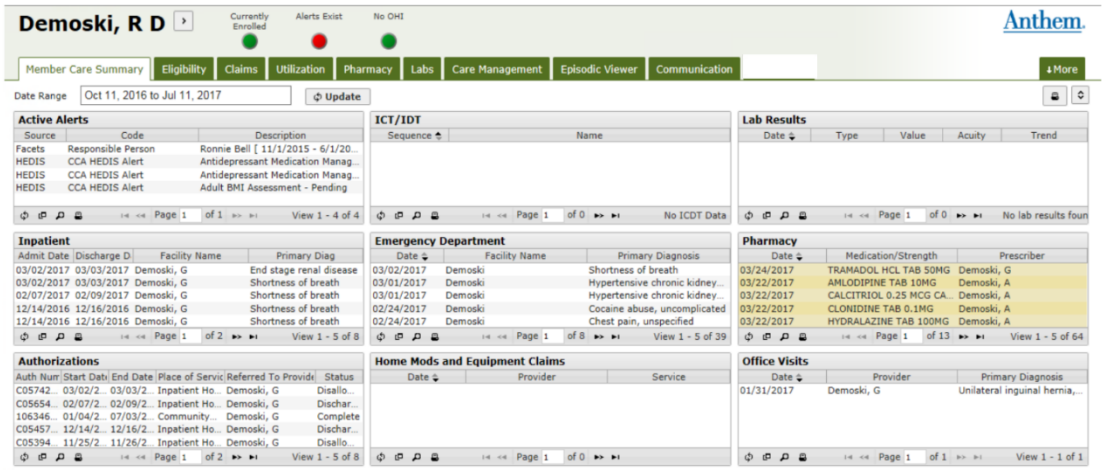


Figure C.17.c-12. Member Care Summary Continued

Member Care Summary

The Member Care Summary page summarizes important aspects of the member's care, including active alerts for HEDIS® care gaps, immunization and lab records, emergency department visits and inpatient stay summaries, and a history of office visits.



1. **Patient Details:** Contains patients demographic information.
2. **Tab's**: Shows the different views that are available.
3. **Active Alerts:** Source, Code Description
4. **Date Range:** Select the range of dates & then select update
5. **Inpatient**: Contains admission & discharge dates, facility & reason
6. **Authorizations**: Contains authorization dates, place & doctor.
7. **Immunization & Preventative Health:** Date, service, Provider
8. **Emergency Department:** Date, facility, primary dx
9. **Home Mods & Equipment Claims:** Date, Provider, Service
10. **Lab Results:** Date, Type, Value's, Acuity
11. **Pharmacy:** Date, Medication/Strength, Prescriber
12. **Office Visits:** Date, Provider, Primary dx

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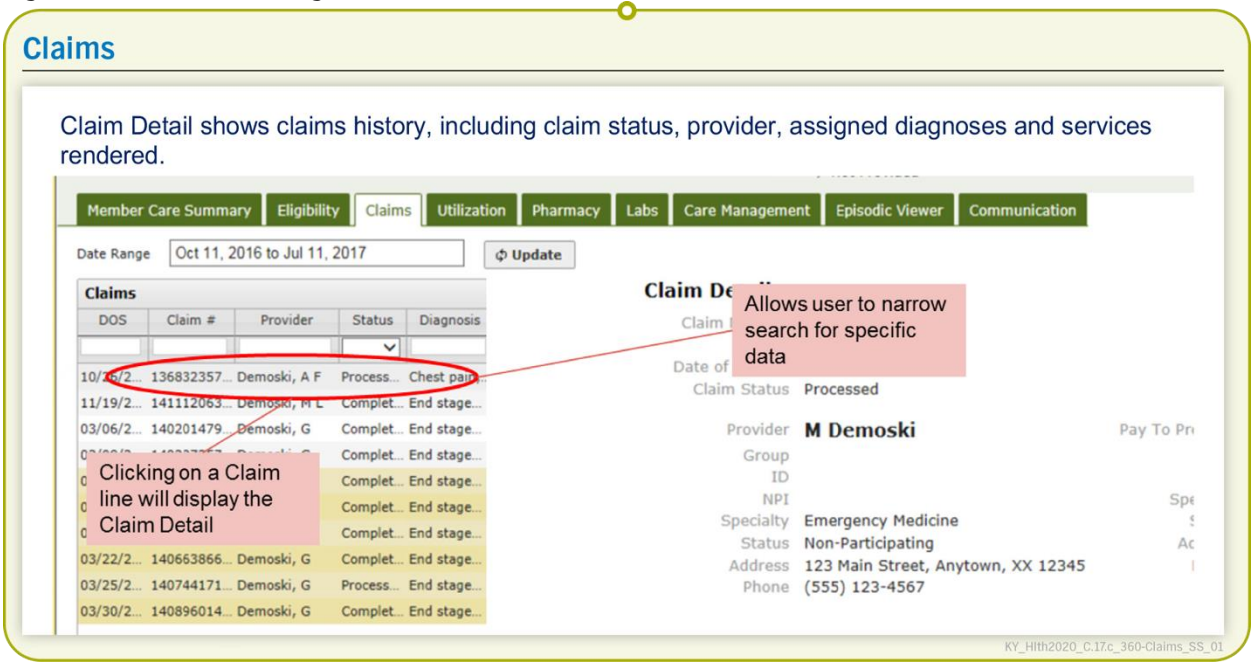
Claims Page

The Claims page shows claim history, including status, Provider, diagnosis, and services rendered.

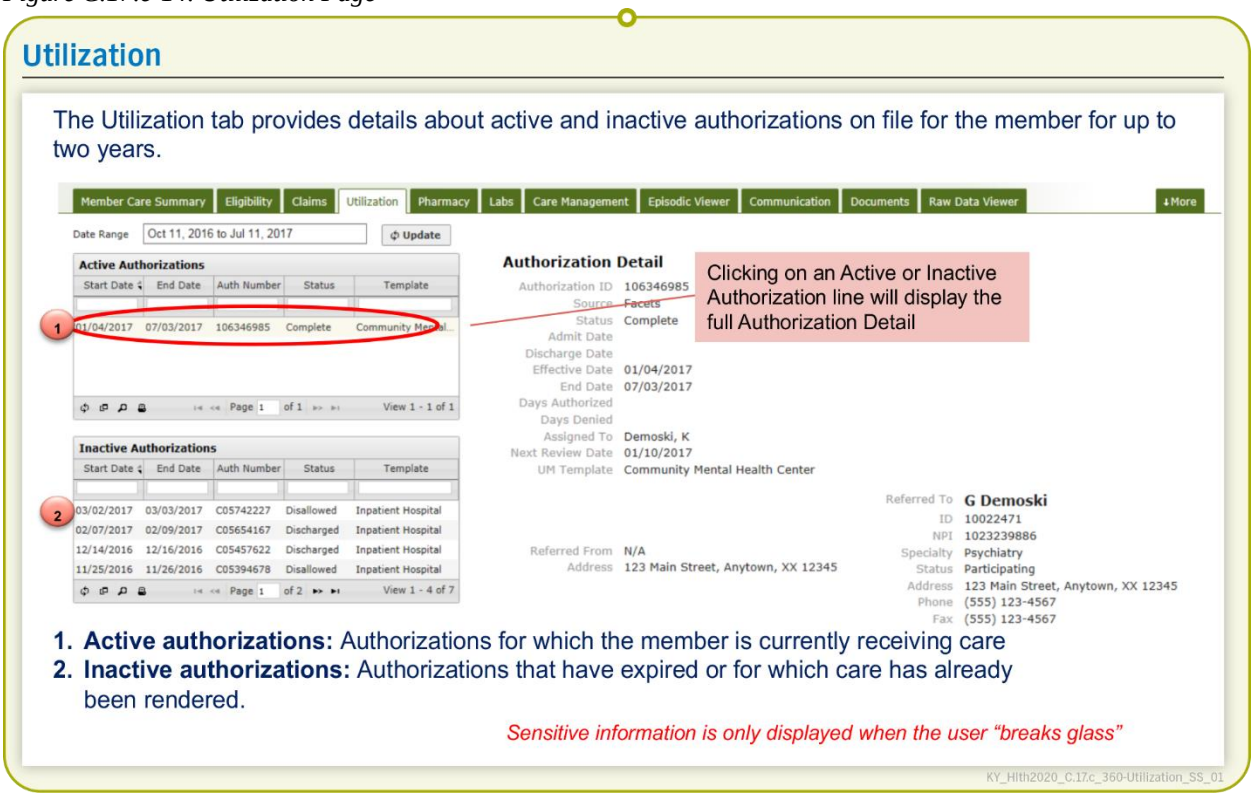
Figure C.17.c-13. Claims Page



Utilization Page

The utilization page shows detail and active and inactive authorizations for up to two years.

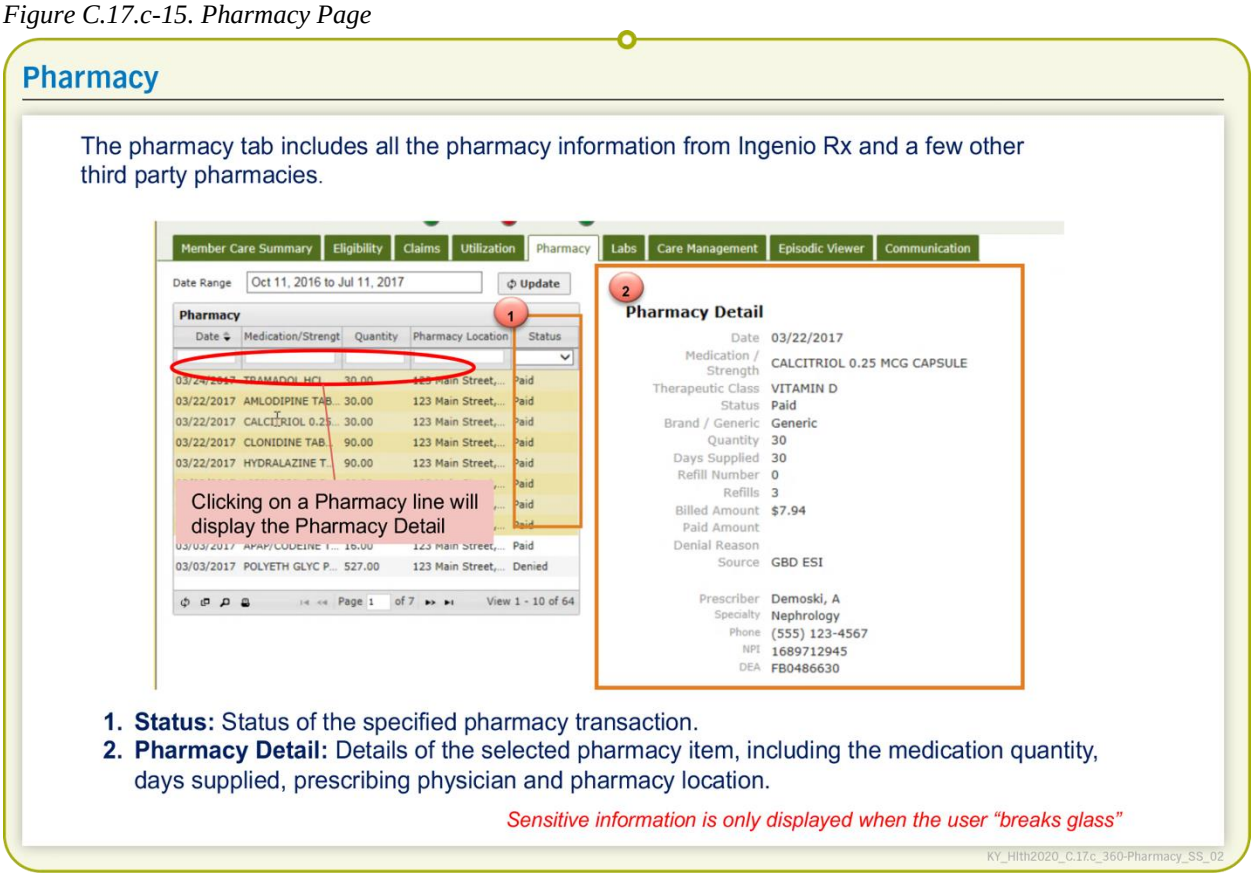
Figure C.17.c-14. Utilization Page



Pharmacy Page

The Pharmacy page shows pharmacy information from IngenioRx and third party pharmacies.

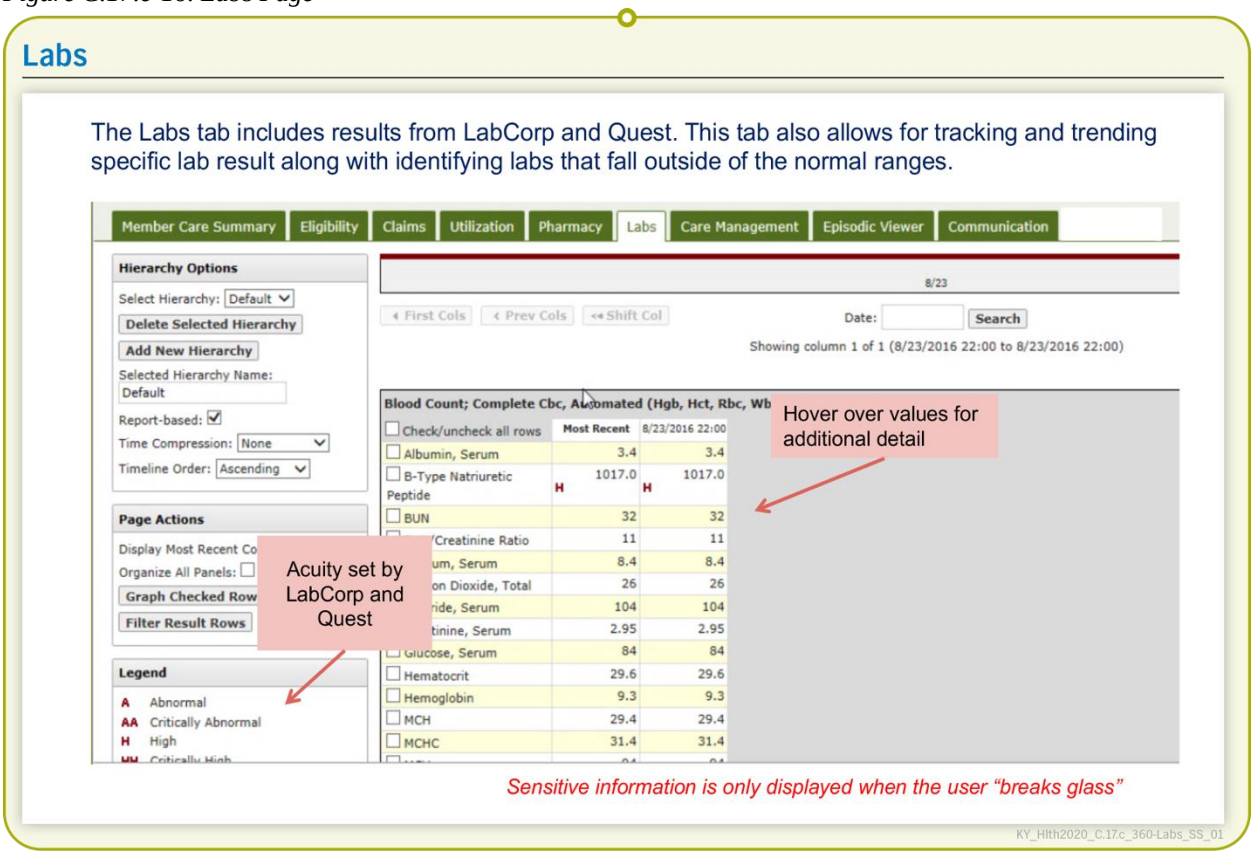
Figure C.17.c-15. Pharmacy Page



Labs Page

The Labs page shows results from LabCorp and Quest.

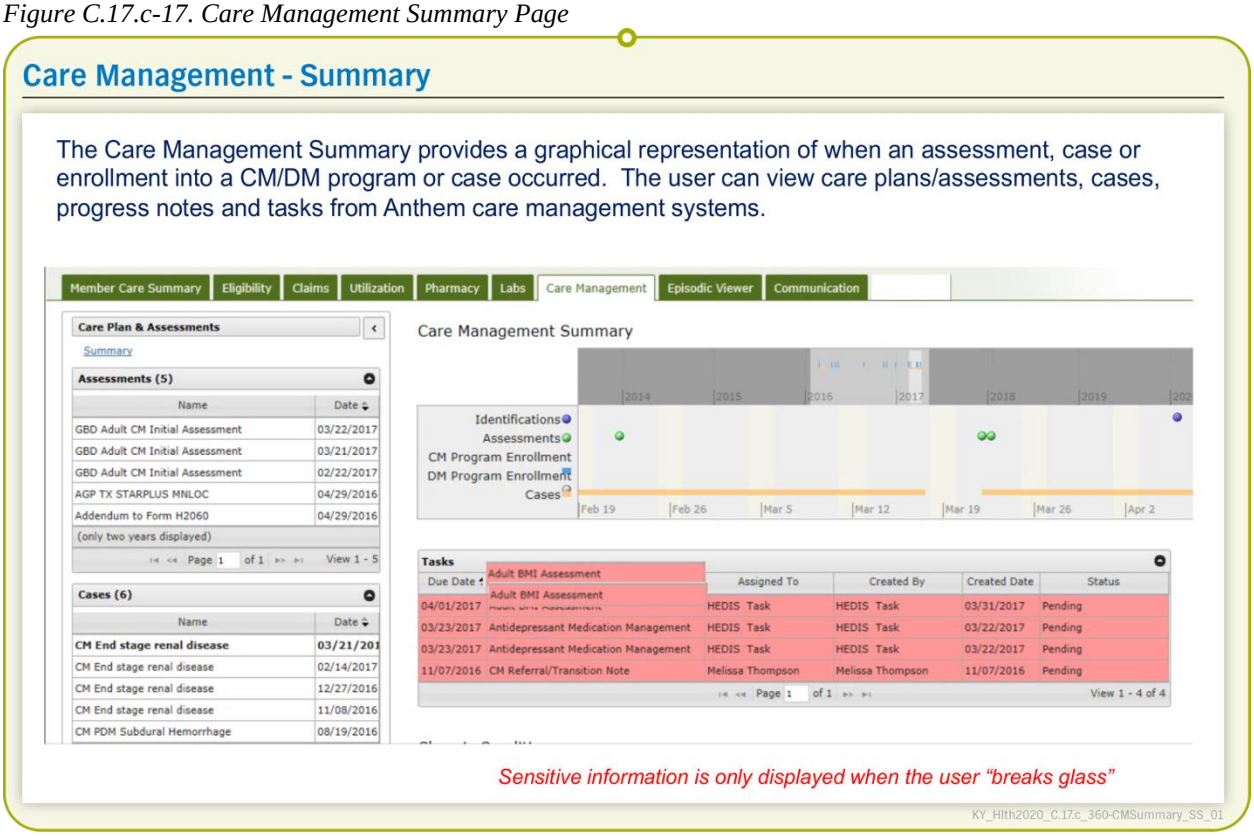
Figure C.17.c-16. Labs Page



Care Management Summary Page

The Care Management Summary page provides a graphical representation of when an assessment or enrollment into a Care Management or Disease Management program has occurred along with care plans and assessments, progress notes, and tasks from Anthem care management systems.

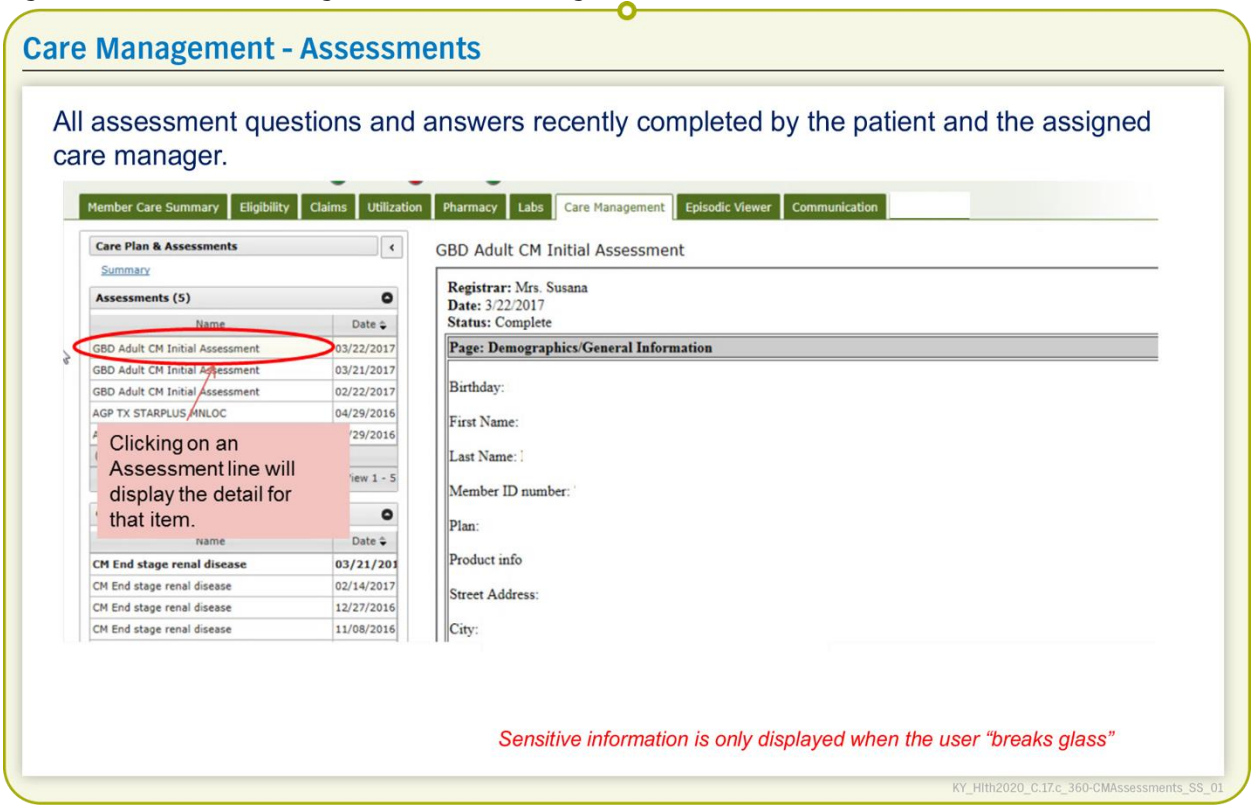
Figure C.17.c-17. Care Management Summary Page



Care Management Assessments Page

The Care Management Assessments Page shows Member responses to recently completed assessments.

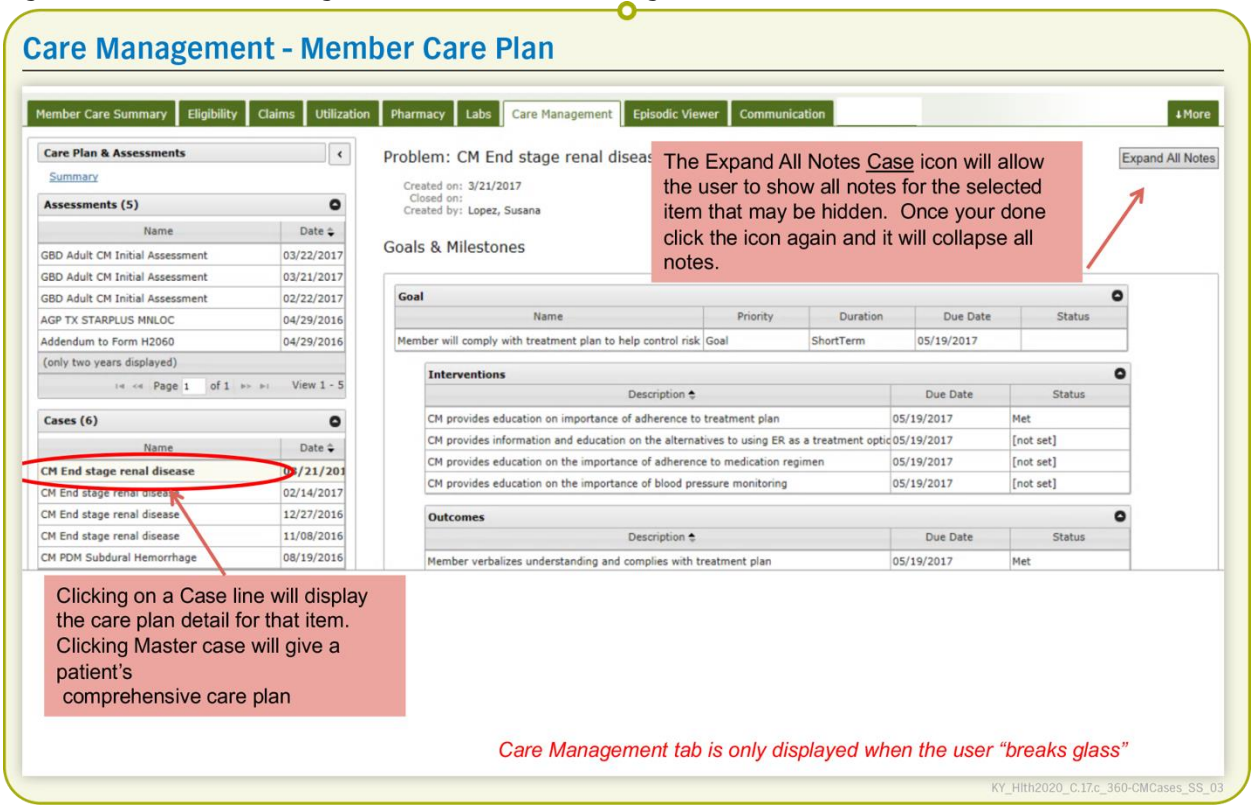
Figure C.17.c-18. Care Management Assessments Page



Care Management Member Care Plan Page

The Care Management Member Care Plan page offers options to view care plan and notes for Members.

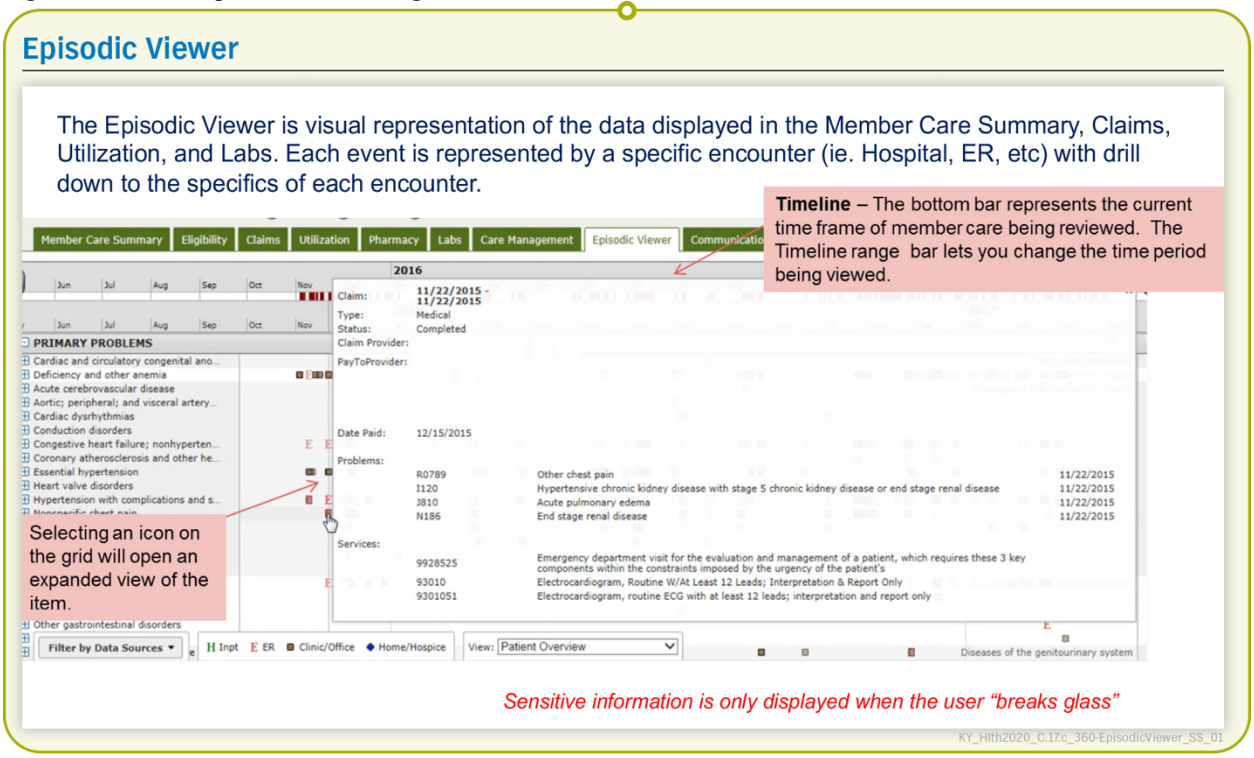
Figure C.17.c-19. Care Management Member Care Plan Page



Episodic Viewer Page

The Episodic Viewer Page is a visual representation of the data displayed in the Member Care Summary, Claims, Utilization, and Labs pages.

Figure C.17.c-20. Episodic Viewer Page



C.17.d. Describing Our Provider Manual

d. Provide a proposed table of contents for the Provider Manual and a brief description of the type of information the Vendor will communicate via the manual.

Our Provider Manual, available for download from our website, includes policy and procedure information so that Providers are well equipped to serve Anthem Members in Medicaid and drive quality and outcomes. In addition to policy and procedure required detail, we include valuable information to help Providers deliver whole-person health. Providers receive material about services Anthem covers in addition to the traditional Commonwealth plan benefits, like Cellular Phone Services, our Care on Call program, our integrated Behavioral Health program, and more. We created our Provider Manual to be easy to use, succinct, and to provide helpful information for Providers which we adapt to reflect changes or updates to the Kentucky Medicaid program or based on Provider input. Our Anthem Provider Manual simplifies administrative tasks for Providers by offering resources that are abbreviated or frequently used topics. Our Provider Manual complies with and includes all topics as listed in Draft Contract Section 27.4.

Our DMS approved Provider Manual includes valuable information to help Providers succeed and meet the goals of the Medicaid program. We regularly review and update the manual content to reflect changes to applicable State and federal laws, rules, and regulations, and policies, and will submit material changes to DMS for approval within 30 days of making updates. For newly contracted Providers, we provide detail on how to access our Provider Manual within five Business Days from inclusion of the Provider in the Network. In addition to the online version, the Provider Manual is available in hard copy format upon request. Our Provider Manual includes information regarding the required topics as described in Figure C.17.d-1.

Please refer to Attachment C.17.d-1 for our Provider Manual, including the Table of Contents which meets the requirements as described in Draft Contract Section 27.4.

Figure C.17.d-1. Anthem Provider Manual Topics

Provider Manual Topics
Provider rights and responsibilities
Covered Services
Member rights and responsibilities and cost-sharing requirements
Information for PCPs about Advance Medical Directives and their responsibilities for informing Members
Contractor's Policies and Procedures
Information for accessing the Contractor and program materials through our Member and Provider Services call centers, toll-free hotlines, and website
Provider credentialing and recredentialing
Provider and Member Grievances and Appeals process
Claims submission process and requirements
Provider Program Integrity requirements and reporting suspected Fraud and Abuse

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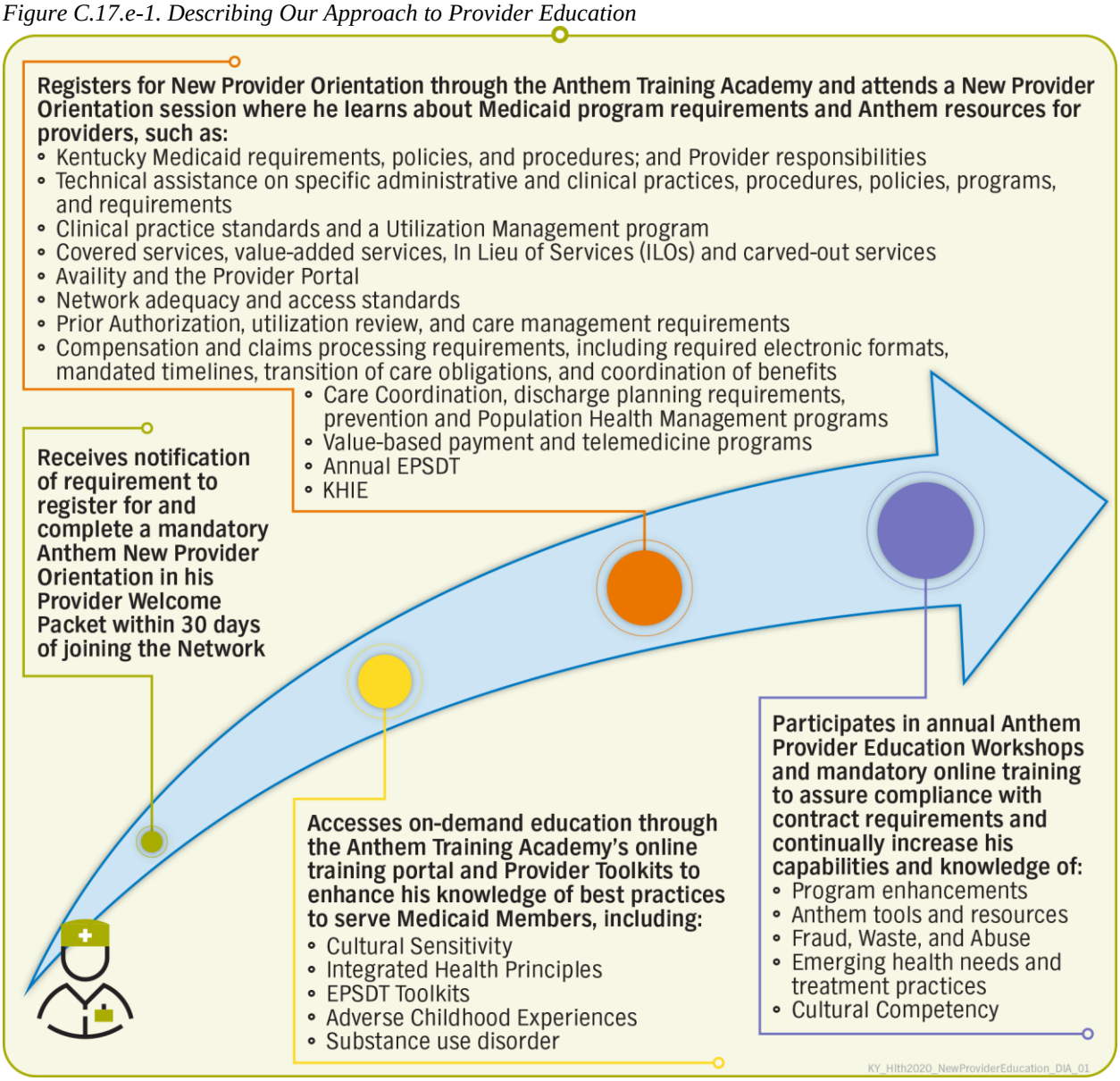
C.17.e. Describing Our Approach to Provider Orientation and Education

e. Provide the Vendor's proposed approach to Provider orientation and education

Provider Centered Approach to Education

Our approach to orienting and educating new Providers is to deliver a multi-modal curriculum that begins with New Provider Orientation and continues with ongoing education opportunities and resources to reinforce learning objectives and build Provider capabilities as described in Figure C.17.e-1. We will ease administrative burden by delivering education through our Training Academy to Commonwealth Providers that includes multiple training modalities, including in-person sessions, webinars, online training, free continuing medical education, and digital offerings for Provider convenience. The Academy is facilitated by our dedicated Provider Education Coordinator, in collaboration with the Network Relations Consultants across the Commonwealth. The Anthem Training Academy is committed to delivering the right curriculum, at the right time to empower Providers to succeed.

Figure C.17.e-1. Describing Our Approach to Provider Education



Our Academy is open to Providers, their office staff, and other health professionals throughout Kentucky and offers expert-developed and customized trainings and resources. The Academy includes mechanisms for tracking, monitoring, alerting, and reporting compliance and completion of trainings to assure our partners are successful in fulfilling their contract requirements.

New Provider Orientation

Providers are notified in their Provider welcome packet that they receive within five days of joining the Network of their obligation to register for and complete New Provider Orientation within 30 days of their effective date as an Anthem Provider, consistent with requirements outlined in Draft Contract Section 27.5. Providers can attend New Provider Orientation via live webinar, which is scheduled monthly, or they can request an in-person orientation to be conducted by their assigned Network Relations Consultant.

Training and Educating Providers

Our New Provider Orientation curriculum, consistent with our ***Provider Orientation and Education Plan that will be delivered to DMS*** upon Contract award, annually, or when there are material changes, includes topics that empower Anthem Providers to deliver culturally sensitive, timely, and responsible care to our Members. Provider training will form the foundation for long-term, collaborative relationships, and our programs will reflect lessons learned and best practices. Those training topics include all required trainings as listed in Figure C.17.e-2.

Figure C.17.e-2. Anthem's New Provider Orientation Curriculum

New Provider Orientation Topics
Anthem's coverage requirements for Medicaid services, including information about Prior Authorization requirements, EPSDT preventive health screening services, and EPSDT special services
Anthem's policies and procedures, administrative clinical practices, and updated information when modifications to existing services occur
Medicaid policies and procedures, including State and federal mandates and any new policies and procedures
How to report suspected Fraud and Abuse, and annually addressing Fraud, Waste, and Abuse with Providers
Medicaid populations and eligibility
Standards for preventive health services
Telehealth services
Special needs of Members, including the Kentucky Medicaid Program
Advance directives
Claims submission and payment requirements
Special health/care management programs in which Members may enroll
Provider role in our Population Health Management (PHM) program
Cultural sensitivity
Responding to needs of Members with SUD or Behavioral Health (BH), developmental, intellectual, and physical disabilities
Integrated healthcare, addressing social determinants of health (SDOH), and PHM initiatives
Reporting of communicable disease
Anthem's QAPI program, the EQRO, and the Provider's role in impacting quality and health care outcomes, including ongoing education about QAPI program findings and interpretation of data
Medical records review
Value-based programs
KHIE

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Ongoing Education

Providers continue to receive training and education opportunities through the Academy following New Provider Orientation. We deliver a multi-modal curriculum that is continually refined to meet the needs of Providers identified through various forums, such as the Physician Advisory Council; direct input from our Network Providers, including insights gleaned from our annual Provider Satisfaction Survey program; feedback received from DMS and key stakeholders; and through analysis of trends

identified through our Quality Management processes and understanding of emerging trends in the Medicaid population.

Our Network Relations Consultants promote and educate Providers on available Provider training opportunities and topics, coordinated by our dedicated Provider Education Coordinator. Ongoing training focuses on engagement; outreach; promoting and providing information and training on system transformation and capacity building; Population Health Management (PHM) principles; evidence-based practices; including the appropriate utilization of psychotropic medications; Crisis Intervention Services; the impact of Adverse Childhood Experiences (ACEs); and other critical topics to improve the quality of services, as well as special Provider programs such as the ACEs Provider Champions program.

Ongoing training includes:

- Self-guided online modules on our Academy's training platform which can be accessed at any time
- Annual in-person training at Anthem's Provider Education Workshops in each Region and at regional Kentucky Medicaid Provider Forums
- ACEs Provider Champions that will serve as peer trainers and supports to our Network Providers in these forums
- Continuing Medical Education and Continuing Education Unit for trainings at no cost to Providers
- Ongoing mentorship and support from experts through the University of Kentucky Project ECHO® program
- Dangers of vaping
- Custom face-to-face education and support as needed by Network Relations Consultants and Care Delivery Transformation Consultants (specifically for VBP participating Providers)
- Human Trafficking and the Health Care Response – Five-part series (Alliance for Freedom Restoration and Justice: An organization with National Expertise in the topic of Human Trafficking developed a training about Human Trafficking awareness for health care professionals)
- Educational Materials: Provider Newsletters, email and fax blasts, and the Provider Manual

Online Training

Providers will have on-demand access to competency-based and accredited education through the Academy's online training portal, supported by Elsevier, which features:

- User specific login
- 24/7 access to training to self-guided trainings with self-enrollment
- Attestations for mandatory training
- Transcripts and tracking credits earned
- Provider Toolkits

Annual In-person Training Events

Providers are offered annual opportunities to ascertain in-person training at Anthem's Provider education workshops at regional locations convenient to Providers. These workshops assure Providers are educated on critical topics such as: Online tools and resources, new program requirements, contractual changes, and cultural sensitivity.

In 2019, **more than 438 Providers** attended our Provider Education Workshops.

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Anthem collaborates with other MCOs and DMS to train Providers at Department for Medicaid Services Provider forums that address key topics throughout the Commonwealth.

Adverse Childhood Experiences Provider Champions

Anthem is partnering with ***ACEs Provider Champions*** throughout the Commonwealth, currently delivering high-quality, culturally sensitive care to our Members in Medicaid, who are ready and willing to serve as mentors for their peers by taking on more to address disparities in care, further SDOH, and increase the resiliency of their communities. ***ACEs Provider Champions*** may receive grants from Anthem to help offset one-time startup or other costs to expand their reach and Member impact as shown in Figure C.17.e-3. ACEs Provider Champions will share their unique knowledge, experiences, recommendations for best practices, and lessons learned at regional summits and in Anthem Provider communications. These mentors are accessible for Providers who seek informal guidance and insight into how best to care for their Medicaid patients.

Figure C.17.e-3. ACEs Provider Champions

ACEs Provider Champion*	Region
Maryhurst	3
KVC Kentucky	5, 7, & 8

*Signed LOIs

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Continuing Medical Education Credits and Continuing Education Units

Commonwealth Providers have the opportunity to earn continuing medical education (CMEs) or Continuing Education Unit (CEU) credits through the Academy at no cost to them, in support of their ongoing development.

Project ECHO

Project ECHO® (Extension for Community Healthcare Outcomes) is a collaborative model of medical education. In collaboration with the University of Kentucky, Providers are able to access Project ECHO as a collaborative tele-mentoring model of medical education and service management that increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the needed knowledge and support to manage patients. Through tele-mentoring, Project ECHO builds capacity and creates access to high-quality specialty care serving local communities, and care management that empowers clinicians everywhere to provide better care to more people, right where they live.

Custom Face-to-face Training

We make customized training available on topics of interest delivered face-to-face upon request. Anthem's Network Relations Consultants and CDT Consultants for VBP Providers, collaborate with their Provider partners to identify supplemental training needs and work with Anthem subject matter expert (SMEs) and resources to produce and deliver education that meets our Providers' needs. Some recent examples of our custom training conducted in 2019, include:

Figure C.17.e-4. Offering Providers Educational Materials

Provider Manual	Our Provider Manual, available for download from our website, includes mandated policy and procedure information so that Providers are well equipped to serve Anthem Medicaid Members and drive quality and outcomes.
Provider Newsletters	Monthly Provider Newsletters communicate new programs, policy changes, and updates to the Provider Manual; to reinforce current policy and procedures; and distribute guidelines and medical policy
Quarterly Network e-Updates	e-Updates will include vital information and topical information for Providers. Network e-updates will include information on topics such as ICD-10, claims submission processes, pharmacy, BH, and chiropractic code set.
Fax Blasts	Fax blasts will assure Providers have access to important program updates and promote educational events.

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- **Medicaid AIM (radiology/cardiology) Implementation** — Trainer: Luvenia Sakala
  - October 30, 2019, 3 p.m. ET — 14 attendees
  - November 4, 2019, 12 p.m. ET — 15 attendees
  - November 18, 2019, 12 p.m. ET — 6 attendees
- **SBIRT** — Trainers: Tiffany Haskins and John Reid
  - November 13, 2019, 12 p.m. ET — 11 Providers and 2 groups
  - December 5, 2019, 12 p.m. ET — 16 Providers and 6 groups
- **Correct Coding Training (conducted by Medicaid CDT and RA)** — Trainer: Alison Leifert
  - December 13, 2019, 12 p.m. EST — 36 attendees

Educational Materials

Providers have on-demand access to educational materials through our Provider website that include those described in Figure C.17.e-4. In addition to on-demand webinars, Provider communications and self-guided training materials, we offer Network Providers custom toolkits to help them stay informed on the latest developments in treatment. For example, through our Provider website, we offer Providers a series of BH toolkits containing clinical guidelines, Member education/resources, and screening tools for conditions including:

- Attention deficit hyperactivity disorder (ADHD)
- Depression
- Anxiety
- PTSD
- Depression and Members with cardiac problems
- Postpartum depression
- Alcohol and substance use
- Trauma
- Autism
- Suicide risk
- Evidence-based practices in children's mental health
- Cultural competence in mental health service settings

C.17.f. Supporting Providers in Medicaid Enrollment and Credentialing

f. Describe the Vendor's support of Providers in Medicaid enrollment and credentialing, including the following:

i. Methods for assisting providers who are not enrolled in Medicaid with the enrollment process.

ii. Proposed process for conduct of credentialing until such time that a Credentialing Verification

Organization (CVO) is contracted by the Department.

iii. Proposed process for transitioning credentialing activities to and coordinating with the Department's contracted CVO(s) to educate and assist Providers in completing the credentialing process with the CVO(s).

iv. Approach for a timely contracting determination of providers upon receipt of information from a CVO that a provider's credentialing is complete, specifying timeframe for uploading a credentialed and contracted provider into the claims payment system to allow for payment of adjudicated claims.

Include copies of the Vendor's proposed credentialing policies and procedures, and procedures for coordination with the CVO(s).

Supporting Providers Through Credentialing and Recredentialing

Our credentialing process is structured for efficiency. Our centralized Credentialing team processes all credentialing and recredentialing once, which allows the Provider to participate in any of our commercial, Medicare, and Medicaid programs. This has eased administrative burden on Providers across the Commonwealth. Anthem has extensive experience credentialing both Kentucky Providers and Medicaid Providers across the country. We know the Medicaid Provider community and have navigated industry changes (such as Council for Affordable Quality Healthcare, Medicaid enrollment changes, and Credentialing Verification Organization [CVO] implementations) alongside our Providers and Commonwealth partners. ***Several of our affiliate health plans have adopted Anthem's model that simultaneously credentials and contracts a Provider as a best practice.*** We meet all credentialing and recredentialing requirements, including:

- Our credentialing and recredentialing processes are consistent with recognized MCO industry standards, and comply with NCQA and relevant State and federal regulations.
- We process expedited credentialing applications within 10 Business Days and our standard Credentialing or Recredentialing of a Provider is within ninety (90) calendar days of receipt of all relative information from the Provider, or within forty-five (45) days if the Provider is providing substance use disorder services. In 2019 our average turnaround time for credentialing new Providers was 13 days.
- If an application does not include required information, we issue a written notice of all missing information no later than five Business Days after receipt to the Provider applicant.

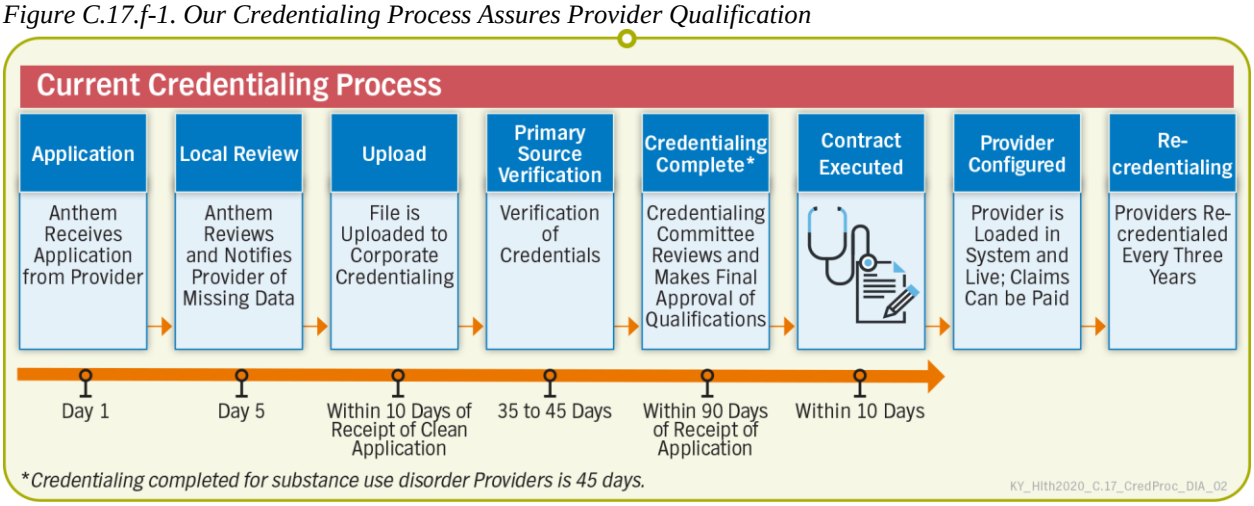
Provider credentialing and recredentialing is a critical component of our Quality Management program. The credentialing process assures Members have a selection of physicians and other health care professionals who have demonstrated backgrounds consistent with the delivery of high-quality, cost-effective health care. We include a copy of our credentialing policies and procedures in Attachment C.17.f-1 and a complete description of our credentialing process in section C.17.f.ii. ***In 2019, across all Anthem Kentucky Medicaid Provider types, we received***

101 initial credentialing applications and averaged a 13-day turnaround time with 97% completion within 45 days.

Our credentialing and recredentialing process and policies are in compliance with NCQA, KRS 205.560(12), 907 KAR 1:672, applicable State regulations and federal law, and Contract requirements including Appendix K Credentialing Process, and Draft Contract Section 27.0 and 28.0. Timely Provider re-credentialing, which occurs every three years, is essential to maintaining a stable Network and preserving continuity of care for Members.

We do not discriminate in the participation, reimbursement, or indemnification of any Provider acting within the scope of his or her license or certification under applicable Kentucky law, solely on the basis of that license or certification. If we decline to include individual Providers or groups of Providers in our Network, we give the affected Providers written notice of the reasons for this. For a complete description to our credentialing and recredentialing processes, see our response to section C.18.d. We provide an overview of our current credentialing process in Figure C.17.f-1.

Figure C.17.f-1. Our Credentialing Process Assures Provider Qualification



Supporting the Kentucky Credentialing Verification Organization

In anticipation of a potential full implementation of a CVO, we will partner with DMS, the CVO, and the other MCOs to help assure the Provider community fully understands the new process and to facilitate a smooth implementation. Several of our affiliates currently work with State CVOs in other states, and we will leverage that experience to help with the successful implementation of the Kentucky Medicaid CVO. We will collaborate and fully engage with the other MCOs in forming a task force to develop a cohesive strategy that streamlines communications and outreach. Anthem will support and promote the CVO to facilitate credentialing and ease Provider administrative burden. We will make every effort to make sure the process is seamless for our current Network Providers and the Kentucky Provider community at large.

i. Assisting Providers with the Enrollment Process

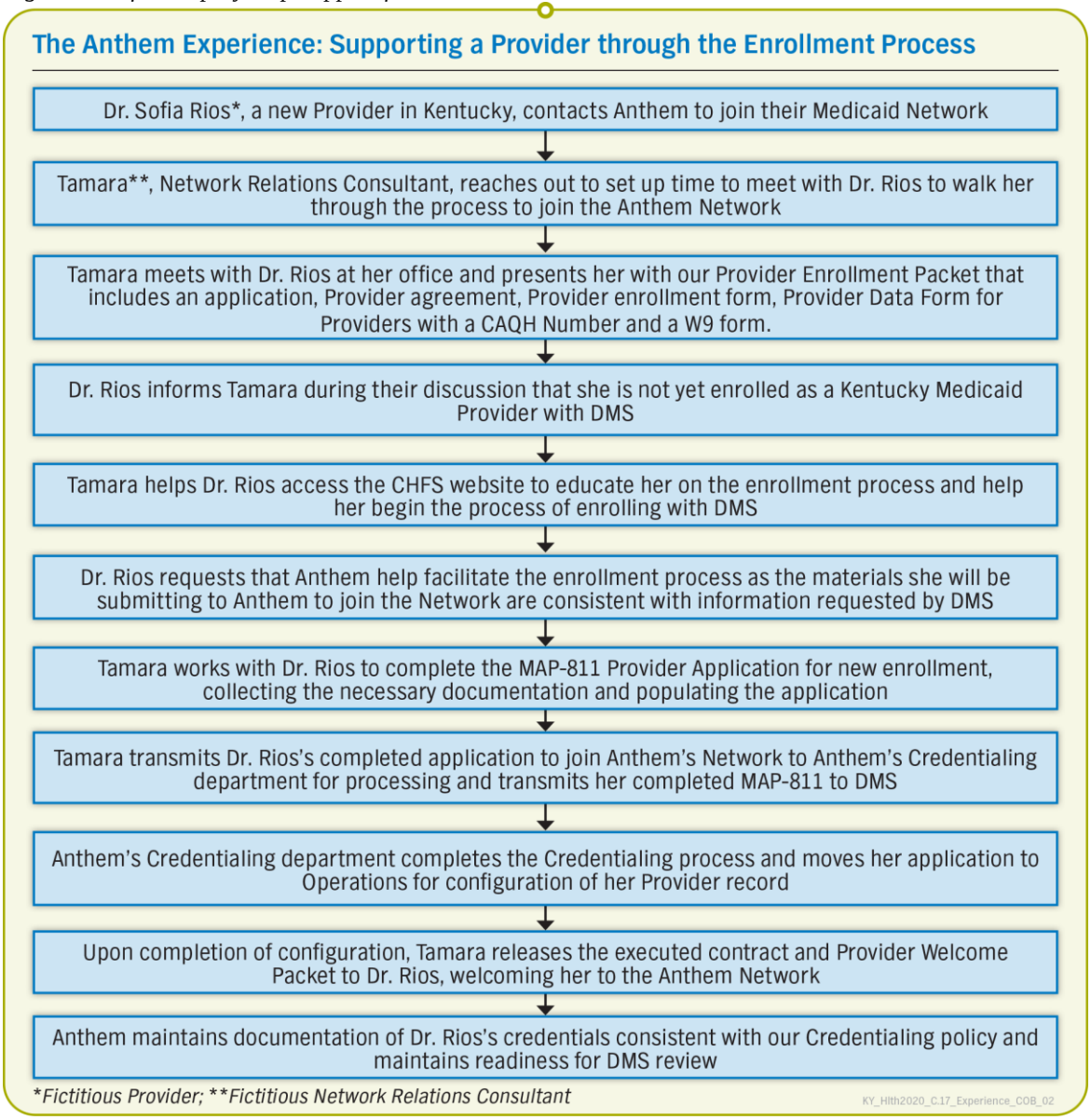
i. Methods for assisting Providers who are not enrolled in Medicaid with the enrollment process.

Supporting Providers Throughout the Enrollment Process

Using our Provider Promise approach, we encourage a ***Capacity for Efficient Care*** by compiling the appropriate mix of Network Providers and resources capable of delivering a culturally sensitive, effective model of care through our enrollment and credentialing process to help assure the best care for the Members we serve. We enroll Providers into our Network following our processes as described in Draft Contract Section 27.0 and 28.0. If a potential Provider does not have an active Medicaid number assigned, Anthem's Network Relations Consultants will help the Provider apply for enrollment with DMS and guide them through the process for meeting the Medicaid Provider enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for fee-for-service (FFS) Providers of the appropriate Provider type.

Upon the request of the Provider, we will provide support to the Provider in submission of required materials to DMS for processing of the enrollment and in accordance with the new Kentucky Medicaid Partner Portal Application process. Currently, we submit the required data in the transmission of the Provider file to DMS indicating inclusion in our Network. We have documentation at our offices regarding a Provider's qualifications and services available for review by DMS or its agents when needed for the enrollment process. An example of how Anthem would assist a Provider with this process is outlined in Figure C.17.f-2.

Figure C.17.f-2. Step-by-step Support for Our Providers

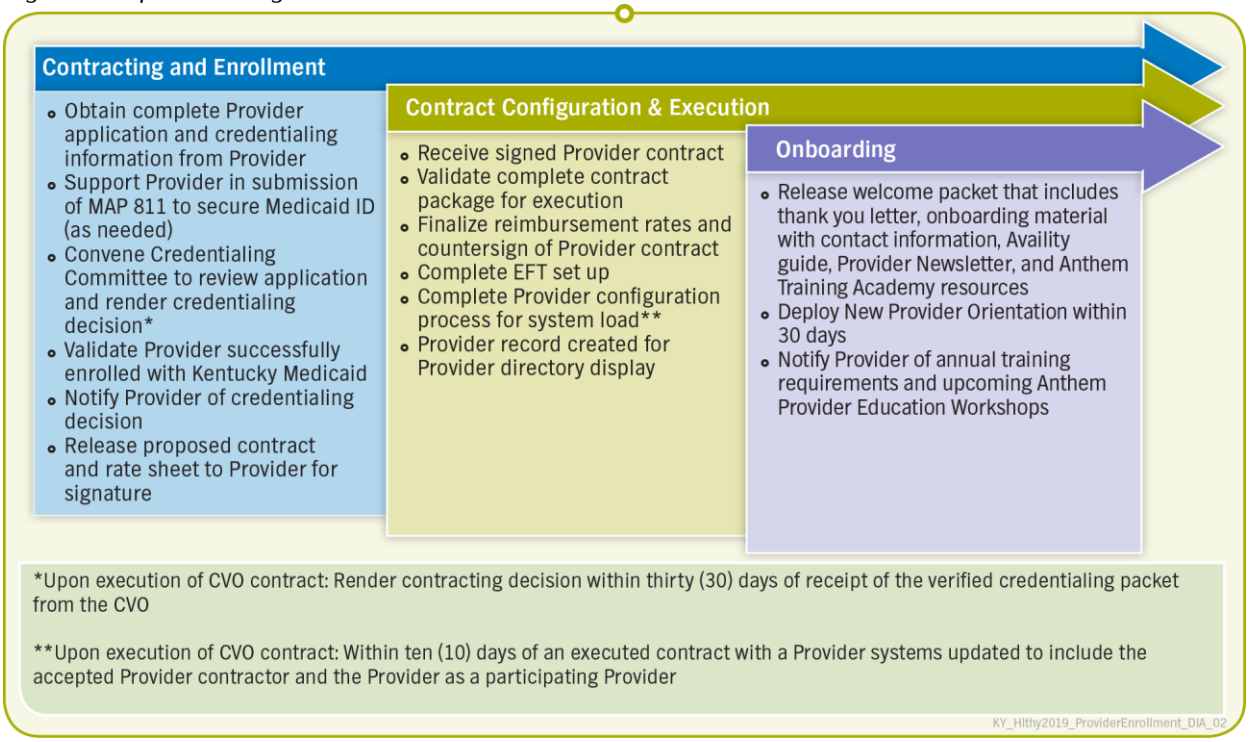


Enrolling Providers in Our Network

Our disciplined approach to enrolling Providers begins with initial contracting and enrollment. Upon completion of the primary steps for contracting and enrollment, the application is moved to the Contract Configuration and Execution stage where the Provider record is created in our system and the Provider agreement is executed. This assures that the Provider is appropriately configured and able to submit claims upon their effective date. Following completion of the Contract Configuration and Execution stage, the Provider moves to onboarding. During the onboarding stage, we officially welcome the Provider to the Anthem Network with a welcome packet and prepare the Provider for delivering services as an Anthem Provider through targeted

communication, and a New Provider Orientation within 30 days of the Provider's effective date with Anthem. Our enrollment process is outlined in Figure C.17.f-3.

Figure C.17.f-3. Enrolling Providers in Our Network



ii. Conducting Provider Credentialing Verification

ii. Proposed process for conduct of credentialing until such time that a Credentialing Verification Organization (CVO) is contracted by the Department.

As defined in Contract requirement described in Draft Contract Section 28.6 Provider Contracting, all Network Provider contracts shall include the standard provisions set forth in Appendix C Required Standard Provisions for Network Provider Contracts. We do not require a Provider to participate exclusively with our Network to provide Covered Services under this Contract as this would violate the requirement of 42 CFR. Part 438 to provide Members with continuity of care and choice. Providers shall meet the credentialing standards described in Draft Contract in Section 27.7 Provider Credentialing and Recredentialing of this Contract and be eligible to enroll with the Kentucky Medicaid program.

Our Provider credentialing team assures compliance with Anthem credentialing policies and procedures, and oversees, monitors, supervises, and enforces contract compliance. The Credentialing Committee — chaired by an Anthem Medical Director — reviews, credentials, and recredentials all Providers. Our systems, employees, policies, and procedures support accurate and prompt credentialing and recredentialing of all Providers in compliance with DMS requirements. We are also fully compliant with NCQA credentialing requirements. We continuously seek to reduce Providers' administrative burden by refining processes and incorporating new resources and tools to simplify and expedite credentialing and recredentialing. To assist with accurate, complete, and timely submission of credentialing application documentation, members of the Kentucky

Credentialing team provide telephonic assistance to help Providers complete appropriate forms. Network Relations Consultants will continue to make on-site visits and provide hands-on assistance to Providers throughout the credentialing and recredentialing process. The current Anthem credentialing process (part of our Network development process) assures that the Providers enrolled in our Network deliver quality services.

The goal of the Anthem credentialing process is to provide Members with a selection of physicians and other health care professionals who have demonstrated backgrounds consistent with the delivery of high-quality, cost-effective health care. Anthem establishes credentialing criteria for Network participation that we use to evaluate a Provider's credentials. The credentialing criteria serve as the foundation for determining a Provider's eligibility and continued eligibility in all Anthem Networks. We expect Providers to remain in compliance with credentialing criteria at all times.

- The Credentialing team uses the processes in the Credentialing and Recredentialing Policy and Procedure Manual to administer Provider credentialing and recredentialing.
- The Credentialing Committee oversees the credentialing process. If a Provider does not meet Anthem credentialing criteria (including clinical Anthem Network Participation Requirements and quality of care standards), the Credentialing team brings the information to the Credentialing Committee to review.
- The Credentialing Committee reviews the information and decides what action to take with the Provider's participation in the Anthem Networks.
- The Credentialing Committee is led by an Anthem Medical Director. The Medical Director is accountable for convening monthly meetings, signing off on the files of Providers that meet Anthem credentialing criteria, and reviewing and acting on practitioner credentialing files that have possible significant issue(s).
- The Credentialing Committee reports periodically to the QIC.
- The Quality Management Committee (QMC) has oversight and responsibility to review or make credentialing determinations with regard to the following:
  - Substantive changes to the Credentialing Policy Manual
  - Annual credentialing evaluations
  - Semi-annual updates (high-level summary) of items reviewed by the Credentialing Committee
  - Semi-annual updates (high-level summary) of delegates reviewed for compliance with company, regulatory, and accreditation standards at the Accreditation Delegation Oversight Committee

For all Network Providers, we perform ongoing monitoring to verify continued compliance with our credentialing standards and to look for any license or sanction action that may reflect substandard conduct and competence. This process incorporates the review of reports, notifications, and alerts through sources such as the Office of the Inspector General, federal Medicare or Medicaid reports, Office of Personnel Management, and Commonwealth licensing agencies. We continuously review quality data, such as clinical and service complaints, reports of adverse events and outcomes, and satisfaction data from other internal departments, or any other verified information received from appropriate sources. If we identify a Provider with Quality Management concerns, we will coordinate with Quality Management on all necessary contractual and peer review activities.

Our Kentucky Oversight team oversees credentialing monitoring by dental and vision Providers alongside other national resources, including the Delegated/Vendor Oversight and Management Committee (DVOMC) that oversees Subcontractors serving multiple health plans. It is responsible for compliance with State, federal, NCQA, CMS, and individual program requirements and standards, as well as other regulatory or accreditation standards. They report to the National Quality Improvement Committee quarterly.

Overview of Our Credentialing Process Until a CVO Is Implemented

Anthem maintains an internal, comprehensive, and thoroughly documented credentialing program. Our Network Providers complete a rigorous process, starting with the initial application to be credentialed.

Initial Credentialing

Each practitioner or facility must complete a standard application form when applying for initial participation in our Network. For practitioners, the Council for Affordable Quality Healthcare (CAQH), a Universal Credentialing Data source is utilized.

Once the application is received, we verify those elements related to an applicant's legal authority to practice, relevant training, experience, and competency from the primary source. All verifications must be current and verified within 180 days or less, depending on Commonwealth mandates, prior to being forwarded to the Credentialing Committee.

During the credentialing process, we review the credentialing data, below, unless otherwise required by regulatory or accrediting bodies. Our minimum requirements include the following:

- License to practice in Kentucky, or the state the practitioner will be treating our plan members
- Hospital admitting privileges at a TJC, NIAHO, CIHQ, or Healthcare Facilities Accreditation Program (HFAP) accredited hospital
- DEA, CDS, and Commonwealth-controlled substance certificates — DEA/CDS must be valid in Kentucky
- Malpractice insurance
- Malpractice claims history
- Board certification, or highest level of medical training or education
- Work history
- State or federal license sanctions or limitations
- Medicare, Medicaid, or Federal Employees Health Benefits (FEHB) Program sanctions
- National Practitioner Data Bank (NPDB) report Facilities
- Accreditation, if applicable
- Medicare certification, if applicable
- Department of Health Survey Results or recognized accrediting organization certification
- License sanctions or limitations, if applicable

Recredentialing

Our recredentialing process incorporates re-verification and identifies any changes in licensure, sanctions, certification, health status and/or performance information (for example, malpractice experience and hospital privilege) that may reflect on professional conduct and competence. We also re-review the credentialing data required as part of the initial process unless otherwise required by regulatory or accrediting bodies.

All practitioners and facilities are recredentialed every three years, unless otherwise required by Contract or Commonwealth regulations.

Please refer to Attachment C.17.f-1 for our complete Credentialing and Recredentialing policy and procedures.

iii. Coordinating with DMS' Future Contracted CVO and Providers

iii. Proposed process for transitioning credentialing activities to and coordinating with the Department's contracted CVO(s) to educate and assist Providers in completing the credentialing process with the CVO(s).

Anthem supports the implementation of a CVO to facilitate credentialing and ease Provider administrative burden. We will assure the process is seamless for our current Network Providers and the Provider community at large. We understand the Provider community in Kentucky and will leverage the experience of our affiliates across the nation, who work with CVOs, to contribute and support the transition to a CVO.

Our organization has provided thought leadership, bringing project leads from other health plans to work with these states as they transition to a single Medicaid solution. We have also partnered with states and other MCOs to build successful processes, documentation, and systems that streamline credentialing to meet goals of the program. Anthem, Inc., our Ultimate Parent Company, has experience supporting the implementation of CVOs in our affiliate markets dating back to 2012 when our Georgia affiliate partnered with the State to develop a centralized credentialing portal and repository and assisted in the transition to a CVO model. Our Texas affiliate successfully worked with its state partner to transition to CVOs, and our Louisiana and North Carolina affiliate and alliance partner are currently collaborating with their state partners as they proceed with transitioning to CVO models.

Guided by the experience of our affiliates, we believe the CVO model offers a unique opportunity to decrease the administrative burden on Kentucky Medicaid Providers who contract with multiple MCOs by charging the selected CVO with rendering credentialing decisions as part of the process. Anthem stands ready to take the lead in forming a task group with the other MCOs to develop a cohesive strategy to streamline communications and outreach.

We propose establishing a collaborative task force of MCOs and for DMS to develop a cohesive strategy to streamline communications and outreach, leveraging DMS-led Statewide Provider Education Forums as a primary vehicle for Provider indoctrination and education.

In order to ease the transition to a CVO, we would conduct a disciplined approach that would include internal changes and a focused campaign to prepare Providers. This process would include:

- Revising Anthem's Credentialing and Credentialing Policy to reflect changes mandated by DMS
- Educating Anthem's Network Relations Consultants about process changes and FAQs
- Conducting targeted education for Network Providers during Provider visits, webinars, and Joint Operations Committee (JOC) meetings
- Preparing and distributing Provider education articles and materials for newsletters, our Provider Portal, and electronic communications
- Modifying the Anthem Provider Manual to reflect process changes

Table C.17.f-1 offers an overview of our anticipated Project Plan components, assuming an award date in June 2020, with a CVO effective date of July 1, 2021 for Provider outreach and communication around the CVO.

Table C.17.f-1. Describing Our Provider Outreach and CVO Communication Plan

Task	Start	Finish
Complete Policy and Procedure Revisions		
Update Credentialing and Recredentialing Policy to reflect CVO process and requirements	June 2020	July 2020
Submit to DMS for review and approval	July 2020	August 2020
Load updated Credentialing Policy to Provider Portal	September 2020	September 2020
Conduct Outreach		
Train Network Relations Consultants on the new CVO process	August 2020	September 2020
Conduct visits to targeted Providers	October 2020	January 2021
Present CVO information at hospital Joint Operations Committee meetings	November 2020	December 2020
Create and Distribute Provider Communications		
Draft Provider Newsletter (co-authored with DMS and other CMOs)	September 2020	September 2020
Submit to DMS for review and approval	October 2020	October 2020
Load Provider Newsletter to Provider Portal; fax and email to Anthem Network Providers	January 2021	January 2021
Amend Provider Manual		
Draft updated language and conduct internal review	September 2020	September 2020
Submit to DMS for review and approval	September 2020	September 2020
Post new Provider Manual on Provider website	October 2020	October 2020
Add Information to the Provider Portal		
Draft updated language and conduct internal review	October 2020	October 2020
Submit to DMS for review and approval	November 2020	December 2020
Post information to website (including posting update in Availity)	December 2020	December2020
Add link to CVO	December 2020	December 2020

We will focus on establishing protocols to support the centralized Provider credentialing effort, and will configure our Management Information System (MIS) to integrate credentialing data from CVOs to make sure credentialed Providers:

- Are recognized by our claims processing system for timely payment
- Are identified in our Provider Directory when contracted as part of our Network

Anthem will also accommodate the design of the Commonwealth-sponsored CVO into our internal operational Provider configuration processes so the CVO process initiates a seamless Provider enrollment experience. When the CVO begins credentialing Providers on a determined date, Anthem will target our out-of-network Provider recruitment efforts to include Providers who are credentialed by the Commonwealth's CVO. Anthem will partner with our dental and vision Subcontractor to mirror the process for the CVO. Subcontractor Managers and representatives from the Subcontractors will be included within the project meetings and timelines.

iv. Describing Our Approaches for Timely Contracting Determination of Providers

iv. Approach for a timely contracting determination of Providers upon receipt of information from a CVO that a Provider's credentialing is complete, specifying timeframe for uploading a credentialed and contracted Provider into the claims payment system to allow for payment of adjudicated claims.

Include copies of the Vendor's proposed credentialing policies and procedures, and procedures for coordination with the CVO(s).

Loading Providers to Our Management Information System

Anthem assures that newly credentialed Providers who either belong to a group that has an executed Network agreement on file, or whose practice is in the process of contracting with Anthem, are loaded into our MIS within 10 calendar days of our notification that they have been fully credentialed and contract executed. Our Provider Enrollment team manages our systematic approach for the submission of Providers to be loaded into our MIS. Each week, our Network Data Services team runs an extract that detects newly credentialed Providers based on information contained on the DMS Provider file. Our Provider Enrollment team will analyze and format the CVO file and submit for processing and loading into our MIS. Using a combination of automation with manual oversight, we load all applicable credentialing information for both new and existing Provider records.

Our process for loading new CVO credentialed Providers will use the Provider demographic information available to us, including information on the Commonwealth's Provider file and from the CVO. Please refer to Attachment C.17.f-1 for a copy of our credentialing policies and procedures. Provider demographic information, as well as their credentialing information, is loaded into our system so that claims will process and pay in accordance with the Provider's Anthem agreement. For newly credentialed Providers who already have an existing Provider agreement in our MIS, we will load their credentialing information in addition to verifying the Provider demographic information, including information on the Commonwealth's file and from the CVO.

Timely processing and loading of credentialed Providers are essential for both claims payment and Network adequacy. We promptly update our online Provider Directory so that Members have access to the most recent Provider information and to promote Member choice. Figure C.17.f-4 outlines our proposed process for uploading Provider data. Note this is subject to change based on DMS requirements.

Figure C.17.f-4. Anthem's Provider Load and Claims Reconciliation Steps

Step No.	Process	Number of Calendar Days (1–30)
1	Anthem receives daily CVO credentialing complete report from DCH (7400 File) and loads files into the Provider data warehouse.	1
2	Anthem runs weekly extract to identify newly credentialed Providers.	1
3	Anthem generates and submits weekly extract file for loading newly credentialed Providers into claims system.	7 days
4a	**Existing Contract on File:** Anthem Provider Data Management Team loads Provider credentialing information into claims system and syncs to existing contract. We will send a welcome letter notifying the Provider that they are now part of our Network under the given Tax ID.	15 days
4b	**Contract Execution in Process:** Anthem Provider Data Management team loads Provider credentialing information into claims system, and the Provider will be listed as non-par until the contract is fully executed. Once contract is fully executed, Provider will then be synced to the contracted agreement. We will then send a welcome letter notifying the Provider that they are now part of our Network under the given Tax ID.	15 days
4c	**Non Executed Contract on File:** Anthem Provider Data Management team will load credentialing information into claims system, and the Provider will be listed as non-par. Anthem will review Provider demographics and Network access needs and send a recruitment letter to the newly credentialed but non-participating Provider(s).	15 days
5	Anthem Network Data Support team audits completed CVO file load.	3 days
6	All Provider letters required in steps 4a, 4b, and 4c will be distributed.	1
7	Anthem Network Data Support team identifies any claims that require reconciliation and sends claims to Claims Department for adjudication.	4 days

KY_Hlth2019_C.17.f_Steps_CHT_03

C.17.g. Processing Provider Grievances and Appeals

Provide the Vendor's proposed approach for processing grievances and appeals. Include at a minimum:

i. The overall process to include description of interaction with providers, required correspondence and timeframes for acknowledging and resolving grievances and appeals.

ii. Process for tracking reasons for grievances and appeals to identify trends, and how the Vendor will use this information to improve internal operations, provider relations, and provider satisfaction.

iii. Process for ensuring transparency to DMS of grievance and appeal types, resolutions, and any Vendor actions to decrease such grievances or appeals in the future.

Provider Promise

Positive Provider experiences are critical to our success and contribute to Members having good relationships with Providers. Anthem complies with all Contract requirements as described in Draft Contract Section 27.10, including resolving Grievances and Appeals in a timely manner, offering Providers Appeal rights as described, and notifying DMS within the required timeframes.

We commit to helping our Members receive care from high performing, engaged Providers. Through our Provider Promise, we engage, incent, and empower Providers. Our approaches to improving Provider satisfaction can achieve healthier communities in Kentucky by aligning with Providers to prevent the need for dispute resolution while simplifying health care so Providers can focus on health and caring for Members. We maintain Provider satisfaction in multiple ways and understand that complicated billing rules and regulations can lead to disagreements. Therefore, we maintain a Grievance and Appeals process that reviews and investigates issues in a fair, unbiased, and comprehensive manner.

As a small and fast growing Behavioral Health private practice, Parsons Counseling & Play Therapy Center accepts all forms of Kentucky Medicaid, including all five MCOs. However, ***Anthem Medicaid is the only MCO that has not had some form of major billing issue in the past year and a half. We have had various issues with all of the other MCOs, which caused a significant cash flow issue for us as a small practice.*** *These types of cash flow issues could bankrupt a small practice such as ours. Anthem Medicaid has been very accommodating in issuing authorizations for Targeted Case Management, and ease of authorization submission is a major benefit. Our Anthem Medicaid Provider Rep has also been very helpful in answering any questions I have had regarding our contract & billing.* ***They have been the fastest moving MCO to add a new Provider to our practice recently,*** *as well. Overall, Anthem Medicaid has been the best MCO to work with us.*
— **Jessica Abell,** Practice Administrator
Parsons Counseling LLC
KY_Hlth2019_C.17_MCO_TST_03

In support of Providers, we have a proven Core Services System that supports Grievances and Appeals in place. We perform Provider Grievances and Appeals activities in compliance with State and federal requirements. Our teams include highly trained and experienced Provider Service Representatives, Claims Analysts, and clinical experts who work together quickly and efficiently to resolve Provider disputes. Consistent with 42 CFR § 438.66(c)(3), we submit quarterly reports on all Appeals and Grievances received and processed, including the total number and type of Appeal and Grievance requests filed, Appeal outcomes, and average time to resolution.

i. Describing Our Overall Process for Acknowledging and Resolving Grievances and Appeals

i. The overall process to include description of interaction with Providers, required correspondence and timeframes for acknowledging and resolving grievances and appeals.

Our Anthem Provider procedures define how to handle Grievances and Appeals, including:

- Receipt and tracking methods
- Escalation processes
- Resolution timeframe requirements
- Follow-up responsibilities
- Closure processes

Our Provider Grievance and Appeals process is separate from our Member Grievance and Appeals processes. These procedures and processes assure we partner with Providers to positively impact health outcomes for Members and track all Grievances and Appeals received from Network Providers, with their resolution, in accordance with requirements as described in the Draft Contract, 42 CFR 438.10(g)(2)(xi), and other applicable State and federal requirements. ***We fully respond to each Grievance and Appeal and have multiple status documentation points, including final disposition and closure.***

Interacting with Providers

We assist and ease administrative burdens for Providers by offering multiple methods of communicating a Grievance or Appeal such as electronically, verbally, or in writing. We interact with Providers based on their preferred method of communication and encourage a no-wrong-door approach during routine Provider interactions with Network Relations Consultants, through our Provider Services call center, or during our trainings, such as initial or ongoing Provider trainings or during community events, such as Provider forums. Through each of our descriptions for resolving a Provider Grievance or Appeal, we offer the timeframes for each required Provider correspondence and the steps taken to acknowledge and resolve the concern. We assist Providers to understand and use our Grievance and Appeals processes and ***we resolve all Provider Grievances and Appeals within 30 days.***

Anthem Maintains A Low Volume of Provider Grievances

- In 2018, we processed six Provider Grievances
- In 2019, we processed six Provider Grievances

KY_Hlth2020_C.17G_Grievance_35_COB_03

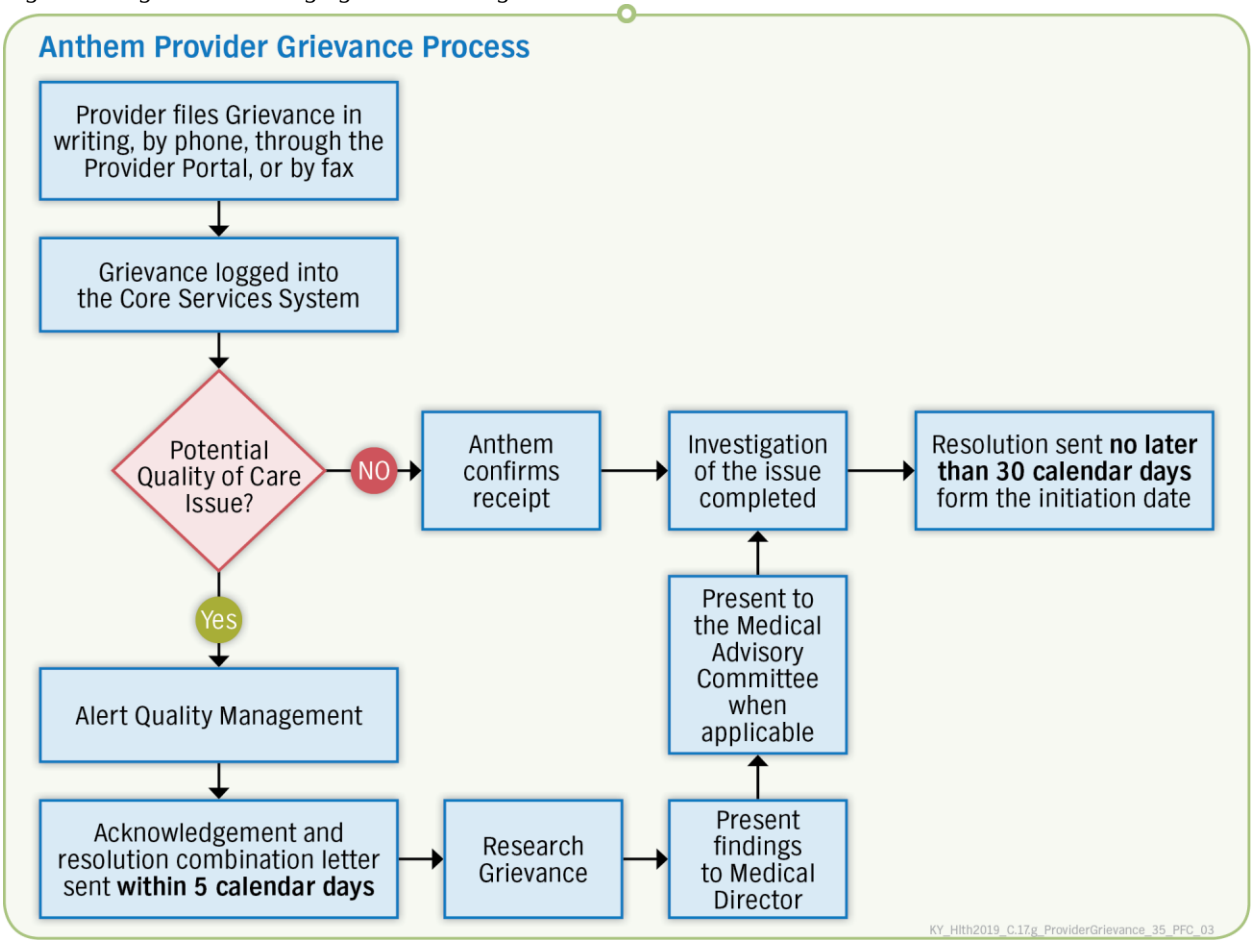
Filing and Resolving Grievances

A Provider may file a complaint or Grievance to our Anthem Network Relations Consultant, through our Anthem Provider Services call center, or through our Anthem Provider Portal, and we also accept Provider Grievances referred to us from DMS. We document the nature and cause of the dissatisfaction and log the case in our system for investigation, tracking, and trending. A complete description of our Grievance policies and procedures are in our Anthem Provider Manual and we offer reminders on the Grievance and Appeal process in our monthly Provider Newsletter.

Our Provider Grievance and Appeals Coordinator assists Providers by facilitating the timely resolution of Grievances and Appeals, regardless of entry point. This approach improves the consistency in Provider experience, establishes Providers' trust with Anthem and the Kentucky Medicaid managed care program, and results in Member satisfaction so the Provider can focus on delivering high-quality, person-centered care instead of managing administrative concerns.

In Figure C.17.g-1 we outline our approach to a timely acknowledgment and resolution of Provider Grievances.

Figure C.17.g-1. Acknowledging and Resolving Provider Grievances



Anthem thoroughly investigates each Provider Grievance using applicable statutory, regulatory, and Contract provision criteria. We collect all pertinent facts from all parties, following our written policies and procedures. We assure that our employees who make Grievance decisions were not involved in any previous review or decision-making related to the Grievance. We also make sure that health care professionals with appropriate clinical expertise make decisions on Grievances that involve clinical issues. After we complete the investigation and final resolution of each Grievance, we mail all decisions to Providers. Our written notice to Providers includes the following information about the Grievance:

- Information considered in our investigation
- Findings and conclusions based on the investigation
- The resolution

We document the date filed, type of issue, identification, and contact of the individual filing or recording the Grievance, disposition of the Grievance or Appeal, if corrective action is required, and the date of resolution in our system. We use system data to manage our processes, monitor Provider satisfaction, and create regular Grievance reports for our Anthem leadership team and the Commonwealth.

Filing and Resolving Appeals

Anthem provides an enhanced Provider Appeals process including those related to:

- Health care services
- Claims for reimbursement
- Provider payments
- Contractual issues

In 2019, we made significant commitments to our Provider Appeals, such as staffing, and improved our processes for efficiency. As a result, we cut down our monthly average turn-around time by seven days from January to May.

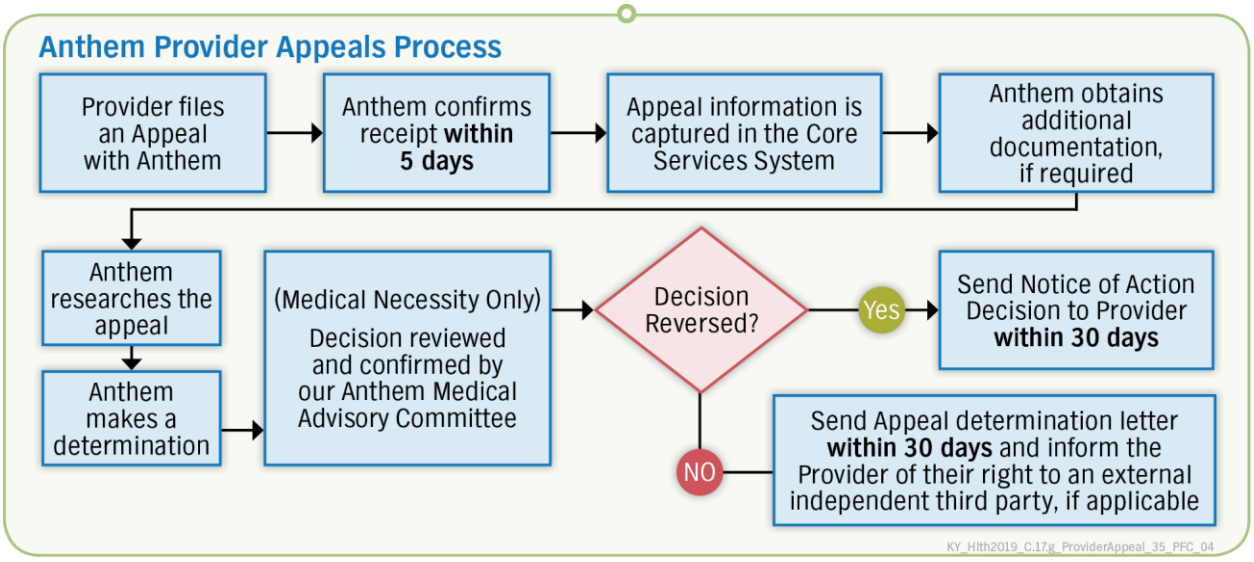
KY_Hlth2019_C.17g_Turnaround_35_COB_02

Anthem's experience with Provider Appeals processes informs our efforts to expedite the administrative claims Appeals processes and allow medical necessity Appeals to undergo an appropriate, thorough clinical review. In addition, our claims Appeals have an average turnaround time of 16 days in 2019.

In Figure C.17.g-2 we outline our approach to a timely acknowledgment and resolution of Provider Appeals.

As with Provider Grievances, we notify the Provider that we received their Appeal within five days. Our Provider Grievance and Appeals Coordinators receive requests through our Core Services System. They can create and open a case through our Core Services System Provider Appeals Service Form. If the Appeal is regarding payer allowance, pricing, incorrect payment, or coding rules, our Provider Grievance and Appeals Coordinator determines if all information necessary to make a decision is available and documents all background or supporting information in the workflow tracking system. If needed, we may request additional documentation or medical records, as applicable, to conduct a thorough review and make an accurate determination. If we do not receive the requested information in accordance with the requirements specified by the Provider Grievance and Appeals Coordinator at the time of the request, including the requested timeframe, we make the decision based on the information on hand.

Figure C.17.g-2. Acknowledging and Resolving Provider Appeals



In accordance with the Contract, a subgroup of the Anthem Medical Advisory Committee reviews Appeal determinations, once determined, to confirm or reverse them if necessary. The committee consists of at least three qualified individuals who were not involved in the original

decision, action, or inaction giving rise to the Appeal. We conduct each internal review and communicate results in a Notice of Action letter to the Provider within 30 calendar days of receipt of the Appeal. Providers may also check the status of Appeals in the ICR at any time.

Resolving Provider Administrative and Claims Appeals

Anthem routes Appeals related to authorization and claims decisions and unrelated to medical necessity to our Provider Grievance and Appeals Coordinators to coordinate the review and research the status of the authorization or claim and obtain any required additional information. If the decision is to uphold a denial, we send the Provider a Claims Appeal Determination Letter which includes:

- A statement of the Provider's Appeal
- The reviewer's decision, along with a detailed explanation of the basis for the decision
- A description of the evidence or documentation that supports the decision
- A description of the process to Appeal a final decision by an external independent third party to the Cabinet for Health and Family Services Division of Administrative Hearings for a hearing in accordance with applicable Kentucky laws and regulation

Appeals concerning application of coding or bundling rules may include a review by a certified professional coder. If necessary, the issues may receive review from our Medical Director to assist with appropriate coding and fee allowance. If the Appeal is approved, we initiate a request to have the necessary claims adjusted, and the explanation of payment serves as notification of the approval. Anthem adjusts claims within 15 days of an approval decision. If we deny the Appeal, then we send a denial letter to the Provider.

Resolving Provider Medical Necessity Appeals

We apply the following criteria to determine if a service, procedure, or supply is medically necessary:

- The service, procedure, or supply must be provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease
- It must be necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease, or its symptoms
- It must be within generally accepted standards of medical care in the community
- It must not be solely for the convenience of the Member, Member's family, or the Provider

If the decision is in favor of the Provider, we initiate appropriate action to address the resolution, such as reversing an authorization or claims denial with an approval.

If our Provider Grievance and Appeals Coordinator cannot approve the Appeal based on issues related to non-certifications or medical necessity, the case is assigned to a Medical Director to make a determination. Our Provider Grievance and Appeals Coordinator or Management may sign off denials determined to be contractual issues — for example, no authorization for inpatient admission. Our Provider Grievance and Appeals Coordinator may make administrative approvals for medical necessity cases. If a medical necessity Appeal is denied, a denial letter is sent to the Provider. If the denial results in Member liability, a copy is sent to the Member. A copy of all denial letters are electronically attached to the case in our Health Intech platform.

Out-of-Network Provider Appeals

An out-of-network (OON) Provider may file an Appeal related to determination not to contract with or credential for an objective quality reason, an OON payment arrangement, a finding of

waste or abuse by Anthem, or an overpayment attempt. We handle OON Provider Appeals in accordance with Provider administrative Appeals outlined earlier.

ii. Tracking Reasons for Grievances and Appeals to Identify Trends

ii. Process for tracking reasons for grievances and appeals to identify trends, and how the Vendor will use this information to improve internal operations, Provider relations, and Provider satisfaction.

Improving Operations, Provider Relations, and Provider Satisfaction by Tracking and Trending Grievances and Appeals

Anthem has long-standing experience self-auditing Grievance and Appeals processes for our insurance products to inform and improve operations. We will continue to conduct routine self-audits of our Grievance and Appeals processes. Anthem executes trend analyses of Grievance and Appeals data to identify root causes of inappropriate services and care, denials, underpayments, and more. Once we identify the root cause, we review all correlated information to identify issues that span multiple Providers and Provider types and gather additional data. The result of the analyses initiates process improvement activities and system enhancements. In the past, Anthem has conducted root causes and mitigated them for the following: claims processing configurations that affected automated processing, external clearinghouse data issues, manual processing errors, unclear standard operating procedures, or Provider training needs.

We categorize, track, trend, and aggregate all Provider dispute data, including type of issue and other details such as resolution status and time frames for completing process steps. We process and review the Provider Grievances and Provider Appeals reports for quarterly submission to the Commonwealth and to our Quality Improvement Committee.

Our QIC reviews data related to Provider dispute volumes by topic, Region, outcome, and timeliness of resolutions. After reviewing data, the QIC identifies action plans to address areas of concern and improve the Provider experience through process and system improvements. For example, if a Provider receives three or more Grievances initiated by a Member per quarter, this is grounds for corrective action. Similarly, if we receive a high volume of a particular type of Appeal, we can examine internal systems and policies to remove barriers to efficient payment or re-educate Providers about what is required for the claim to process. The QIC reports the cumulative results of Provider dispute data and improvement actions through our annual evaluation.

We also review trends in Provider Grievances and Appeals to identify and address system-wide issues. For example, we use feedback from Providers to support our efforts to reduce Provider administrative burden. Grievances and Appeals related to prior authorizations are evaluated in conjunction with our Utilization Management return on investment (ROI) Hierarchy Model, a tool we designed to help manage our Prior Authorization list and assure we are requiring a review on the correct services by continuously tracking whether the PA burden we are placing on Providers is appropriate. If we receive Provider Grievances or appeals related to burdensome PA requirements, we also use this tool to determine if the service(s) are not showing many denials and Providers seem to be managing medical necessity appropriately. We will consider removing those codes from our Prior Authorization list when appropriate, thereby reducing Provider administrative burden.

iii. Ensuring Transparency to DMS for Grievances and Appeals

iii. Process for ensuring transparency to DMS of grievance and appeal types, resolutions, and any Vendor actions to decrease such grievances or appeals in the future.

Anthem commits to transparent communication with DMS — which includes compliance with our regulatory DMS reports 41 and 42 — regarding types of Grievances and Appeals, resolutions, and actions to decrease future Grievances or Appeals. We are also available to collaborate with DMS to identify potential health policy changes that may improve processes based on review and analysis of Provider Grievance and Appeal trends.

Using Transparent Communication with DMS for Grievance and Appeals Types and Resolutions

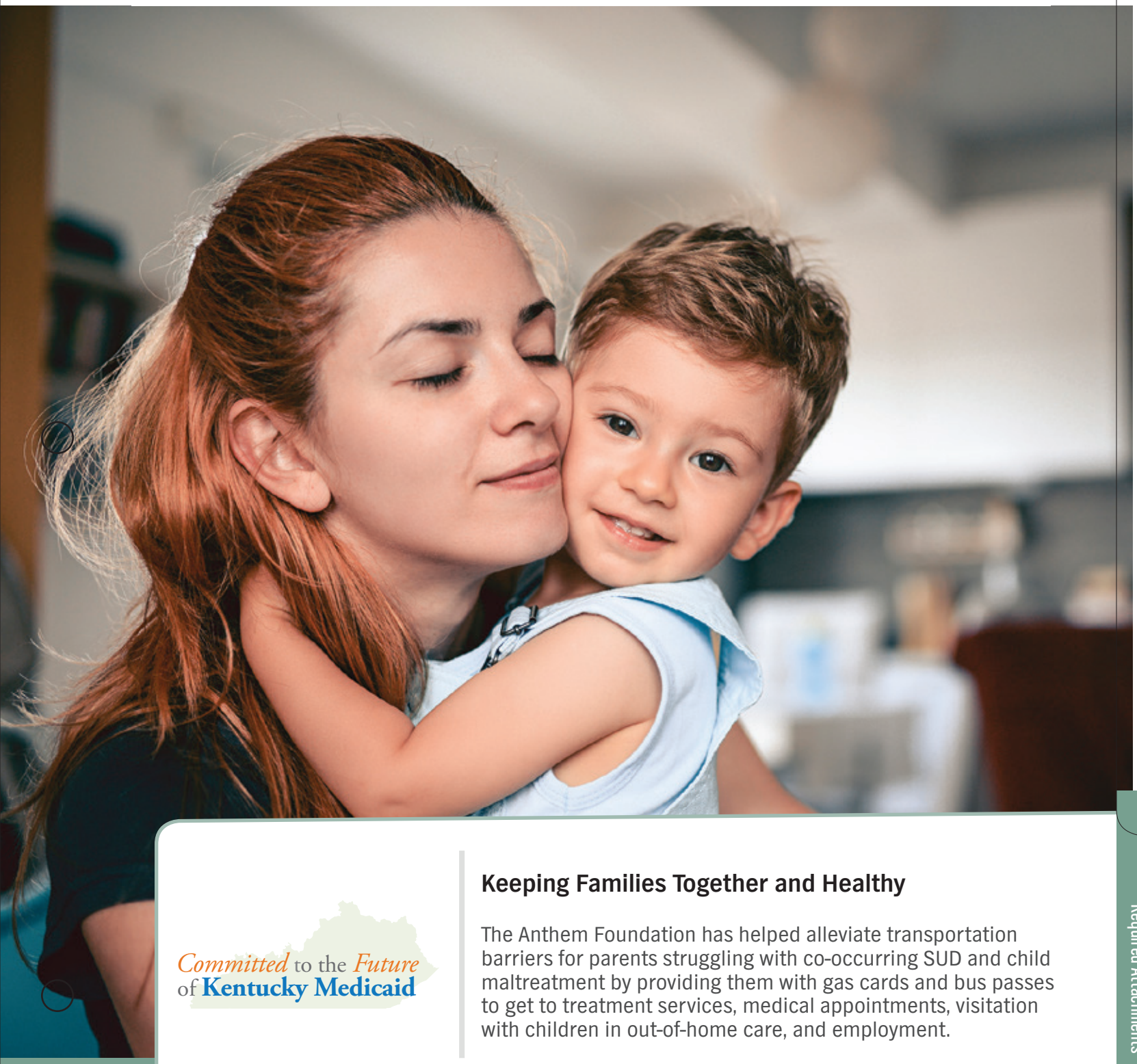
Anthem submits quarterly reports of Provider Grievances and Appeals and their disposition as described in Draft Contract Section 27.10. These reports include the number and types of informal and formal Grievances and Appeals received by Providers based on billing, Provider type, or category. We include the following information in each Grievance and Appeal:

- Number and types received
- Disposition — service denials or complaints, payment, quality of care, status, and final outcomes
- Number resolved by type of resolution — upheld or overturned
- The type of service and dollar amount for all overturned denials
- Average turnaround times for resolution by type based on monthly totals

In accordance with KRS 205.534, we include information by Provider category, as prescribed by DMS, and — at a minimum — include inpatient acute care hospital services, inpatient psychiatric hospital services, outpatient hospital services, residential BH Services, and outpatient BH Services. We understand that DMS or its contracted agent may conduct reviews or on-site visits to follow up on patterns of repeated Grievances or Appeals. We immediately refer any patterns of suspected fraud or abuse identified through the data to our Anthem's Payment Integrity Unit. We report Grievance and Appeal types, resolutions, and actions deemed critical to Member safety, or beneficial to improve the Kentucky Medicaid managed care program to DMS immediately.

Anthem Medicaid

C.17. Provider Services Required Attachments



Committed to the *Future* of **Kentucky Medicaid**

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

Anthem Medicaid

Attachment C.17.f-1. Proposed Credentialing Policies and Procedures, and Procedures for Coordination with the CVO(s)

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

Attachment C.17.f-1. Proposed Credentialing Policies and Procedures and Procedures for Coordination with the CVO(s)

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.17.f-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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Anthem Medicaid

18. Provider Network

Committed to the *Future* of **Kentucky Medicaid**

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

C.18. Provider Network

C.18.a. Developing and Maintaining a Comprehensive Provider Network

a. Provide the Vendor's proposed Provider Network development strategy to ensure a comprehensive statewide network across all provider types. The Vendor's strategy must describe the following:

i. Innovative approaches to recruit providers and to develop and maintain the Vendor's provider network quality care, including:

1. Strategies to recruit providers in traditionally underserved as well as non-urban areas, by health need, and to overcome expected accessibility challenges.
2. Strategies and methods to address workforce shortages and network gaps, included proposed initiatives to collaborate with the Department and other contracted MCOs to develop innovative solutions to meet the healthcare needs of Enrollees.
3. Strategies for contracting with providers in bordering states to help address network adequacy challenges, including lessons learned and successes or challenges with this approach.

ii. Approach to providing out-of-network care when timely access to a Network Provider is not possible, including the Vendor's approach to supporting Enrollees in accessing such care.

iii. Approach to ensure Network Providers are physically accessible and have accommodations for Enrollees with physical or mental disabilities.

iv. Approach to ensure a comprehensive network to address the needs of all Enrollees, including the provision of services in a culturally sensitive and linguistically appropriate manner.

v. Strategies the Vendor will implement to ensure the network adequacy and access standards are met if actual Enrollment exceeds projected Enrollment.

Anthem has a well-established, comprehensive, statewide Medicaid Network of more than 28,000 unique Providers at over 8,500 locations, serving more than 132,000 Kentucky Medicaid Enrollees (Members) across more than 44,000 square miles, significantly exceeding Network adequacy standards. Our Network philosophy is to offer superior access to high-quality Providers throughout the entire Commonwealth. We go above and beyond the basic Network adequacy standards by collaborating with Providers to enhance access through open panels and extended office hours and increased quality through our value-based programs, with an overall positive impact on the Member experience.

Jennifer Ecleberry, our Provider Network Director works with her team to develop and maintain a comprehensive Provider Network by engaging in annual and quarterly strategic planning sessions. These sessions begin by understanding the Medicaid Strategic and Operations plan. The sessions include a review the feedback from Members, other Providers, and our own experience. Anthem compares our Network with those of our competitors and the total Medicaid Provider database to determine potential recruitment efforts.

Anthem has the ability to profile our Provider Network based on quality, access, and efficiency. We review Providers that are on our existing value-based payment (VBP) models and identify additional groups to target for these negotiations. Contracts needing renegotiation are reviewed and prioritized to help assure that contractual agreements remain in place to serve our Members.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Retention of the Provider Network is a primary concern, so the team reviews upcoming contract negotiations and works to identify ways to encourage VBP arrangements. Anthem's Provider portal also helps Providers to interact with the health plan and even provides access to their Members' health history, pharmacy history, and claims history to inform their Anthem Members' care needs.

To service our Provider Network, Anthem has a team of 15 field-based staff to address concerns and help resolve claims payment issues, supported by a full team of 45 Provider Services employees. In 2020, Anthem is adding new resources — three ***Patient Centered Care Consultants*** and an ***Integrated Physical and Behavioral Health Consultant*** — that will help Providers fully understand the tools and reimbursement solutions available to them through the use of our various quality-based incentive programs. Anthem will continue to comply with and exceed the Provider Network requirements as described in Section 27.0 Provider Services and 28.0 Provider Network of the Draft Contract.

Our network includes but is not limited to the Provider categories listed in Figure C.18.a-1. As illustrated, Anthem exceeds the Commonwealth's Network access standards with one of the most comprehensive Network in the Commonwealth. [1]

Figure C.18.a-1. Access and Availability to Key Provider Types

Access and Availability to Key Provider Types

Provider Category	Accessibility Standard(s)	Unique Count of Providers	Percent of Members with Access	Average Distance to One Provider
General Hospital	1 Provider within 30 Miles	110	100%	7.1 Miles
Primary Care		5,053	100%	2.7 Miles
Allergy	1 Provider within 30 Miles (Urban Members) or 1 Provider within 50 Miles (Rural Members)	77	99%	12 Miles
Cardiology		500	100%	5.8 Miles
Dental Services		1,667	100%	3.8 Miles
General Surgery		408	100%	6 Miles
Hematology/Oncology		332	100%	8.1 Miles
Neurology		335	100%	8.4 Miles
Obstetrics		723	100%	5.7 Miles
Orthopedics		414	100%	7.5 Miles
Otolaryngology		138	100%	8.3 Miles
Psychiatry		447	100%	4.9 Miles
Urology		183	100%	8.2 Miles
Vision Services		1,372	100%	4.1 Miles

KY_Hlth2020_C.17_ Accessibility_COB_05

[1] Anthem currently meets 100% of the Commonwealth's Network adequacy standards for all major Provider types, including hospital, primary care, and all specialty care, with one exception, as there are no allergists available in a small portion of Region 7.

Additionally, ***96% of Anthem's Primary Care Providers (PCPs) are open to new Members in Medicaid. Forty-five percent of our membership is aligned to Providers that are on a VBP arrangement***. Anthem has a goal of increasing that percentage to 55% by the end of 2021.

i. Using Innovative Approaches to Assure Quality Care from Providers

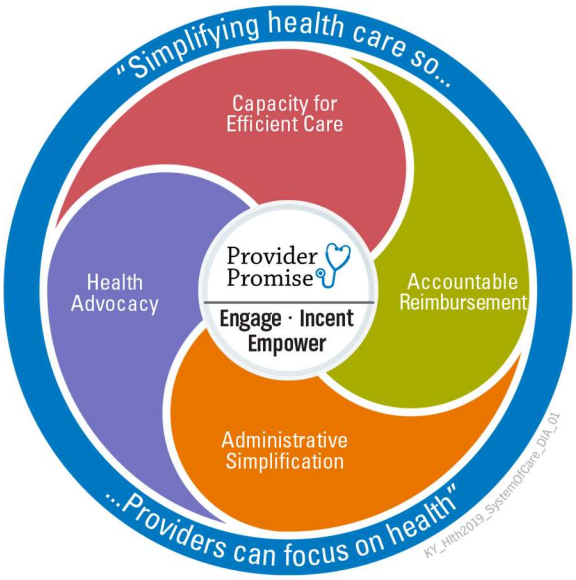
i. Innovative approaches to recruit Providers and to develop and maintain the Vendor's Provider network to ensure network adequacy standards and highest quality care, including:

Anthem and its local affiliate have built the most effective, high-quality Network of Providers in the Commonwealth over the past 81 years by establishing strong relationships with Kentucky Providers. We are proud of our Network strength, but continue to be committed to growing our Network and understand the importance of continuous Provider recruitment to meet the needs of our Members in Medicaid. *Anthem provides our Members with timely access to an extensive, statewide Network of culturally competent primary and specialty care service Providers,* ***comprised of more than 5,000 unique PCPs, as well as 110 hospitals, more than 19,000 unique specialists including Behavioral Health professionals and ancillary Providers, more than 1,660 dental Providers and more than 1,300 vision Providers. In 2018, we added more than 1,400 credentialed Providers to our Kentucky Network, and in 2019, we added more than 1,300 credentialed Providers.***

Innovative Approaches to Assure High-quality Care

Our ***Network development strategy, which includes much more than recruiting Providers, complements the Department for Medicaid Services' (DMS') goals for Member access to high-value care, innovation, a culture of continuous quality improvement, and service excellence*** by making sure Members are cared for by high-performing, engaged Providers that collaborate with us on a consistent and ongoing basis. We are committed to deploying an ongoing effort of support and collaboration through our ***Provider Promise: to deliver a best-in-class experience by simplifying health care so our Providers can focus on Member health***. We bring this commitment to life through the distinct pillars, outlined in Figure C.18.a-2, that align our suite of Provider programs and solutions:

Figure C.18.a-2. Our Promise to Providers



- **Capacity for Efficient Care.** Compiling an appropriate mix of high-quality Providers and resources, capable of delivering whole-person, culturally sensitive care to our Commonwealth neighbors as demonstrated by our Network adequacy statistics and online Provider Directory resource.
- **Accountable Reimbursement.** Serving as responsible financial stewards for Kentucky by contracting at appropriate reimbursement levels; incenting outcomes; preventing fraud, waste, and abuse through concentrated efforts; and conducting ongoing Provider oversight. Quality

and access to care is encouraged through a variety of quality-based incentive programs and will be addresses in later paragraphs of this section.

- **Administrative Simplification.** Improving Provider efficiency through administrative simplification, standardized processes, and technical supports that reduce administrative burdens through enhanced online portal functionality, such as claims disputes and medical record submission.
- **Health Advocacy.** Connecting Members with the highest performing and most appropriate Providers equipped with the resources needed to deliver integrated care that addresses Kentucky's most critical health challenges (for example, opioid addiction, diabetes, social determinants of health [SDOH], etc.) in partnership with DMS and other MCOs.

Throughout the Network development process, we enhance access and deploy innovative approaches to increase availability to high-quality care with the following:

- **Innovative Recruitment.** Proactively adding new Network Providers to enhance Member access and increase Provider ability to refer their Members to specialists.
- **Disciplined Network Monitoring.** Through quarterly Geographic Access reports, we continually monitor our Network access and availability to assure Member access and identify opportunities for enhancement.
- **Expedited Contracting and Credentialing.** Expeditiously contracting and credentialing Providers to make sure Members have prompt access to the highest quality Providers, and entering into single-case agreements (SCAs) ahead of Contract execution to assure immediate Member access.
- **Workforce Development.** Investing in the future of Kentucky Providers through scholarships to bring more Providers to Kentucky's areas most in need of practitioners.
- **Encouraging Use of Telehealth.** Empowering Kentucky Providers to leverage technology to expand access.
- **VBP Programs.** Incenting Providers to deliver high-quality, evidence-based care through enhanced reimbursement.

Details of each of these approaches are profiled in the following paragraphs.

Innovative Recruitment

Anthem proactively adds new Network Providers to enhance Member access and increase Provider ability to refer their Members to specialists. We continually evaluate the efficacy, capacity, and geographic placement of our Providers and seek to maximize Member interaction with Providers who consistently deliver care at a level higher than the industry standard. When we identify, through our Network monitoring process, a need for a specific Provider type or an opportunity for Network enhancement, our Network Relations Consultants research available Providers in the Regions we are seeking to contract that are not yet in the Anthem Network through various resources, such as web-based research, soliciting recommendations from trusted Anthem Providers, or the National Plan and Provider Enumeration System (NPPES) database. Once they have identified a potential Provider for contracting, our employee reaches out to the Provider to introduce them to Anthem and solicit their participation in our Network. During their outreach, the ***Network Relations Consultant offers assistance with enrollment with DMS for those not already certified to deliver Medicaid services in Kentucky*** and also helps the Provider complete all materials required to join Anthem's Network.

Monitoring Network Adequacy

We use Network Adequacy Software (GeoAccess and/or Quest Analytics) to monitor our Network development progress, identify gaps quarterly, and address those gaps by recruiting Providers not participating with Kentucky Medicaid and actively assisting with DMS enrollment and subsequently contracting with Anthem.

Provider Solutions Department

Our Provider Solutions department is organized into designated Network Development and Provider Services teams to maximize their effectiveness monitoring and expanding access, and supporting Network Providers. Our Network Development team is responsible for:

- Identifying Network gaps to maximize Member access
- Deploying strategies to increase Provider capacity to meet the needs of Members where gaps have been identified
- Monitoring the Network to assure compliance with Contract requirements
- Recruiting and retaining Providers, and monitoring their success of meeting goals for quality and access
- Seeing that the Network meets the multilingual, multicultural, and disability needs of our Members

Anthem is the most responsive Managed Care Organization (MCO) in Kentucky as far as Providers are concerned. The team is knowledgeable and helpful. They value the participants on their plans as well as the Providers providing the services. We highly recommend Anthem continue as a Kentucky MCO.
— **Brett Blevins,** Owner/Chief Executive Officer
Bluegrass Behavioral Health Group
KY_Hlth2019_C.17_Brett_55_TST_01

Our designated Provider Relations team lives and works in their local communities and builds trusting and collaborative relationships with Providers through a "boots on the ground" approach. They monitor the Network, as well as key access measures, and educate and service Providers using an enhanced, one-to-one methodology. Network Relations Consultants are located across the Commonwealth and readily available to assigned Providers as shown in Figure C.18.a-3 and Figure C.18.a-4.

Figure C.18.a-3. Comprehensive Provider Coverage

Figure C.18.a-4. BH Network Relations Consultants Covering Kentucky

Expedited Contracting and Credentialing

We expeditiously contract and credential Providers to make sure Members have prompt access to the highest quality Providers. ***In 2019, our average end-to-end timeframe for contracting and credentialing new Providers was 19 days.***

Workforce Development

Anthem is investing in the future of Kentucky's rural and urban Providers through training, funding, and future scholarships to bring more Providers to Kentucky's areas most in need of practitioners. We offer Kentucky Providers custom training through our Anthem Training Academy (Academy), our multi-modal education curriculum that includes initial and ongoing education, customized training, and CMEs/continuing education units (CEUs) that help our Provider partners continue to grow in their field.

In 2019, Anthem distributed a grant of $269,000 to the Kentucky START program through the University of Kentucky Continuing Education department to develop a Medication-Assisted Treatment (MAT) education program specifically for rural Providers. Additionally, Anthem distributed a grant of $157,000 to the Metro Louisville Department of Health, University of Louisville Research department, and Norton Health to educate urban Providers on substance use disorder (SUD) and harm reduction treatment.

Anthem is heavily investing in its innovative Provider Network Workforce Development initiative to fund expanded access to care and to develop the workforce in the Appalachian region of Kentucky to make sure Network adequacy standards are met and the highest quality care is provided. This investment is a continuation of Anthem's commitment to recruiting Providers in traditionally underserved and non-urban areas, specifically Kentucky's Appalachia region; easing the administrative burden on Providers to increase their capacity to deliver care; and accelerating the road to licensure for prospective mental health professionals.

The total investment of $292,000 includes:

- $92,000 to help increase the workforce by funding complete tuition and training costs for three Rural Health Family Nurse Practitioners (MSN) at Eastern Kentucky University, in exchange for a commitment to serve as PCPs in Appalachia for a minimum of five years post-graduation.
- $100,000 to establish a scholarship fund at Hazard Community and Technical College, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides.

- $100,000 to implement Motivo's HIPAA-compliant clinical supervision program to accelerate access to mental health services for approximately 8,000 Kentuckians in the Appalachian regions. Through Motivo, prospective mental health professionals will be able to satisfy their clinical supervision requirement to attain licensure by accessing licensed clinicians virtually who can perform supervisory functions through video monitoring.

We believe that this innovative approach will accelerate growth in the workforce to address the substantial mental health Crisis without burdening existing licensed clinicians in the Commonwealth who are focused on treating patients. Aspiring Providers will no longer be reliant on the existing Kentucky workforce who struggle to balance their patient commitments with assisting new practitioners needing clinical supervision to complete their licensure.

Encouraging Use of Telehealth

We are empowering Kentucky Providers to leverage technology to expand access and introducing new, innovative applications of telehealth technology to improve the health of our Members. Some examples include:

- ***Implementing offerings such as Remote Patient Monitoring (RPM)*** for Provider monitoring of chronic and prevalent conditions to assure comprehensive monitoring, expand rural access, and improve Provider-patient communication.
- ***Deploying direct-to-consumer telehealth*** to provide Members an on-demand option for accessing non-emergent care, resulting in decreased Emergency Room (ER) visits.
- ***Expanding telehealth capabilities*** of existing Medicaid Providers to supplement access deficiencies and address the greatest needs of the residents in the eight Regions. This includes the deployment of a Provider-customizable telehealth platform that allows Providers to establish a white-labeled telehealth presence that is unique to their Members and communities. Our strategy:
  - Improves person-centered care by offering Members with low-acuity urgent care and Behavioral Health (BH) concerns free, on-demand telehealth visits in Regions where access is limited or services are not currently available via smartphone, tablet, or computer
  - Increases access to specialists by enabling PCPs and Members to access distant specialists for on-demand treatment and consultation
  - Increases availability of harm reduction-based opioid treatment by deploying virtual MAT through Bright Heart Health
  - Reimagines specialty consultations by expanding the scope of PCPs through distant learning (Project ECHO®) and eConsults
  - Focuses on workforce development to assure future Network sustainability

Value-based Payment Programs

Our VBP and Provider collaboration models in our Accountable Reimbursement portfolio provide an effective framework to incent health systems and Providers to collaborate and engage with us on effective Population Health Management (PHM) strategies. We design our Provider enablement strategies to train and support Provider organizations in the techniques and tools for managing PHM risks, enabling them to become more willing to assume risk and more effective at producing improved outcomes.

Our aligned VBP programs deliver results for our Kentucky Medicaid population by:

- Decreasing potentially avoidable ER percentage rates
- Improving year-over-year quality measure compliance rates
- Assuring better health outcomes

In 2018, Anthem paid **$558,536** in VBP incentives to Kentucky Providers.
KY_HIth2019_C.9.j_VBP_68_DP_02

Part of our Promise is our commitment to Accountable Reimbursement, our strategy for partnering with physicians, facilities, and non-traditional Providers to accelerate the shift from volume-based care to patient-centered, integrated value-based care that improves quality and health status while also reducing costs. This commitment is illustrated in Figure C.18.a-5.

Figure C.18.a-5. Our Focus on Improving Health

Improving Health Outcomes and Quality with Accountable Reimbursement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness ∘ *Pay for Quality HEDIS (P4Q HEDIS)** ∘ *Foster Care Access Incentive Program (FCAIP)**	**Focus on enhancing quality, efficiency and total cost of care savings** ∘ Provider Quality Incentive Program (PQIP) ∘ PQIP Essentials ∘ Provider Incentives • Toxicology screening in first trimester of pregnancy • Tobacco screening • Colorectal cancer screening • Hemoglobin A1c (HbA1c) testing	**Focus on specialized services and PH/BH integration** ∘ Behavioral Health Quality Incentive Program (BHQIP) ∘ Behavioral Health Facility Incentive Program (BHFIP) ∘ *Integrated Care Quality Incentive Program (ICQIP)** ∘ *Obstetrical Care Quality Incentive Program (OBQIP)** ∘ *Pediatric Residential Treatment Quality Incentive Program (PRTQIP)**	**Focus on social determinants of health and socially necessary services and supports** ∘ Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** ∘ Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) ∘ Trauma-informed Care Blue Ribbon Providers (Blue Ribbon Providers)

* *Indicates proposed programming subject to approval from DMS.*

KY_HIth2020_C.3_FocusAreas_COB_04

1. Recruiting Providers Strategies

1. Strategies to recruit Providers in traditionally underserved as well as non-urban areas, by health need, and to overcome expected accessibility challenges.

Recruiting Providers in Underserved and Non-urban Areas

To support and sustain Providers, including hospitals, our recruitment strategy in traditionally underserved and non-urban areas includes meaningful VBP programs, innovative technology solutions and telehealth programs, and enhanced support for Network Providers and hospitals from Anthem staff. More importantly, we collaborate with stakeholders across the Commonwealth to address the Provider shortages that we collectively face.

Our cross-functional ***Rural Network Workgroup***, comprised of leaders from our Provider Solutions, Quality Management (QM), and Clinical teams, convenes quarterly to develop strategies to address challenges of our rural Members. This workgroup focuses on expanding access to care by:

- Reviewing our Geographic Access reports for Kentucky's rural areas to identify opportunities for Network expansion
- Discuss the challenges of rural Providers and impending workforce shortages
- Identifying emerging health needs of our membership
- Discussing health disparities and barriers to accessing care in rural areas
- Developing strategies and action plans to enhance access

Examples of solutions developed and implemented by our workgroup to recruit critical specialties needed to address Kentucky's health challenges include:

- Offering enhanced reimbursement levels to recruit new dermatologists, orthopedic surgeons, and pediatric dentists
- Expanding dental access in Eastern and Western Kentucky by deploying the Kare Mobile Unit to areas where access to care is sparse in collaboration with our Dental Vendor
- Developing an enhanced care management program for pregnant women with SUD with 180 Health Partners

In 2020, we will invest $92,000 to fund tuition and training costs for three Rural Health Family Nurse Practitioners (MSN) at Eastern Kentucky University in exchange for their commitment to serve as PCPs in Appalachia for a minimum of five years post-graduation.

Anthem to Invest in Provider Workforce Development

In 2020, Anthem is making an **investment of $292,000** to support Provider Workforce Development. This includes:

- **$92,000** to fund tuition and training costs for three Rural Health Family Nurse Practitioners at Eastern Kentucky University, in exchange for a commitment to serve as PCPs in Appalachia for minimum of five years post-graduation
- **$100,000** to establish a scholarship fund, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College
- **$100,000** to implement Motivo's HIPAA-complaint clinical supervision program to accelerate access to mental health services for approximately **8,000 Kentuckians** in the Appalachian regions

KY_Hlth2020_B.3_Invest_COB_02

Expanding Our Network

We are committed to having the most robust, high-quality Network in the Commonwealth to meet the health care needs of our Members and are not satisfied with just an adequate Network. We know that our Members' needs are evolving, and we will continue to expand and grow our Medicaid Network to meet those needs. To deliver on this commitment, ***we seek to contract with all qualified Providers in Kentucky's underserved and non-urban areas***. Figure C.18.a-6 illustrates the number of unique Provider access points within our current Network, by region.

Figure C.18.a-6. Thousands of Access Points in Every Region

Unique Access Points by Region

Region	Provider Access Points
Out-of-State	7,417
Region 1	2,781
Region 2	3,767
Region 3	9,883
Region 4	5,258
Region 5	8,561
Region 6	2,683
Region 7	3,064
Region 8	5,232

KY_Hlth2020_TotalProv_COB_03

Recruiting Beyond Kentucky to Assure Access to Care

As an established MCO, we are also contracted with Providers in bordering states that enhance access to our Members in these Regions and assure timely access to care. We are contracted with more than 7,000 Providers in

Illinois, Indiana, Missouri, Ohio, Tennessee, Virginia, and West Virginia. Recruitment is facilitated by the strength of our affiliates in neighboring states. Our affiliates in Indiana, Tennessee, Virginia, and West Virginia support our recruitment efforts with Providers who are in their Networks.

Further, we have identified Member access to SDOH as a challenge. To address this, we encourage improving Provider-patient relationships and promote awareness of SDOH needs that impact physical health (PH). We do this by sharing our strategies with new Providers which inform them about supports for Members' needs, such as telehealth on-demand for Providers and Members, transportation assistance to prevent missed appointments, and our integrated care management philosophy, which involves identifying SDOH in addition to PH and BH needs. Our focus on improving Provider engagement to address Members' SDOH needs encourages improved Provider engagement and involvement in care needs.

Implementing Value-based Payment Strategies

VBP Providers and hospitals receive dedicated resources, as well as financial payments, to help them sustain their practices and facilities, concurrently incenting higher levels of quality care and improved health outcomes. Currently, 45% of all spend is attributed to Category 3 VBP Providers. Our VBP portfolio aligns our proven program support, built from Anthem's national experience executing our VBP strategy that meets Providers where they are on the performance improvement continuum. We offer a continuum of programs that increases the level of rewards for Providers who have the organizational and technical capabilities to assume greater responsibility and risk for managing and improving overall population health outcomes and costs of care. We recognize that some Providers may not be ready or technically capable of assuming downside risk, so for those Providers, we will focus on rewarding continued performance improvement and accountability to make sure they deliver a standard of care consistent with our vision. That said, our broader Provider strategy facilitates Provider progress along the Alternative Payment Model continuum as they evolve throughout their relationship with Anthem. Our programs are designed to address the unique needs of our Members in Medicaid. For example, we will require VBP Providers to screen Members for SDOH needs as a requirement for program participation. Our custom portfolio of Medicaid-focused programs assures proactive integrated, coordinated, and personalized care is delivered by Commonwealth PCPs, BH professionals and facilities, OB/GYNs, and other specialists.

As an experienced Medicaid MCO, we know based on feedback from our Network Providers that smaller, rural Providers are interested in participating in VBP programs. We believe that in order to achieve DMS' goals for whole-person, high-quality care, Providers of all sizes must participate in the evolution to a health care system based on value and accountability. To address this need, we are introducing our Provider Incentive Program — our Pay-for-Quality HEDIS® program — and creating the support model with our new Patient Centered Care Consultants to facilitate rural Provider progress along the VBP continuum toward advanced models such as our Physician Quality Incentive Program and our Integrated Physical and Behavioral Health Quality Incentive Programs.

Encouraging and Continually Expanding Telehealth Capabilities

There are some areas of Kentucky that continue to have access challenges to health care. For this reason, Anthem is actively seeking ways to get telehealth series and LiveHealth Online introduced

into the Commonwealth. In addition to offering meaningful programs that sustain Providers and concurrently assure superior performance and health outcomes, we empower Providers in rural and underserved areas to deliver care through our innovative telehealth strategy. Our strategy enables Providers to deliver integrated care to their Members and alleviate administrative burden by leveraging technology as described in Figure C.18.a-7. Our comprehensive, Provider-focused telehealth strategy goes beyond traditional telehealth and further empowers Providers in rural and underserved areas by supplementing preventive care access in their areas through mobile health.

Figure C.18.a-7. Members and Network Providers Have Access to Various Telehealth and Telemedicine Resources

MEMBER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
PHYSICAL HEALTH			
LiveHealth Online	General Physical Health/ Preventable ER Visit(s)	Adult Pediatrics	Consumer On Demand
TytoCare	General Physical Health/ Preventable ER Visit(s)	Adult Pediatrics	Schools
Care Innovations	Remote health monitoring for chronic conditions	Adult	Home
BEHAVIORAL HEALTH			
Bright Heart Health	Medication Assisted Treatment/ Addiction Services	Adult	Provider Offices
LiveHealth Online – Psychology & Psychiatry	Low Acuity Behavioral Health	Adult Pediatrics	Consumer on Demand
FasPsych	High Acuity Behavioral Health	Adult Pediatrics	Consumer on Demand

PROVIDER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
ConferMED	Provider to Provider Consult	Adult Pediatrics	Provider Offices
FasPsych	Psychiatric Consultation	Adult Pediatrics	Emergency Room
Project ECHO	Provider Enablement	Adult	Provider Offices
Practice Edition	Provider owned/managed telemedicine solutions	Adult Pediatrics	Provider Offices

KY_Hlth2020_TelemedicineTable_COB_01

2. Addressing Workforce Shortages and Network Gaps

2. Strategies and methods to address workforce shortages and network gaps, included proposed initiatives to collaborate with DMS and other contracted MCOs to develop innovative solutions to meet the healthcare needs of Enrollees.

Throughout the Commonwealth, there is a shortage of qualified PCPs and mental health Providers to serve the needs of the Kentucky population, with 19 counties designated geographic Health Professional Shortage Area (HPSAs) for primary care and eight counties designated geographic HPSAs for mental health across the Commonwealth. Our organization has been a leader in Kentucky for more than 81 years and understands the importance in delivering unparalleled access to Providers. We deploy innovations to address challenges that Kentuckians face and are committed to addressing workforce shortages.

Workforce Development

Anthem is investing in the future of Kentucky Providers through scholarships to bring more Providers to Kentucky's areas most in need of practitioners. We recognize the need to increase the number of critical practitioners in Kentucky, particularly in rural areas. According to the Creating a Culture of Health in Appalachia's Health Disparities and Bright Spots report, the supply of PCPs per 100,000 population in the Appalachian region is 12% lower than the national average, and the PCPs available in the Appalachian region's rural counties is 20% lower than the supply in the Region's large metro counties. [2] With an anticipated membership of 35,000 Members in Medicaid in Region 8 and sections of Regions 4, 5, and 7, we believe it is critical to expand the supply of medical professionals in this region.

Anthem is providing targeted investments to address health care workforce shortages across the Commonwealth. We will:

- Invest $92,000 to fund tuition and training costs for three Rural Health Family Nurse Practitioners (MSN) at Eastern Kentucky University in exchange for their commitment to serve as PCPs in Appalachia for a minimum of five years post-graduation.
- Fund $100,000 to establish a scholarship fund at Hazard Community and Technical College that could include tuition assistance or loan forgiveness for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides.
- Grow the mental health workforce by investing $100,000 to implement Motivo's HIPAA-compliant clinical supervision program, offering prospective Psychologists, Clinical Social Workers, Professional Counselors, Marriage and Family Therapists, and Certified Addictions Counselors an efficient, accessible, online solution to fulfill their clinical supervision requirements and bring additional mental health professionals quickly to Kentucky.

Workforce Investment

Anthem is **investing $292,000** in targeted strategies to bring more health care Providers to the Commonwealth.

KY_Hlth2020_WorkforceInv_COB_01

We bring forward additional strategies to address Provider shortages and assure access to Covered Services, including:

[2] https://www.arc.gov/assets/research_reports/Health_Disparities_in_Appalachia_Health_Care_Systems_Domain.pdf

levels for all Provider types to assure equitable rates and to encourage increased Medicaid participation
- Using Physician Extenders (advanced practice nurse practitioner or physician assistants) for services
- Funding innovation and technology, including RPM and telemedicine, to expand Provider capabilities and offer a platform to develop white-labeled telemedicine programs, as well as reimbursing Providers delivering services to their attributed membership via telemedicine at the same rate they receive for in-office visits:
  - Working with Network Providers, such as Norton Healthcare, on innovative pilots to expand accessibility to their practices through telemedicine enablement and unique site of service options (extended hours to deter ER visits and school-based access for pediatrics)
- Facilitating Member transportation to available Providers, as needed
- Partnering with local organizations and universities to assure the needs of Kentuckians are met with qualified and dedicated Providers who will remain in Kentucky:
  - **Kentucky START program.** Grant of $296,000 to University of Kentucky Continuing Education department to develop MAT program for rural Providers
  - **The HARM Reduction Program.** Grant of $157,000 to the Metro Louisville Department of Health, University of Louisville Research department, and Norton Healthcare to train Providers on SUD and harm reduction options in urban areas
  - **A mobile dentistry program.** In collaboration with our Dental Vendor, we are expanding dental access in Eastern and Western Kentucky by deploying the KARE Mobile Unit to areas where access to care is sparse
  - Dedicating more than $1.3 million in 2020 in local grants to help reduce Health Disparities
  - Collaborating with Kentucky Board of Emergency Medical Services to pilot Community Paramedicine to increase access to care and address health disparities in Lexington, Mount Sterling, Bowling Green, Murray, Oldham, and Ashland
- Deploying Medicaid-specific VBP programs for specialized Providers and services to support greater access to quality care

Educating Providers

We also deliver focused Provider education through our Anthem Training Academy about emerging topics developed by our Health Promotions team. We will ***collaborate with DMS to identify physician extenders and community health workers*** to provide basic and preventive services and find ways to get them approved as Medicaid Provider/Provider types. An example of this are the diabetes educators that are currently not a reimbursed service, yet are a vital part of preventing diabetes and educating people who are diabetic on how to manage their disease. Examples of training that will be provided includes:
- Dangers of Vaping
- Neonatal Abstinence Syndrome
- Shine a light on Depression
- Diabetes and many other chronic disease topics

In 2020 Anthem is adding new services to our Provider community including a Provider concierge level service, and a team of Public Health Consultants geographically located across the Commonwealth. These resources can be an extension of the Provider's offices and help to address some of the health literacy and basic health education access concerns in the market today.

Minimizing Closed Panels

Anthem historically maintains a high percentage of PCP locations with open panels. This can be attributed to our strong partnerships. Our Provider Relations team is the hub for Provider support, communication, and problem-solving. Every member of our team lives in the communities we serve in Kentucky. We are the local touch point in the Provider's backyard, and we bring consistent leadership and continuity to Kentucky's Medicaid Provider community. ***Currently >96% of our Network PCPs have open panels.***

Our Network Relations Consultants review panel status reports on an ongoing basis and our Network Strategy workgroup reviews reports twice, monthly. Should we identify a need for additional PCPs with open panels, we develop a detailed action plan — including staffing, responsibilities, resources, and a timeline to mitigate the situation. Some of our strategies include:

- Working with existing Providers with closed panels to meet requirements for re-opening their panels, or asking them to accept the Member on an exception basis
- Collaborating with Providers to open new practice sites and use physician extenders and Community Health Workers
- Leveraging relationships with Independent Practice Associations (IPAs) and other Provider organizations to recruit additional physicians
- Referring Members to Out-of-Network (OON) Providers through single-case agreements if care is unavailable within a reasonable distance to the Member
- Facilitating transportation services as needed

In addition, our value-based model contracting language also promotes increased access to primary and preventive care and wellness through a variety of program measures and participation criteria that include appointment availability, after-hours access, and open panels.

Anthem remains one of the KHC's strongest and most aligned partners, and we truly value you.
— **Randa Deaton,** Corporate Director, UAW/Ford Community Healthcare Initiative Executive Co-Director, Kentuckiana Health Collaborative
KY_Hlth2020_Randa_TST_01

Collaborating with MCOs and DMS

Anthem will take the lead to convene a collaborative of Kentucky stakeholders, including MCOs, Providers and health system leadership, DMS leaders, and community members to focus on the current and projected Provider shortages in Kentucky. We are steeped in experience collaborating with other MCOs to improve the state of health in the Commonwealth, as evidenced in our participation in the Kentuckiana Health Collaborative and our upcoming participation in the following 10 workgroups for the Kentucky Telehealth Program:

- School-based Physical and Behavioral Health
- Privacy and Compliance
- Research and Funding Opportunities
- Policy Development/Coverage and Reimbursement
- Local Health Departments
- Telco/Technology/Security
- Workforce Education/Outreach
- Adult Behavioral Health/SUD Treatment
- Metrics/Health Care Data Analysis/Reporting
- Disaster Preparedness

Together, we can develop action plans that include commitments from each stakeholder that will attract new Providers, address the challenges faced by existing Kentucky physicians, and tailor a collective approach to plan for the future.

MCOs could work together to be able to concentrate volumes with mobile Providers to promote the delivery of services and optimize the mobile capacity. In other states, major hospital system and large multispecialty practice clinics have developed satellite offices so that initial care can be addressed in local communities and then referred back to primary care in the local communities. DMS and MCOs can develop reimbursement schedules that encourage Providers to develop satellite offices in rural geographies. Additionally, DMS and MCOs can work together to create enabling legislation to expand the ease of access to telephonic and or telemedicine services.

3. Contracting with Providers in Bordering States

3. Strategies for contracting with Providers in bordering states to help address network adequacy challenges, including lessons learned and successes or challenges with this approach.

Addressing Network Adequacy by Contracting with Providers in Bordering States

Anthem contracts with Providers in bordering states as needed and to meet Network adequacy standards, or if there is a Provider specialty type the Member needs to see that is not available in Kentucky. Anthem complies with the Contract requirement as described in Draft Contract Section 28.2.13, Bordering State Providers. ***We contract with bordering state Providers located within 50 miles of the Kentucky border. These states include Illinois, Indiana, Missouri, Ohio, Tennessee, Virginia, and West Virginia. We contract with over 7,000 Providers in these bordering states.*** When contracting with out-of-state Providers, we adhere to our parent company rules, which include contracting with contiguous counties to our Kentucky state border. We are able to leverage our affiliates' existing Provider relationships in multiple neighboring states.

Facilitating Access to Care

Anthem is committed to facilitating access to medically appropriate care for our Members. With our trusted relationships with contracted Providers, we offer an array of accessible and convenient options for services in-Network. ***In 2019, our total volume for SCAs was 73.*** Anthem is uniquely poised to assure Network adequacy to Network Providers, limiting our Members' need for out-of-Network (OON) services. However, in the event that a Network Provider is not available or accessible to meet a Member's non-emergency, medically necessary need for Covered Services, we coordinate services with an OON Provider. Members needing emergency services can always access them at the nearest facility available, regardless of the Provider's status in our Network.

Anthem Cares for Our Members Beyond State Borders

55-year-old Member Phil was driving back to Kentucky from Virginia when he experienced respiratory failure – he was found unresponsive in his truck. He was taken to Carilion Roanoke Memorial Hospital, an out-of-state facility. Phil's Care Manager, Joanne, was able to connect with him to coordinate his complex discharge needs which included physical therapy and skilled nursing in his home. Joanne was also able to coordinate transportation back to his home in Kentucky via ambulance since Phil could not sit up for the entire journey.

KY_Hlth2020_C.18_Phil_RS_01

Providing Out-of-Network Access

We will provide access to services from OON Providers for the following situations:

- There is no available Network Provider within the applicable geographic standards
- A Member requires specific services that are not available through a participating Provider
- To maintain continuity of care with an OON Provider for new Members
- Post-stabilization services (emergency medical services provided after a Member is stabilized to maintain a stabilized condition, or to improve or resolve the condition)

We use existing well-defined policies and procedures to guide timely, accurate payment to OON Providers. Our SCA includes the applicable protections related to balance billing, among other important elements. When contacting a non-participating Provider, our Provider Services department will attempt to contract with the Provider to join our Network.

Lessons Learned, Successes, and Challenges

We believe the strength of our affiliates' relationships with Providers in numerous neighboring states has contributed to our success in contracting with out-of-state Providers, such as Cincinnati Children's Hospital in Ohio and Deaconess Hospital in Indiana. However, one of the main challenges we have encountered with out-of-state Providers is that they may not be willing to enroll with Kentucky Medicaid to obtain an active Medicaid identification number. If this is the case, we offer administrative support in the enrollment process to minimize the work on their practice. Occasionally, this will encourage a Provider to participate. In the rare occasion that a Provider chooses not to participate in our Network, we develop an SCA to meet the needs of a specific Member.

ii. Providing Out-of-network Care

ii. Approach to providing out-of-network care when timely access to a Network Provider is not possible, including the Vendor's approach to supporting Enrollees in accessing such care.

Providing Out-of-network Care

Anthem commits to facilitating access to medically appropriate care for Members. We continually develop and maintain our Network with Providers that meet distance adequacy and access standards, limiting our Members' need for OON services. If a Network Provider is not available or accessible to meet a Member's non-emergency, medically necessary need for Covered Services, we will coordinate services with an OON Provider. As previously noted, Members needing emergency services can always access them at the nearest facility available, regardless of the Provider's status in our Network. Anthem complies with the Contract requirement as described in the Draft Contract Section 28.2.14, Out-of-Network Providers. We will provide access to services from OON Providers for the situations previously outlined in Section C.18.a.i.3:

- There is no available Network Provider within the applicable geographic standards
- A Member requires specific services that are not available through a participating Provider
- To maintain continuity of care with an OON Provider for new Members
- Post-stabilization Services (emergency medical services provided after a Member is stabilized to maintain a stabilized condition, or to improve or resolve the condition)

Because we value and respect the relationships that new Members have with their existing Providers, we work to preserve these relationships, including those between Members and non-

participating Providers. We collaborate with Providers who are actively caring for new Members to assure continuity of care during all transition periods. As part of transitioning, we involve all Providers caring for our Members, including non-participating Providers, in the Enrollee (Member) Needs Assessment and Health Risk Assessment, and with the Member's permission, provide results to the OON Provider. We outreach to the Member's community-based Care Manager to obtain any existing care plan and assess whether all care and service needs are being met. We honor current authorizations for up to 90 days, attempt to contract with that Provider, or help the Member transition to a Network Provider. When the treating Provider is not in our Network, we will confirm licensure and the lack of sanctions, and enter into an SCA. We convey this information in new Member welcome calls and welcome packets. Our welcome calls review current needs and services and issue necessary authorizations to assure continuity of services. We may also recruit the Provider to join our Network as needed to improve access, and guarantee the historical rate for at least 30 days, unless the Provider agrees to an alternative arrangement. Our guiding principle is to meet the Member's needs in all situations.

We use existing well-defined policies and procedures to guide timely, accurate payment to OON Providers. The SCA includes applicable protections related to balance billing, among other important elements. When contacting a non-participating Provider, our Provider Services department attempts to contract with them as needed for Network adequacy.

We have policies and procedures to address other situations requiring continuity of care. For example, when a treating Provider is terminated from our Network for any reason other than for cause, we allow Members in active treatment to continue care with that Provider, when medically necessary, through completion of treatment or until the Member selects another treating Provider, but no longer than six months after termination of the contract. If a Provider is unavailable to deliver previously authorized services in a timely fashion, we work with the Member to identify an equally qualified alternative Provider in our Network, or out-of-Network, if needed.

When Members transition between Providers, we facilitate the sharing of existing treatment plans between the Providers and send the new Provider the Member's care plan. Our Network Providers are contractually required to share treatment plans when they are transferring or coordinating care. Members may go to non-participating Providers, without a referral, in accordance with Draft Contract Section 30.2 as well as 42 CFR 438 and applicable State statutes and regulations for:

- Emergency care
- Care at Community Mental Health Centers (CMHCs)
- Voluntary family planning services provided at qualified family planning Providers (for example, Planned Parenthood)
- Care at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Primary care vision services, including the fitting of eyeglasses, provided by ophthalmologists, optometrists, and opticians
- Primary care dental and oral surgery services and evaluations by orthodontists and prosthodontists
- Maternity care for Members under 18 years of age
- Immunizations to Members under 21 years of age
- Sexually transmitted disease screening, evaluation, and treatment

- Tuberculosis screening, evaluation, and treatment
- Testing for HIV, HIV-related conditions, and other communicable diseases as defined by 902 KAR 2:020
- Chiropractic services
- For Members with special health care needs determined through an assessment to need a course of treatment or regular care monitoring, Anthem allows Members to directly access a specialist as appropriate for the Member's condition and identified needs
- Women's health specialists

When Members transition between Providers, we facilitate the sharing of existing treatment plans and send the new Provider the Member's care plan. Our Network Providers are contractually required to share treatment plans when they are transferring or coordinating Member care. Table C.18.a-1 describes each of the critical components of our approach to facilitating continuity of care for all Members.

Table C.18.a-1. Describing Our Approach

Component	Description
Authorizations	We honor all existing authorizations with the same Provider, including those with external organizations providing carved-out services, and frequency of the service identified on the Member's care plan for up to 90 days following enrollment. During this time, Care Managers complete an assessment as needed and develop a new care plan with the same or alternate services and supports based on the Member's holistic needs. Care Managers continually monitor the Member's progress and continued need for authorized services. Our clinicians complete the necessary Prior Authorization (PA) request to prevent disruption in care.
Dedicated Care Managers	During the initial assessment, Care Managers take the time to get to know Members, learning about their preferences, families and supports, and identify and understand their needs. By proactively obtaining a copy of the Members' care plans, past assessments, and existing PAs, and through outreach to the Providers with established relationships with them, the Care Manager lays the foundation for continuity of care.
Care Plans	Care Managers review new Members' care plans for appropriateness of care, arrange for all medically necessary services, and identify any gaps in care. They review and honor new Members' care plans. Anthem completes a thorough review that supports the existing care plans or work with the Member, families, caregivers, and Providers to develop new care plans. We identify any gaps in care and refer Members for additional services, if needed.
Health Intech — Patient Health and Treatment History for Timely Information	Providers can access a real-time dashboard giving them a picture of their patients' health and treatment history and can facilitate care management. Providers can drill down to specific items in a record to get demographic information, care summaries, claims details, PA details, pharmacy information, and care management activities.
Non-contracted Providers	Our Care Management team identifies Members receiving services from OON Providers and contacts our Provider Services department for outreach and contracting. If we are not able to contract with the Provider, we work closely with the Member to choose another or, if in the Member's best interest, we work with the Provider to establish an SCA to continue care. We do not enter into SCAs with any Providers who have sanctions.
Member Grievance Information	We continuously review Member Grievances to monitor Provider adherence to access and availability standards during transitions to and from Anthem. Our Member Advisory Committees, focus groups, and one-on-one Member interactions provide us information on the adequacy and availability of Network Providers that help shape our focus and management of our Network.

iii. Accommodating Members with Physical or Mental Disabilities

iii. Approach to ensure Network Providers are physically accessible and have accommodations for Enrollees with physical or mental disabilities.

Accommodating Members with Physical and Mental Disabilities

Our Network Providers are held to high standards when it comes to accessibility and are required to deliver services in a culturally competent manner to all Members, including those with limited health literacy proficiency, and physical or mental disabilities.

Anthem makes sure Providers in our Network are compliant with Title II and III of the Americans with Disabilities Act (ADA) and Section 504 requiring that medical care Providers offer individuals with disabilities full and equitable access to their health care and service facilities. We see that Providers have accessible exam rooms, and that medical equipment is not a barrier to access to their care and services. Providers are asked to certify their compliance as part of their application to join our Network. Our Network Relations Consultants perform spot checks to verify Provider facilities are accessible and compliant during routine visits. We also receive feedback from Members about Provider accessibility and work to resolve access issues and assist the Member in finding a Provider who is committed to equitable health care through ADA compliance and accessibility.

In addition to ADA compliance, we work with Providers to decrease health disparities and increase accessibility with opportunities such as: scheduling appointments in accordance with transportation of caregiver availability; providing sensory rooms for people with anxiety or sensory conditions; providing desensitization appointments so that Members can reduce anxiety through slow acclimation to the office and exam rooms for appointments such as dental or gynecology; and allowing time during appointments to make sure Members understand the information shared with them and can ask questions as many times as needed.

iv. Meeting the Cultural and Linguistic Needs of Members

iv. Approach to ensure a comprehensive network to address the needs of all Enrollees, including the provision of services in a culturally sensitive and linguistically appropriate manner.

Addressing Members' Cultural and Linguistic Needs Through Our Comprehensive Provider Network

Making sure our Provider Network is capable of ***recognizing*** the challenges Members face in accessing care and competently ***addressing*** those challenges is critical to the delivery of whole-person health. While Anthem's existing contracted Providers have received training and education, we recognize the importance of sustained training in the delivery of culturally competent care. Through the Academy, Anthem provides all Network Providers Cultural Competency training that is tailored to meet the unique needs of our Members, including those with limited English proficiency or literacy, or who face physical or behavioral challenges, as well as tools to assist them in delivering culturally competent care. Training and tools available on our Provider website include:

- Cultural Competency Trainings
- Cultural Competency Toolkit
- MyDiversePatients

Cultural Competency Plan

We submit our cultural competency program, guided by the National Standards for Culturally and Linguistically Appropriate Services in Health Care, to DMS as required in our Cultural Competency Plan. We continuously review and update our cultural competency program to maintain compliance with all Contract requirements and submit it to DMS as required.

To specifically address the needs of Members with limited English proficiency or limited literacy, Anthem assists our Network of culturally competent Providers with critical supports such as translation, interpretation, and alternative format materials.

We give Anthem Members the information they need to choose Providers who match their primary language and literacy needs. For example, we identify languages spoken by our Providers during their application, credentialing, and recredentialing processes, and make this information available in the Member Handbook and online in the Provider Directory. We provide information on translation and interpreter services to Members at the initial point-of-contact and in the Member Handbook.

We recruit Providers with diverse cultural backgrounds and experience to offer care compatible with Members' cultural health beliefs and in their preferred languages, whenever possible. ***Our Provider Network includes practitioners that speak more than 95 languages, as shown in Figure C.18.a-8.*** This information is displayed in our Find a Doctor tool for Members to view, enabling them to identify Providers most appropriate for their needs.

Figure C.18.a-8. Anthem's Diverse Provider Network Speaks the Languages of Members

Languages Spoken by KY Providers

Language	Counts	Language	Counts	Language	Counts	Language	Counts	Language	Counts
Abkhaz	1	Esperanto	1	Kashmiri	1	Punjabi	57	Taiwanese	1
Afan Oromo	2	Farsi	15	Korean	14	Pushto	2	Tamil	32
Afrikaans	5	Filipino	3	Laotian	3	Quechua	1	Tatar	1
Albanian	1	Finnish	2	Latin	2	Sanskrit	1	Telugu	52
Amharic	6	French	132	Latvian	1	Serbian	3	Tigrinya	2
Arabic	141	German	64	Lithuanian	3	Serbo-Croatian	4	Tongan	1
Armenian	4	Greek	14	Macedonian	1	Shona	1	Tsonga	1
Bengali	11	Gujarati	51	Malagasy	1	Sign Language	40	Turkish	11
Bulgarian	4	Hausa	1	Malay	3	Sindhi	6	Turkmen	1
Burmese	3	Hebrew	8	Malayalam	25	Singhalese	3	Twi	2
Cambodian	3	Hindi	224	Mandarin	8	Slovak	4	Ukrainian	7
Catalan	3	Hungarian	7	Marathi	13	Slovenian	1	Urdu	123
Chinese	36	Indian	2	Nepali	2	Somali	1	Uzbek	1
Croatian	8	Indonesian	6	Norwegian	2	Spanish	538	Vietnamese	21
Czech	5	Irish	3	Pashto	2	Sundanese	1	Yiddish	5
Danish	3	Italian	20	Persian	28	Swahili	6	Yoruba	6
Dutch	4	Japanese	15	Polish	13	Swedish	4		
English	17554	Kannada	24	Portuguese	26	Tagalog	55		

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Using Linguistically Appropriate Content for Our Member Handbook, Newsletters, and Other Written and Online Materials

We create all of our Members' written communications using a 6th grade reading level to encourage and promote understanding of our Member Handbook, newsletter, and other written or online materials. Upon request, documents can be translated into one of more than 200 languages at no cost to the Member. We are able to produce materials in alternate formats, including large font, audio, and braille, on request.

Helping Members Take Control of Their Health Care with Interpreter Services

Members and Providers have access to interpreter services in over 200 languages. For Members who are deaf or hard of hearing, TDD services will be available. Interpreter services are available in person, over the phone, or through telemedicine if requested. This flexibility allows Members and Providers to effectively communicate and increases adherence to treatment plans. We educate Network Providers about accessing interpreter services during our New Provider Orientation and in our Provider Manual.

v. Assuring Network Adequacy If Actual Enrollment Exceeds Projected Enrollment

v. Strategies the Vendor will implement to ensure the network adequacy and access standards are met if actual Enrollment exceeds projected Enrollment.

Our current Member-to-Provider ratio is far superior to the contractual requirement of 1:1,500. If we anticipate an adequacy need, we activate our ongoing Network development process. To make sure that all Members have timely access to all covered health care services, our Provider Network Integrity Workgroup monitors and adjusts our Provider Network according to changing circumstances with the objective of maintaining the stability and capacity of existing delivery systems. Our monitoring tools includes proactive quarterly Geographic Access reporting mapping to determine Provider capacity consistent with our formal Access and Availability policy. Anthem has adopted ratio standards established as a means of assuring availability. The standard ratio assumes the practitioner is a full-time employee (a full-time employee practices 40 hours per week for the plan).

Anthem considers availability of practitioners and accessibility to services an essential component of quality health care and monitors and assesses these areas for its practitioners and services. In addition, Anthem analyzes other high-volume specialties, high-impact specialties, and BH Providers as dictated by contract requirements or by claims volume.

Anthem will make every attempt to continue contracting with an adequate Provider specialty Network. In the event that Anthem is not contracted with a required specialty within the Member's service area, Anthem will arrange for medically necessary services with a non-contracted Provider.

Additionally, we review Providers for availability and type through our formal Access and Availability Audit process and by responding to Member complaints.

Access and Availability Audits

We monitor Provider appointment wait times, after-hours accessibility, and telephone accessibility to assure Members have timely access to their PH and BH Providers and prompt response to telephonic inquiries. In accordance with our QM policies and procedures, we conduct quarterly Provider audits to measure appointment wait times for specific types of visits and Provider types. Annually, we also contract with an external Vendor who performs independent appointment access and after-hours surveys. Access and availability is also monitored on an annual basis via the Member satisfaction survey. We use the NCQA-required data sources to formally assess our performance against our standards for appointment wait times.

As part of our commitment to managing timely access to BH Services, we conduct two surveys: our Appointment Availability Audit program, which measures wait times for various appointment types including BH Services, and our After-hours Access to Care Audit program, which measures access to Providers (including BH Services Providers) outside of normal business hours. If deficiencies are identified, we will institute a corrective action plan (CAP) with deficient Providers, as well as our Network development plan that commences with recruitment activities.

Our 2019 Access and Availability Audit showed:

- 91% of the sample of our Network Providers were compliant with appointment availability standards
- 71% of the sample of our Network Providers were complaint with after-hours requirements

Anthem's Network Exceeds Access Standards

Our development strategy complements DMS' goals for Member access to high-value care, innovation, a culture of continuous quality improvement, and service excellence by seeing that Members are cared for by high-performing, engaged Providers that collaborate with us in a consistent and ongoing basis. If actual enrollment exceeds projected enrollment, we commit to Network adequacy and access standards if there is an increased number of Members. ***Our current Member-to-Provider ratio is far superior to the contractual requirement of 1:1,500, as shown in Table C.18.a-2.***

Table C.18.a-2. Exceeding Network Adequacy

Provider Group			Access/Availability Standards	Rate/Threshold Standard	Results: Rate/Threshold	Goal Met?
Type	Practitioner					
Primary Care Practitioner	Family Practice/ General Practice	Urban	Ratio: PCP to Members	1:1,500	**1:10**	Y
			Geo: 1 Provider within 30 miles	95%	**100%**	Y
		Rural	Ratio: PCP to Members	1:1,500	**1:10**	Y
			Geo: 1 Provider within 45 miles	95%	**100%**	Y
	Internal Medicine	Urban	Ratio: PCP to Members	1:1,500	**1:69**	Y
			Geo: 1 Provider within 30 miles	95%	**100%**	Y
		Rural	Ratio: PCP to Members	1:1,500	**1:69**	Y
			Geo: 1 Provider within 45 miles	95%	**100%**	Y
	Pediatrician	Urban	Ratio: PCP to Members	1:1,500	**1:20**	Y
			Geo: 1 Provider within 30 miles	95%	**100%**	Y
		Rural	Ratio: PCP to Members	1:1,500	**1:20**	Y
			Geo: 1 Provider within 45 miles	95%	**100%**	Y
High-volume Specialists	OB/GYNs	Urban	Ratio: Specialist to Members	1:2,500	**1:30**	Y
			1 Provider within 60 miles	95%	**100%**	Y
		Rural	Ratio: Specialist to Members	1:2,500	**1:30**	Y
			1 Provider within 60 miles	95%	**100%**	Y
High-impact Specialists	Oncologist	Urban	Ratio: specialist to Members	1:2,500	**1:425**	Y
			1 Provider within 60 miles	95%	**100%**	Y
		Rural	Ratio: specialist to Members	1:2,500	**1:425**	Y
			1 Provider within 60 miles	95%	**100%**	Y

C.18.b. Coordinating Network Development Using Subcontractors

b. If Subcontractors will provide Covered Services, describe how network development efforts will be coordinated with the Vendor's provider network development strategy and how the Vendor will monitor the Subcontractor's activities and ensure transparency of these activities to the Department.

Anthem Oversight of Our Subcontractor Networks

Anthem has a comprehensive Subcontractor oversight program to facilitate a culture of compliance and high performance, with effective processes, tools, and controls to prevent, detect, and correct non-compliance with legal and regulatory requirements, payment integrity, and standards of conduct, as described fully in Section C.1 of our response. We comply with the requirements as described in in the Draft Contract Section 28.0, Provider Network. Anthem uses DentaQuest to provide covered dental services, EyeQuest to provided covered and value-added vision services, and IngenioRx as our Pharmacy Benefit Manager. Oversight of Subcontractors is accomplished through a collaborative approach within Anthem that includes employees from compliance, legal, procurement, Anthem management, internal audit, and functional business and operational areas to confirm pertinent stakeholders are engaged, accountabilities are clear, and appropriate due diligence and compliance are exercised in all facets of the relationship with the Subcontractor. Since Anthem retains ultimate responsibility for adhering to federal and State regulatory requirements and the terms and conditions of its contractual agreements, Anthem's Subcontractor oversight program includes end-to-end processes to:

- Evaluate and select Subcontractors
- Contracting and Subcontractor onboarding
- Monitor, detect, and resolve issues
- Terminate and off-board Subcontractors (when applicable)

Anthem monitors Network access quarterly through Geographic Access reports that include all Network Providers, including dental and vision Providers and pharmacies using quarterly reports. If we identify any gaps during our standard Network adequacy analysis, we immediately reach out to our Vendor to request they identify new Providers and contract with them to close the gap. We maintain Service Level Agreements (SLAs) with our Subcontractors that mandate their continued maintenance of the Network to assure continued adequacy. The adequacy of our Subcontractors' Networks are included in our quarterly Network reporting delivered to DMS. If we identify any terminations or adequacy challenges that would have a significant impact to Members, as required under the Contract, we notify the Commonwealth via email and prepare a remediation plan for approval.

Our current Network includes 1,660 unique dental Providers and more than 1,300 unique vision Providers.

Our Vendors have comprehensive Networks in place today, and we have quarterly joint meetings with our Network Development teams to review current information such as Geographic Access reports, panel capacity, and Member complaints with each Vendor. Through this process, we can identify any areas for continued recruitment, obtain and assure they have a Network development plan that can meet adequacy and access standards, and then we can monitor ongoing progress.

C.18.c. Using Telehealth Services to Improve Access

c. Describe the Vendor's approach to use telehealth services to improve access. Include the following at a minimum:

i. Criteria for recognized sites.

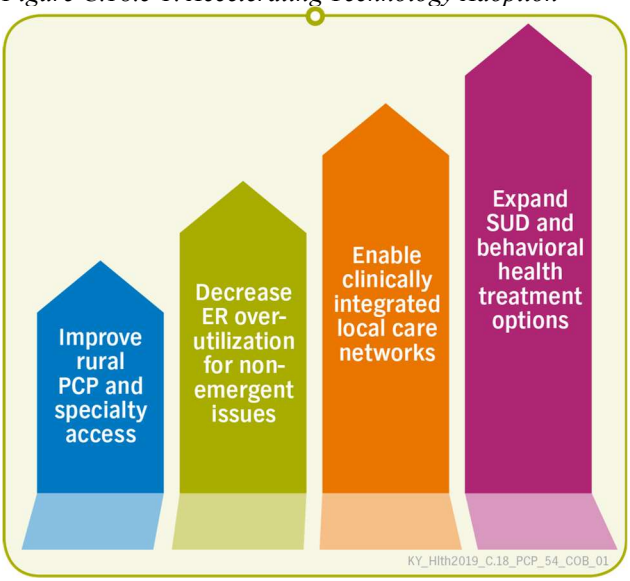
ii. Education efforts to inform providers and Enrollees.

iii. Whether reimbursement will be available to the presenting site as well as the consulting site or only the consulting site. Include any requirements or limitations on reimbursement.

iv. Lessons learned and successes or challenges with implementation of telehealth services for other programs the Vendor has served and that the Vendor will consider for provision of telehealth services in Kentucky.

Anthem's telehealth access has grown significantly between 2016 and 2019. In 2016, we received only two telehealth claims versus the 5,185 claims received in 2019. Throughout the Commonwealth, there is a shortage of qualified primary care and mental health Providers to serve the needs of the Kentucky population, with 19 counties designated geographic HPSAs for primary care and eight counties designated geographic HPSAs for mental health across the Commonwealth[3]. Our organization has been a leader for more than 81 years and understands the importance in delivering unparalleled access to Providers and deploying innovations to address challenges that Kentuckians face. Our telehealth strategy focuses directly on enhancing Member access, supporting Providers, and accelerating technology adoption throughout the Commonwealth to achieve the goals outlined in Figure C.18.c-1.

Figure C.18.c-1. Accelerating Technology Adoption



Anthem is a leader in innovation throughout the Commonwealth and is proud to be a participant in the Kentucky Telehealth Program, in collaboration with DMS and other MCOs. Anthem leaders will be contributing to the evolution of telemedicine throughout the Commonwealth by serving in the following 10 workgroups:

- School-based Physical and Behavioral Health
- Privacy and Compliance
- Research and Funding Opportunities
- Telco/Technology/Security
- Workforce Education/Outreach
- Adult Behavioral Health/SUD Treatment
- Metrics/Health Care Data Analysis/Reporting

[3] https://data.hrsa.gov/tools/shortage-area/hpsa-find

- Policy Development/Coverage and Reimbursement
- Local Health Department
- Disaster Preparedness

Our proposed telehealth solution addresses the greatest needs of our neighbors throughout the Commonwealth by promoting whole-person care with virtual solutions for PH, mental health, and SUD. ***We will use telehealth to support Members' access to care by meeting them where they are, whether that is their home, school, primary care clinic, BH or SUD Provider, or other location.*** Anthem complies with the Contract requirement as described in the Draft Contract Section 28.2.10, Telehealth.

Proposed Telehealth Approaches for the Commonwealth

We summarize our proposed telehealth approach in Figure C.18.c-2. Our approach of diverse solutions and programs for various settings enables Providers to deliver integrated care to their Members and alleviates administrative burden by leveraging technology as described in Figure C.18.c-2. Our comprehensive approach is robust and includes innovative partners with specialized expertise that goes beyond traditional telehealth to enhance access and further empower Providers in rural and underserved areas by supplementing preventive care access in their areas through mobile health.

Figure C.18.c-2. Telehealth and Telemedicine Resources for Members

MEMBER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
PHYSICAL HEALTH			
LiveHealth Online	General Physical Health/ Preventable ER Visit(s)	Adult Pediatrics	Consumer On Demand
TytoCare	General Physical Health/ Preventable ER Visit(s)	Adult Pediatrics	Schools
Care Innovations	Remote health monitoring for chronic conditions	Adult	Home
BEHAVIORAL HEALTH			
Bright Heart Health	Medication Assisted Treatment/ Addiction Services	Adult	Provider Offices
LiveHealth Online – Psychology & Psychiatry	Low Acuity Behavioral Health	Adult Pediatrics	Consumer on Demand
FasPsych	High Acuity Behavioral Health	Adult Pediatrics	Consumer on Demand

PROVIDER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
ConferMED	Provider to Provider Consult	Adult Pediatrics	Provider Offices
FasPsych	Psychiatric Consultation	Adult Pediatrics	Emergency Room
Project ECHO	Provider Enablement	Adult	Provider Offices
Practice Edition	Provider owned/managed telemedicine solutions	Adult Pediatrics	Provider Offices

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i. Using Criteria for Recognized Telehealth Sites

i. Criteria for recognized sites.

Recognizing Telehealth Sites

Anthem believes in the efficacy of telehealth as a tool for expanding access to care, particularly in rural areas, which has the ability to:

- Alleviate transportation issues
- Increase Member satisfaction
- Minimize non-emergent ER utilization
- Promote better health outcomes

As such, ***we reimburse our Network Providers delivering care to their patients via telemedicine at the same rate they receive for an in-office visit***. We encourage our Providers to expand their services available by establishing telehealth capabilities for their attributed membership. We are

incenting Providers to build this capability by offering eVisits, a Vendor solution that will help them establish a white-labeled telemedicine program for their Members. To help build this service across the Commonwealth, Anthem will be offering Providers in rural areas funding to implement.

We maintain a formal Telehealth Services Network Designation policy that includes the criteria for recognized telehealth sites. Anthem telehealth services Network Providers are credentialed and must adhere to all Utilization Management (UM) requirements as outlined in their Provider Agreement. We require that Providers using telehealth continue to maintain 24/7 availability for their patients, document Member consent in their medical record for each service, and abide by appointment availability requirements and standards.

The Provider must allow for the Member to select a telehealth Provider based on demographics and offer them a formal HIPAA-compliant platform in which to access services. Providers are able to communicate with and treat our Members through real-time, interactive, two-way audio/virtual technology. In the event that they are unavailable to treat the Member, Providers must have on-call coverage to supplement the Member's needs. We also authorize Providers to perform testing through guided visits where they instruct the Member to perform appropriate diagnostic tests through appropriate peripheral devices, such as a thermometer or sphygmomanometer.

Our policy assures that the treating Provider documents virtual visits in their patient's medical record and requires that specialists delivering treatment via telehealth technology deliver a comprehensive visit summary to the Member's treating PCP to assure a comprehensive medical record. Anthem Providers are not authorized to prescribe Schedule III drugs or other controlled substances as part of the telehealth service.

Introducing Solutions to Bring Behavioral Health Care to All Settings

We will use direct-to-consumer telehealth solutions and FasPsych to provide telepsychiatry services (including Crisis assessments) across the Commonwealth. This approach best serves communities that struggle with a lack of Providers and workforce shortages, have transportation challenges, or cannot get to centers of care. With more than 68 Commonwealth counties having a ratio of residents to mental health practitioners greater than 1,000:1, there is a need to deploy more Providers to increase accessibility and alleviate the potential for burnout of existing mental health Providers.[4]

More immediate access to consults, screening results, and patient-driven care gives Providers more time to collaborate with their patients and their families to create a care plan and strategy that not only works to improve their health, but also creates more opportunities for them to succeed in life. Services will be accessible in CMHCs; FQHCs; psychiatric hospitals; medical/surgical hospitals; counseling practices; primary care clinics; correctional/detention facilities; universities and schools; substance use treatment Providers; Tribal Health Services; critical access hospitals; RHCs; and residential treatment centers.

[4] http://www.countyhealthrankings.org/app/kentucky/2019/measure/factors/62/data?sort=sc-3

Direct-to-consumer

Our direct-to-consumer telehealth Providers deploy website and mobile applications that give patients 24/7 access to on-demand video medical visits. Direct-to-consumer telehealth Providers offer a convenient way to have live video visits with a board-certified doctor, psychologist, or psychiatrist a mobile device or computer for non-emergency health conditions.

Direct-to-Provider

FasPsych provides us the opportunity to enhance BH in partnership with our Network Providers, CMHCs, and FQHCs across the Commonwealth. FasPsych will make sure our Network Providers have access to telepsychiatry services from Kentucky-licensed physicians for higher acuity Members. FasPsych currently has more than 25 MD/DOs, 73 Advanced Practice Psych Nurse Practitioners, and 29 Licensed Masters practitioners in the Commonwealth.

FasPsych coordinates access to reliable, quality services via telepsychiatry provided by a combination of licensed professionals. FasPsych psychiatrists and psychiatric APRNs (as applicable) are available to provide the following:

- **Phone Consult.** The Provider and psychiatrist discuss the Member's presenting symptoms and possible treatment options telephonically. A summary of the consultation will be provided in writing to the requesting physician within 15 minutes of consult completion.
- **Patient Consult.** Both routine and emergent patient consults are available. The Provider requests a video consultation between the psychiatrist and a patient requiring further evaluation. Routine consults are provided within 24 hours of the request and typically involve patients who have been admitted to the hospital. A written evaluation will be provided to the requesting physician within 120 minutes of consult completion. Emergent consults are provided within three hours of the request and typically involve patients who present in the ER. The psychiatrist's findings and recommendations will be conveyed in writing to the requesting physician within 30 minutes of consult completion.

Expanding Services at Schools

In Kentucky, the ratio for full-time school nurses to students is approximately 1:1,877, ranking Kentucky 36th nationwide for full-time nurses to students.[5] With only 54% of Kentucky high schools employing a full-time school nurse[6] and more than 39% of students in Kentucky not having a physical exam completed in the 2017–2018 school year[7], it is evident that innovative solutions are critical to address our children's health needs. Anthem proposes deploying telehealth services to school districts in need of on-demand health services and options for telehealth services for students while at school to help the Commonwealth address this shortage.

We are collaborating with Norton Healthcare to identify school districts in need of urgent care solutions for acute issues, physicals, and health screenings; support for BH evaluations; and treatment accessible during the school day. We will work together to create a model that assures

[5] http://www.nea.org/home/35691.htm
[6] https://www.cdc.gov/healthyyouth/data/profiles/pdf/2016/2016_Profiles_Report.pdf
[7] https://education.ky.gov/districts/SHS/Pages/Student-Health-Data.aspx

the right combination of Providers; establishes protocol for parental consent; and allows for the management of certain chronic conditions and distribution of over-the-counter prescriptions.

We propose deploying the ***TytoCare*** solution in small rural schools without a full-time school nurse that are in need of consultative medical services for students during the school day. TytoCare will allow video visits directly with licensed physicians from small rural school settings facilitated by a presenter at the school location. Details can be provided to the student's PCP via the cloud or the school nurse can connect the student to a clinician for immediate treatment on-demand.

Expanding Provider Reach

Anthem will allow rural Providers to expand their scope of care by empowering them to treat remote patients through the deployment of peripheral devices directly to our Members, allowing for real-time treatment assessments by the practitioner. Identified Members will be outfitted with the ***TytoPro*** exam kit, which includes a hand-held modular examination tool for examining the heart, lungs, abdomen, skin, throat, ears, and body temperature. This will allow practitioners in rural areas to schedule eVisits with their patients and conduct live video exams guiding their patient through each stage of a traditional, office-based, diagnostic assessment. The results will be available in real time to the Member's treating Provider and immediately loaded into a complete telehealth platform and cloud-based data repository for instant access to results, allowing these Providers to promptly diagnose and treat Members with chronic conditions who are unable to see their Provider face-to-face.

Innovative Telepsych for Members with Substance Use Disorder

Access to SUD treatment is currently a challenge in the Commonwealth due to limited availability of quality Providers, rural transportation issues, and because those in need of treatment may be reluctant to seek treatment due to stigma. Anthem has contracted with ***Bright Heart Health,*** a Kentucky-licensed telepsychiatry Provider that can connect Anthem Members to expert Providers through telehealth to treat a full spectrum of BH disorders. Bright Heart Health is the first nationwide opioid use disorder treatment program available via telehealth. Members can meet with medical staff and counselors via video conferencing.

Anthem has contracted with Bright Heart Health for their Substance Abuse Intensive Outpatient program and MAT. Bright Heart Health will prescribe and monitor medications that will allow Anthem Members to stop abusing opioids without experiencing powerful drug withdrawal symptoms. To develop a comprehensive treatment plan, Anthem Members will meet with a Bright Heart Health physician in person for a medical evaluation and continue their treatment with a licensed therapist via telehealth for a clinical assessment. Counselors will meet with Anthem Members online via telehealth, and help identify and develop strategies to deal with the issues and disorders that may have contributed to or been impacted by opioid abuse in collaboration with the Member's treating physician.

ii. Informing Providers and Members

ii. Education efforts to inform Providers and Enrollees.

Anthem complies with the Contract requirement as described in the Draft Contract Section 27.5, Provider Orientation and Education. The successful implementation of our telehealth strategy requires concentrated efforts to promote availability of services to Members and broaden Provider understanding of telehealth capabilities and how they can be used to expand the scope

of their practice. As part of our strategy, our new Health Promotion team will deploy tools to inform Members and Providers about our telehealth strategy.

Informing Members

We encourage and inform Members about telehealth by:

- Displaying telehealth capability indicator in the Provider detail on our Find a Doctor online directory
- Training our internal Member-facing Anthem staff
- Notifying Members in all communications, including our IVR, Member portal, newsletters, and Member Handbook
- Training Providers to inform Members and will help Providers promote telemedicine programs to their patients by creating a new ***Telehealth Toolkit for Providers***
- Promoting services available through community outreach, social media, and text messaging
- Creating new education campaigns targeting rural Members
- Deploying targeted Member campaigns for ER frequent flyers that educate them on the availability of telehealth services to treat non-emergent issues

Informing Providers

We will deliver focused Provider education on telehealth services in targeted Service Regions and with identified Provider populations, such as PCPs, initially. This training will be delivered through our Academy and will be accessible on-demand through our online training platform, along with live workshops conducted across the Commonwealth. Our telehealth services Provider training includes a detailed overview of:

- Anthem's Telehealth Services Network Designation policy
- Telehealth Providers available to their patients
- Specialty consultative services available to the practitioner
- Best practices for implementation and utilization of Provider-led telehealth services
- Referral process for Members to access telehealth Providers

We will educate Providers about the availability of telepsych services across the Commonwealth and facilitate connections between rural Providers and other Commonwealth Providers with telehealth capabilities. To help Providers promote telehealth programming, we will promote telemedicine programs to their patients by creating a new ***Telehealth Toolkit for Providers***.

Supporting Providers' Use of Telehealth

We will collaborate with our Providers to expand the use of telehealth to support in-home physical and BH treatment. Our direct-to-consumer telehealth Providers complement our continuum of options for Member access to health care services in rural and mountain areas and expands alternatives to the ER. Our direct-to-consumer telehealth solutions will help more PCPs use telehealth technology, expanding PCP capacity to support the Medicaid population and allowing Members to see their usual Providers even when they cannot be in the same room.

Direct-to-consumer telehealth Providers have an urgent care focus and provide convenient access via a mobile device. Direct-to-consumer telehealth connects patients with board-certified physicians supporting PH and BH. Physicians can electronically prescribe non-controlled substances to the Member's pharmacy. Direct-to-consumer telehealth facilitates access to care and eliminates common barriers such as lack of childcare and lack of transportation.

We are identifying PCPs ready to adopt telehealth in their practices to enhance the capacity of our telehealth Network. To do this, we are facilitating the deployment of telehealth technology and creating connections with specialty Providers. We are exploring additional ways to expand Providers' telehealth capabilities, particularly focusing on continuity of care and follow-up treatment.

Consulting Support Through Asynchronous Telehealth

We will work with ***ConferMED***, a telehealth company with special expertise in asynchronous telehealth (eConsults) and experience with primary care and FQHC deployment. ConferMED's Provider-to-Provider consultation will improve access to specialty care by substituting immediate specialist referrals with Provider eConsults. PCPs benefit by being able to provide efficient and effective care to Members with timely guidance and answers to questions. They also benefit from increased knowledge and confidence gained from consultations with trusted specialists.

Using Provider Education to Increase Telehealth and Telemedicine Adoption

Anthem knows that as Providers increase their comfort with and adoption of telehealth and telemedicine, both Members and Providers benefit. Patients place an enormous amount of trust in their treating Providers, and as such, Providers are key partners in increasing utilization of telehealth and telemedicine. We are reimagining specialty referrals by expanding PCPs' scope through distant learning via ***Project ECHO***® (Extension for Community Healthcare Outcomes) and eConsults. In addition, our Academy will offer PCPs free access to continuing medical education (CME)-credit eligible online offerings, including BH and SUD topics with information on how telehealth and telemedicine can support their treatment of Members with these conditions.

iii. Defining Requirements or Limitations on Telehealth Reimbursement

iii. Whether reimbursement will be available to the presenting site as well as the consulting site or only the consulting site. Include any requirements or limitations on reimbursement.

Defining Our Telehealth Requirements

Anthem reimburses consulting site Providers delivering services via telehealth at the same rate as an in-office visit. In accordance with DMS, Anthem will reimburse for consulting site fees only. Anthem reimburses telehealth Providers in accordance with our Telehealth Service Network Designation policy. Our policy is compliant with Senate Bill 112, effective July 1, 2019. Beginning July 1, 2019, in accordance with Kentucky Medicaid regulation 907 KAR 3:170, Anthem implemented new regulations on telehealth service coverage and reimbursement. One of the major changes has to do with what locations are allowed as the telehealth place of service. Place of service means anywhere the patient is located at the time a telehealth service is provided, and includes telehealth services provided to a patient located at the patient's home, office, a clinic, school, or workplace. To collect utilization data, a few changes have been implemented for correct billing. In the claim field that denotes "Place of service" (Claim location 24 B), Providers are required to use 02, which indicates that a telehealth service was performed.

Dentists who bill on the ADA Dental Claim form and who engage in telehealth services will use 02, indicating a telehealth service in Location 38 Place of Treatment.

iv. Learning from Our Successes and Challenges

iv. Lessons learned and successes or challenges with implementation of telehealth services for other programs the Vendor has served and that the Vendor will consider for provision of telehealth services in Kentucky.

Our Ultimate Parent Company, Anthem, Inc., has successfully implemented telehealth strategies throughout multiple affiliate markets. As a leader in improving access and expedite treatment through innovations, we leveraged our experience to develop our strategy for Kentucky. The following is an overview of the challenges witnessed, lessons learned, and successes we have experienced.

Experiencing Challenges

- **Provider adoption and understanding.** Throughout the Commonwealth, there are varying levels of Provider maturity and comfort with telehealth programming, both from a treating Provider standpoint, as well as willingness to refer patients to such services.
- **Engaging Members to use virtual care** Member adoption of telehealth for treatment is slow and requires focused promotion of services.
- **Broadband access/Member technology to support.** Many states with rural Regions struggle with access to internet services needed to support telehealth.
- **Reimbursement for presenter site fees.** State fee schedules often fail to reimburse presenter sites, thereby limiting the number of Providers willing to adopt telehealth.
- **High-cost of standing up presenter sites.** The cost to implement presenter sites is high, and without reimbursement structure or grants, the acceleration of adoption is hindered.
- **Schools lack support to offer telehealth.** Many schools lack resources needed for guided visits.

Lessons Learned

- **Need for integration between PCPs and telehealth Providers.** We have learned that in order for telehealth to mature and become a widely accepted tool, MCOs must bridge the communication between our Network PCPs and other available telehealth Providers by delivering targeted education to our Network Providers.
- **Need for targeted Member communication/promotion to increase adoption.** We have learned that awareness is needed in order for telehealth to become widely used and accepted. To address this, we will help our Network Providers promote services available by providing them with a Telehealth Toolkit that includes customizable marketing materials that Providers can provide to their patients. In addition, we will promote telehealth solutions to Members in communication materials and during interactions with Care Managers.
- **Need for real-time access to interpreter services during virtual visits to allow Members to use services in primary languages.** We recognize that linguistic barriers may prevent adoption of telehealth, and we will address this barrier by making sure both Members and Providers are aware of the interpreter services available to them through Anthem.

Successes

- **eConsults.** Access to eConsults empowers PCPs to expand their scope of services and diminishes travel and time required for a Member to see a specialist face-to-face.

- **MAT treatment.** Expanded access to MAT via telepsych has been a vital part of SUD treatment solutions in states with limited numbers of Providers available to address the epidemic.
- **Project ECHO.** Access to Project ECHO has increased Provider understanding of unique needs of Members in Medicaid and has established connection between Providers.
- **Chronic condition management.** Access to telemonitoring for Members with chronic conditions has resulted in improved health outcomes.

C.18.d. Describing Our Contracting Strategies

d. Describe the Vendor's Provider contracting strategies, including processes for determining if a Provider meets all contracting requirements (at the time of enrollment and on an ongoing basis), as well as processes for corrective action and termination.

Include copies of the Vendor's proposed contract templates for individual practitioners and for facilities as attachments.

Through our contracting strategies, ***we assure cost-effective Provider capacity and the appropriate mix of Network Providers and resources capable of delivering a culturally sensitive, effective model of care for the vulnerable Members we serve***. Our contracting strategy is to develop and maintain the most effective, high-quality Network of Providers in the Commonwealth, which requires establishment of relationships with strategic Provider partners and an unwavering focus on developing competitively priced unit cost Networks with reimbursement levels that are fair in the market place. Our philosophy is that reimbursement fairness is tied to performance. Higher performing Providers that are able to drive improved health outcomes and efficiency are rewarded with decreased administrative requirements and higher reimbursement opportunities. We identify Providers who are equally committed to superior performance in Kentucky and introduce key Vendors capable of delivering the services and care needed for enhanced services.

Our Anthem Contracting Strategies

We continuously monitor, maintain, and update our Network to offer our Anthem Members full access to core benefits and Covered Services within DMS and Contract standards as described in the Draft Contract Section 28.0, Provider Network, for timely access to care and services. To evaluate the current accessibility of our Network and project future needs, we consider:

- The anticipated number of Members
- The multilingual, multicultural, and disability needs of Members
- The expected Member utilization of services
- The numbers and types of Providers, and Provider-to-Member ratios
- The geographic location of Providers and Members

We review multiple sources of data to identify Network gaps and enhancement opportunities based on patterns, trends, and service demands specific to the region.

Anthem identifies a need for a Provider based on the needs of our Kentucky Medicaid membership. We bring a long tenure of collaborating with partners to implement process improvements and technology — across all Anthem lines of business — to streamline our credentialing and contracting processes and ease Providers' administrative burden while assuring compliance with applicable regulations. Anthem complies with the Contract requirement as

described in Draft Contract Section 27.7, Provider Credentialing and Recredentialing. We use an inclusive contract and solicit participation from eligible Providers based on Network adequacy needs. Through our Credentialing Committee, we will continue to verify that all Network Providers meet Anthem, DMS, and federal quality standards. Our approach recognizes the nuances of contracting and credentialing with both traditional and non-traditional Providers, such as those that may be required to deliver new services to Members.

We do not require a Provider to participate exclusively with our Network to provide Covered Services under this Contract, and our Providers are required to meet the credentialing standards described in the Draft Contract. We include copies of our proposed contract templates for individual practitioners in Attachment C.18.d-1a and for facilities in Attachment C.18.d-1b.

Determining Providers Who Meet Contracting Standards

Our Kentucky-based Provider Services team is continually working to provide excellent service to our contracted Providers. The team's overarching goal is to simplify health care so Providers can focus on our Members' health. We are dedicated to our Providers and place great importance on serving their needs and interests.

Anthem meets or exceeds all credentialing standards and protocols, including NCQA standards. Our current site visit process also meets NCQA standards. Our Credentialing and Recredentialing Policy and Procedure Manual, available to all Providers on our website and available in paper copy, by request, provides details on standards and rules. For any Provider to become a participating Provider, they must meet all requirements, including eligibility, safety, medical record documentation, liability insurance, and all other standards, including handicap accessibility in accordance with the ADA. If we learn of any lapse or failures in any such eligibility rule or standard, we will terminate the Provider from Network participation.

We will continue to reduce Providers' administrative burden by refining processes and incorporating new resources and tools to simplify and expedite credentialing and recredentialing. To assist with accurate, complete, and timely submission of credentialing application documentation, members of the Kentucky Credentialing team provide telephonic assistance to help Providers complete appropriate forms. Network Relations Consultants will continue to make on-site visits and provide hands-on assistance to Providers throughout the process.

Using Our Contracting and Credentialing Processes to Partner with Quality Providers

The Provider Credentialing team meets all credentialing requirements, and oversees, monitors, supervises, and enforces contract compliance. The Credentialing Committee — chaired by an Anthem Medical Director — reviews, credentials, and recredentials all Providers. Our systems, employees, policies, and procedures support accurate and prompt credentialing and re-credentialing of all Providers in compliance with DMS requirements. We are also fully compliant with NCQA credentialing requirements. The current Anthem credentialing process (part of our Network development process) assures that the Providers enrolled in our Network deliver quality services. Our goal is to provide Members with a selection of physicians and other health care professionals who have demonstrated backgrounds consistent with the delivery of high-quality, cost-effective health care.

Anthem establishes credentialing criteria for Network participation that we use to evaluate a Provider's credentials. The credentialing criteria serve as the foundation for determining a Provider's eligibility and continued eligibility in all Anthem Networks. We expect Providers to remain in compliance with credentialing criteria at all times.

- The Credentialing team uses the processes in the Credentialing and Recredentialing Policy and Procedure Manual to administer Provider credentialing and recredentialing.
- The Credentialing Committee oversees the credentialing process. If a Provider does not meet Anthem credentialing criteria (including clinical Anthem Network Participation Requirements and quality of care standards), the Credentialing team brings the information to the Credentialing Committee to review.
- The Credentialing Committee reviews the information and decides what action to take with the Provider's participation in the Anthem Networks.
- The Credentialing Committee is led by an Anthem Medical Director. The Medical Director is accountable for convening monthly meetings, signing off on the file of Providers that meet Anthem credentialing criteria, and reviewing and acting on practitioner credentialing files that have possible significant issue(s).
- The Credentialing Committee reports periodically to the Quality Management Committee (QMC).

The QMC has oversight and responsibility to review or make credentialing determinations with regard to the following:

- Substantive changes to the Credentialing Policy Manual
- Annual credentialing evaluations
- Semi-annual updates (high-level summary) of items reviewed by the Credentialing Committee
- Semi-annual updates (high-level summary) of delegates reviewed for compliance with company, regulatory, and accreditation standards at the Accreditation Delegation Oversight Committee

Minimum Credentialing and Licensing Requirements

Written policies and procedures support identification, recruitment, and retention of participating Providers, and include a uniform credentialing and recredentialing policy for acute and BH Providers that meets all applicable State and CMS (42 CFR § 438.214) requirements. We regularly review and update our comprehensive credentialing policies and procedures when new standards and requirements are issued by NCQA, the federal government, or DMS. We monitor credentialing and recredentialing activities to assure a smooth onboarding process for Providers. Primary source verification is completed by an NCQA Vendor certified in all current NCQA elements, or by Anthem, using the sources summarized in Figure C.18.d-1.

Figure C.18.d-1. Primary Source Verification Assures Providers Are Qualified to Treat Members

Primary Source Verification

Information Category	Source
License to practice	Appropriate licensing agency
Hospital privileges	Hospital or the completed hospital application item and a signed and dated attestation statement
DEA certificate	DEA online search via National Technical Information Service (NTIS)
Residency/education	Residency training program or state licensing agency
Board certification	ABMS or acceptable specialty boards
Malpractice coverage	Copy of current malpractice coverage sheet or the completed malpractice coverage application item and a signed and dated attestation statement
Malpractice history	National Practitioners Data Bank (NPDB)
Sanction information (includes Medicare & Medicaid)	NPDB or state licensing boards
Work history	Application or curriculum vitae
Attestation to the correctness and completeness of information provided by the practitioner	Disclosure statement on the credentialing application attestation page
Reasons for inability to perform the essential functions of the position	Disclosure question #15 on the credentialing application
Lack of present illegal drug use	Disclosure question #17 on the credentialing application

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Types of Providers Credentialed and Recredentialed

Anthem credentials and recredentials the Provider and facility types identified in Figure C.18.d-2.

Figure C.18.d-2. Credentialing Provider and Facility Types

Credentialed Health Care Practitioners	Credentialed Care Delivery Organizations (CDOs)
Medical Doctors (MD)	Hospitals
Doctors of Osteopathic Medicine (DO)	Home Health Agencies
Doctors of Podiatry	Skilled Nursing Facilities (Nursing Homes)
Chiropractor	Ambulatory Surgical Centers
Optometrists providing Health Services covered under the Health Benefit Plan	Behavioral Health Facilities providing mental health and/or substance abuse treatment in inpatient, residential or ambulatory settings, including:
Doctors of dentistry providing Health Services covered under the Health Benefit Plan including oral and maxillofacial surgeons	· Adult Family Care/Foster Care Homes
Psychologists who have doctoral or master's level training	· Ambulatory Detox
Clinical social workers who have master's level training	· Community Mental Health Centers ("CMHC")
Psychiatric or behavioral health nurse practitioners who have master's level training	· Crisis Stabilization Units
Other behavioral health care specialists who provide treatment services under the Health Benefit Plan	· Intensive Family Intervention Services
Telemedicine practitioners who provide treatment services under the Health Benefit Plan	· Intensive Outpatient – Mental Health and/or Substance Abuse
Medical therapists (e.g., physical therapists, speech therapists, and occupational therapists)	· Methadone Maintenance Clinics
Audiologists	· Outpatient Mental Health Clinics
Nurse practitioners	· Outpatient Substance Abuse Clinics
Certified nurse midwives	· Partial Hospitalization – Mental Health and/or Substance Abuse
Physician assistants	· Residential Treatment Centers ("RTC") – Psychiatric and/or Substance Abuse
	· Birthing Centers
	Telemedicine practitioners who provide treatment services under the Health Benefit Plan

Behavioral Health Professional Licenses Verified		
Certified Behavioral Analysts	Certified Addiction Counselors	Substance Abuse Practitioners

HDO Certifications and Licenses Verified
Clinical laboratories (CLIA Certification of Accreditation or CLIA Certificate of Compliance)
End Stage Renal Disease (ESRD) service Providers (dialysis facilities) (CMS Certification)
Portable x-ray Suppliers (FDA Certification)
Home Infusion Therapy when associated with another currently credentialed Health Delivery Organization (HDO) (CMS Certification)
Hospice (CMS Certification)
Federally Qualified Health Centers (FQHC) (CMS Certification)
Rural Health Clinics (CMS Certification)

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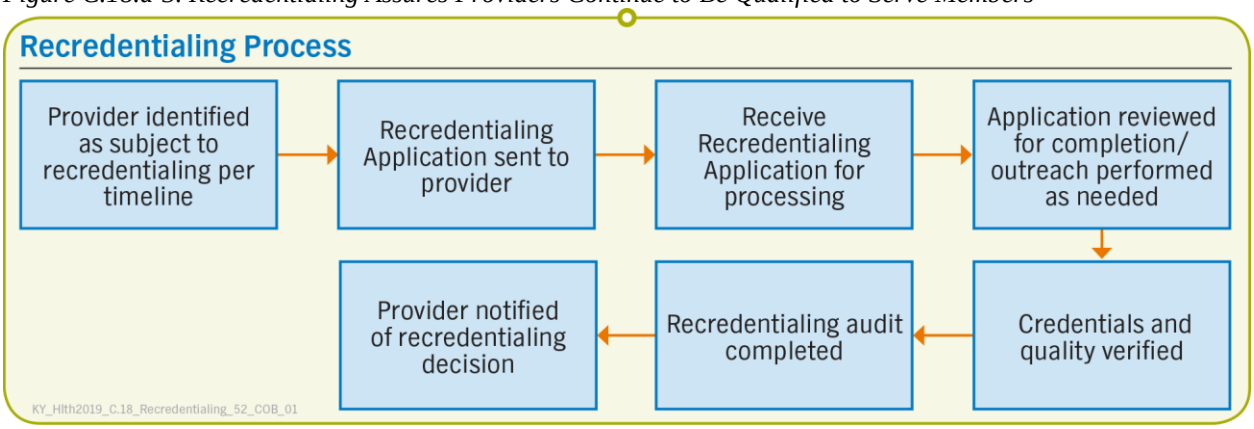
Advanced diagnostic imaging services are required to be properly accredited in order to bill for or be reimbursed for services, in accordance with State and federal laws. These Providers are required to be accredited by one of the following entities: American College of Radiology; Intersocietal Accreditation Commission; The Joint Commission (TJC); or other relevant accreditation organizations designated by the Secretary of DMS of Health and Human Services.

All Providers must meet initial and ongoing Anthem credentialing standards and Network participation criteria.

Completing Our Recredentialing Process

Anthem recredentials all practitioners and facilities contracted with Anthem within three years of the previous credentialing decision as described in Figure C.18.d-3. Requirements are the same as those for initial credentialing. Recredentialing identifies any changes in Providers' licensure, sanctions, board certification, clinical privileges, competence, or health status that may affect their ability to serve Members. We track and monitor Provider complaints and consider them as part of the recredentialing process.

Figure C.18.d-3. Recredentialing Assures Providers Continue to Be Qualified to Serve Members



Delegating Credentialing

In certain instances, Anthem may delegate credentialing and recredentialing functions to certain delegated entities that must perform these functions according to our policies and procedures and the Contract. Anthem retains final approval or denial for single Provider participation within the delegated group. Anthem requires that potential delegates must:

- Be NCQA accredited or certified or pursuing NCQA accreditation or certification
- Employ a minimum of 300 practitioners
- Meet all Anthem credentialing requirements

Delegated credentialing reduces the administrative burden for Providers and, where feasible, is more efficient for all parties. Delegates may credential the following types of Providers, including Provider groups that meet specific eligibility requirements (based on size, experience, infrastructure, and professional liability insurance): pharmacy Providers, medical group practices, hospital-based physician groups, and physician and physician-hospital organizations.

The Credentialing department works closely with our Credentialing Committee, Vendor Oversight Committees, Medical Director, and QM staff when evaluating delegates and determining ongoing compliance requirements. Delegates must:

- Meet or exceed all company and associated health plan requirements
- Meet or exceed all NCQA standards
- Meet or exceed all CMS regulations
- Comply with all applicable HIPAA requirements in accordance with business associate regulations

All delegated credentialing and recredentialing processes meet or exceed NCQA accreditation requirements, as well as CMS and State Medicaid guidelines.

Ongoing Sanction Monitoring

On a monthly basis, or within 30 days of a newly released sanction report, Credentialing staff review practitioner limitations on licensure and sanction information. Anthem Provider contracts require that any individual employed by the Provider involved in providing services to the Member must not be sanctioned. We also conduct monthly screening of any individual identified as having 5% or greater interest in the Provider practice.

The Credentialing staff reviews reports from various sources, such as the Office of the Inspector General (OIG), List of Excluded Individuals and Entities (LEIE), System for Award Management (SAM), applicable State and federal agencies, the Office of Personnel Management, Kentucky licensing boards and agencies, and our own internal data (for example complaints, adverse incidents, Member complaints, and satisfaction data) and departments. We also consider any other verified information received from other appropriate sources.

When a participating Provider or facility has been identified by these sources, we use formal criteria to assess the appropriate response, which may include review by the chair of the Credentialing Committee, review by the Medical Director, referral to the Credentialing Committee, or termination from the Network. We report Providers to the appropriate authorities as required by law. If a Provider's license is suspended or terminated, they are no longer eligible to participate in our Network and we terminate them immediately. We add Providers terminated for sanctions and license issues to the Adverse Provider Action report. Any Provider whose Network status is not renewed may file an Appeal within 30 calendar days of notification.

Implementing and Enforcing Quality Standards for Providers

Through our Anthem practices and procedures, we apply quality standards consistent with our credentialing policy to make Provider quality determinations for contracting into our Network. We developed our credentialing criteria using industry standards including those for NCQA health plan accreditation and local regulatory mandates. Our Credentialing Committee — which includes practicing physicians from Kentucky — reviews and approve the criteria annually. In addition to credentialing criteria, our QM department conducts ongoing monitoring of HEDIS, CAHPS®, and other measures related to pharmacy, BH, patient safety, coordination of care, service, Provider satisfaction, UM, and care management annually.

The process for making a quality determination for Network contracting commences when our Provider Network team identifies a need to meet adequacy requirements based on Geographic Access reporting analysis, or at the request of a Member, DMS, or a Provider, and includes, at minimum:

- Complete application and credentialing information
- Current, valid, and unrestricted license to practice in Kentucky
- Active enrollment as a Kentucky Medicaid Provider
- No evidence of potential material omissions or misrepresentations on application
- No current license action or a history of licensing board action in any state
- No current federal sanction and no history of federal sanctions from all sources included in the exclusions list

- Possess a current, valid, and unrestricted DEA/CDS registration for prescribing controlled substances, if applicable to specialty in which he/she will treat Members
- Hospital admitting privileges at a TJC, the National Integrated Accreditation for Healthcare Organizations (NIAHO), the Center for Improvement in Healthcare Quality (CIHQ), or Healthcare Facilities Accreditation Program (HFAP) accredited hospital
- Valid malpractice insurance, verifiable work history, and facility accreditation
- Board certification, or highest level of medical training or education

In Table C.18.d-1, we include examples of conditions that would cause an adverse quality determination during the contracting process.

Table C.18.d-1. Circumstances Warranting an Adverse Quality Determination During the Contracting Process

Example	Provider Satisfaction
Sanctioned Provider	The Provider received sanctions from the Kentucky Board of Medical Examiners for a history of excessive prescribing habits and inappropriate with patients.
Lack of Admitting Privileges	The Provider does not maintain unrestricted active hospital admitting privileges needed for their specialty type.
No DEA/CDS License	The Provider does not have a current, valid, and unrestricted DEA license and is a specialty type where the ability to prescribe is necessary for efficient patient care.
No Board Certification	The Provider failed to obtain board certification within the required timeframe established by the certifying body for their specialty type and failed to provide an explanation why.
Residency Requirements Not Met	The foreign-trained Provider, not practicing in an academic setting, passed the Educational Commission for Foreign Medical Graduates but has not completed residency requirements for foreign-trained Providers in the U.S.

Implementing Corrective Action Plans

We monitor our Network to verify compliance with DMS access standards, including appointment access audits. We continually monitor Member feedback to identify evolving access issues or trends. Network Relations Consultants investigate the issue to determine whether to take corrective action. If we confirm there is a problem, we take the following steps:

- Provider Services develops a formal action plan and obtains agreements for reassessment.
- We monitor and evaluate plan implementation to assure timely completion of critical tasks and prevent recurrence of issues, and conduct a follow-up audit three months after resolution.
- If the Provider does not achieve compliance or if non-compliance recurs, we refer them to the Peer Review Committee for further action, such as limiting a PCP's panel size.
- If the Provider does not correct the deficiencies, we may terminate them from our Network.

We work diligently with Providers to identify and implement individual improvement plans, and we maintain incentives to align Provider goals with those of DMS. We do not, however, take punitive action solely based on profile results. Our team collaborates with Providers whose performance is below target thresholds to encourage them to adopt practice management protocols that are effective for their peers. If we continue to see no improvement after repeated attempts to adjust the Provider's performance, we may initiate steps to remove them from the Network.

Terminating Providers

Anthem complies with all Contract requirements as described in Draft Contract Section 28.10, Termination of Network Providers, regarding Provider termination. To support credentialing standards between the recredentialing cycles, through our policies and procedures, we administer

an ongoing monitoring program. We perform ongoing monitoring to verify continued compliance with our standards and to look for any action that may reflect substandard conduct and competence. To achieve this, we review periodic reports when available through sources such as the OIG, federal Medicare or Medicaid reports, Office of Personnel Management, Commonwealth licensing agencies, and our QM department. We review data regarding complaints of both a clinical and non-clinical nature, reports of adverse clinical events and outcomes, and satisfaction data from other internal departments, or any other verified information received from appropriate sources. If we identify a non-compliant Provider, we assess the appropriate response on an individual basis. We will notify DMS via email of a Provider termination within three Business Days. We include appropriate reasons for termination in Table C.18.d-2.

Table C.18.d-2. Reasons for a Provider Termination

Termination Requirement Source	Termination Reasons
Per the Contract	• Adverse Medicare Action • Adverse Action on Professional License • Deceased • Professional License Surrender • Other State Medicaid Adverse Action
Per Anthem Policy	• Failure to meet standard eligibility criteria due to a lapse in basic predetermined professional conduct and competence • Issues involving licensure • Not meeting required medical staff membership and/or lacking admitting privileges • Not adhering to certification or accreditation requirements • Unprofessional conduct or reduced competency, such as a history of professional disciplinary actions • Malpractice • Sanctions under Medicare, Medicaid, or the Federal Employees Health Benefits Program • Moral turpitude • Criminal convictions • A reportable malpractice actions, loss, or surcharge of malpractice insurance • Any other event which could adversely impact the health or welfare of a Member

We may immediately terminate a Provider if their conduct requires immediate action, poses an imminent risk of harm to Members, or if the Provider's license is suspended, probated, or revoked. We notify Providers and DMS in writing of a termination, which includes our reason for the decision, the effective date of termination, the Provider's right to appeal the decision, and how to request an appeal.

If DMS notifies us that a Provider failed to submit recredentialing documentation or failed to meet its requirements, we suspend claims payment for the dates of service after the effective date within one Business Day of receipt of notice. We reinstate payment once we receive notice from DMS that it received the necessary requested information to reinstate the Provider. We address payment suspension at recredentialing and release applicable claims and deny payment to the Provider if we receive notice from DMS that the Provider was terminated from Medicaid. Table C.18.d-3 includes examples of why Anthem may terminate a Provider with cause. Terminated Providers have the right to appeal consistent with our processes.

Table C.18.d-3. Examples of Terminating a Provider with Cause

Examples	Description
1. Provider denying services to Members based on lack of payment	We prohibit Providers, through our contracts, from denying services to Members based on lack of payment. In the rare instance this should occur, we educate Providers on their obligations related to this through our Provider Manual, in our contracts, during orientation, or through educational sessions. We monitor adherence to this rule through Member complaints — which we track back to the individual Provider — and immediately outreach to the Provider if this occurs. Should a Provider refuse to see a Member, we provide education about the contract requirements and communicate further regarding the details of the situation. We monitor compliance on an ongoing basis, and if the Provider does not comply with requirements, we may terminate them from our Network. We reinforce the expectation that the Member has access to needed care with no disruption and verify that access to care was restored with the Provider. We investigate the situation internally to identify and resolve any issues related to non-payment.
2. Identifying and reviewing any debarred, revoked, or otherwise sanctioned Providers	No less than monthly, we perform ongoing sanction monitoring reviews. Our Medical Director and Credentialing Committee identify and review any debarred, revoked, or otherwise sanctioned Providers. Our Provider contracts require that any individual or Provider's employee who is involved in providing services to the Member must not have sanctions. If we identify a Provider during our monitoring reviews, we use formal criteria to assess the appropriate response, which includes a review by the chair of the Credentialing Committee, the Medical Director, and a referral to the Credentialing Committee, or termination from the Network. We report practitioners and health delivery organizations to the appropriate authorities required by law. If a Provider has a terminated or suspended license, they are no longer eligible to participate in our Network and we terminate them immediately.
3. Provider poses threat to Member health or welfare	If, upon recredentialing review, or off-cycle review, our Credentialing Committee determines that a Provider poses threat to Member health or welfare, we terminate that Provider. For example, if a Provider's continued participation in our Network poses a potential risk to the health or welfare of one or more Members due to specific issues of professional conduct and competence, the chair or vice-chair of the Credentialing Committee or our Medical Director (or designee) — after consultation with legal counsel — may terminate the Provider effective immediately.

Our credentialing process is fully compliant with all Draft Contract requirements and assures that the Providers enrolled in our Network deliver quality services. Please refer to Attachment C.17.f-1 for a copy of our complete credentialing policy.

C.18.e. Demonstrating Our Network Capabilities

e. Demonstrate progress toward developing network capabilities for statewide access by providing evidence of existing contracts or signed Letters of Intent with providers by provider type (for the Vendor and Subcontractor). Include the following information at a minimum:

i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider's Medicaid Identification Number(s).

ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county.

iii. A statewide Geographic Access report of all providers with LOIs and/or existing contract color coded by provider type by Service Region.

We maintain and manage our Network in compliance with Contract requirements as described in Draft Contract Section 28.0, Provider Network, and according to our detailed, comprehensive

Provider Network Development and Management Plan for monitoring our Network, identifying gaps, and expeditiously resolving them. In Attachment C.18.e-1, we include evidence of existing contracts that demonstrates the strength of our established statewide Network.

Anthem's comprehensive Network in the Commonwealth includes more than 28,000 contracted Providers that allow us to maintain 100% Network adequacy for all Provider types. Our network includes but is not limited to the Providers illustrated in Figure C.18.d-1.

Figure C.18.e-1. Our Network Exceeds Network Adequacy Standards

Access and Availability to Key Provider Types

Provider Category	Accessibility Standard(s)	Unique Count of Providers	Percent of Members with Access	Average Distance to One Provider
General Hospital	1 Provider within 30 Miles	110	100%	7.1 Miles
Primary Care		5,053	100%	2.7 Miles
Allergy	1 Provider within 30 Miles (Urban Members) or 1 Provider within 50 Miles (Rural Members)	77	99%	12 Miles
Cardiology		500	100%	5.8 Miles
Dental Services		1,667	100%	3.8 Miles
General Surgery		408	100%	6 Miles
Hematology/Oncology		332	100%	8.1 Miles
Neurology		335	100%	8.4 Miles
Obstetrics		723	100%	5.7 Miles
Orthopedics		414	100%	7.5 Miles
Otolaryngology		138	100%	8.3 Miles
Psychiatry		447	100%	4.9 Miles
Urology		183	100%	8.2 Miles
Vision Services		1,372	100%	4.1 Miles

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Highlights of Anthem's Networks and program for Commonwealth Members in Medicaid include:

- Flexibility to configure our operating system to allow Members to select their PCP
- A sophisticated auto-assignment process if Members to not make a conscious choice
- 96% of PCPs have open panels to our Members in Medicaid
- An always expanding Network that enhances access (for example, we added more than 1,300 credentialed Providers in 2019)
- Disciplined oversight and monitoring of Network adequacy and proactive recruitment to meet Member needs
  - Semi-annual Geographic Access reporting
  - Efficient Grievances and Appeals process
  - Contracting based on new Member requests
- Medicaid-specific VBP programs that assure Accountable Reimbursement, improve quality and efficiency, while enhancing Member health outcomes
- Dedicated Provider Solutions staff, including new concierge-level Patient Centered Care Consultants and an Integrated Physical and BH Provider Relations Consultant

Anthem's Comprehensive Provider Network

Our Provider geographic access maps, and complete Network data by Provider type are included as Attachment C.18.e-1b, and c.

i. Listing Our Provider Types

i. A Microsoft Excel workbook by Provider type listing every Provider that has signed a contract or Letter of Intent, including the Provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the Provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the Provider's Medicaid Identification Number(s).

We include a copy of our Anthem complete Provider Network File in Attachment C.18.e-1a. The Microsoft Excel Wordbook by Provider type lists every Provider that has signed contract or Letter of Intent (LOI). As shown in the Provider Network File ***Anthem has a well-established, comprehensive, statewide Medicaid Network of more than 28,000 unique Providers at over 8,500 locations, serving more than 132,000 Kentucky Medicaid Enrollees (Members) across more than 44,000 square miles, significantly exceeding Network adequacy standards***.

ii. Summarizing Our Total Provider Types by Region and County

ii. A summary Microsoft Excel worksheet with total Provider counts by Provider type by Medicaid region and county.

We include a copy of our Anthem total Network Provider counts by Provider type by Medicaid Region and county in Attachment C.18.e-1b, Summary Microsoft Excel worksheet with total Provider counts by Provider type by Medicaid Region and county.

Anthem's Provider Network offers an unmatched number of unique access points throughout each region.

Unique Access Points by Region

Region	Provider Access Points
Out-of-State	7,417
Region 1	2,781
Region 2	3,767
Region 3	9,883
Region 4	5,258
Region 5	8,561
Region 6	2,683
Region 7	3,064
Region 8	5,232

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iii. Monitoring Time and Distance Standards Using Geographic Access Reports

iii. A statewide Geographic Access report of all Providers with LOIs color coded by Provider type by Service Region.

We use Geographic Access reports to identify gaps related to time and distance standards. On a quarterly basis, using data analytic tools, we conduct an assessment against DMS' time and distance standards to verify that our Network (including hospitals, groups, PCPs, specialty Providers, and BH Providers) meets adequacy and accessibility standards to deliver Covered Services to our Members. We generate and review Geographic Access reporting reports to determine any Network gaps based on where our Members live.

We submit the results to DMS using our Provider Services Network Adequacy Report, which includes analysis of Geographic Access reporting Miles and Minutes reports, PH and BH Network adequacy, and required Provider-to-Member ratios. Based on our ongoing evaluation of our statewide Network adequacy, we identify areas of focus for ongoing development activities to further make sure gaps are addressed proactively. We include our Geographic Access report in

Attachment C.18.e-1c, Geographic Access Report of all Providers with LOIs, color coded by Provider type by Service Region.

C.18.f. Describing Our Proposed Member-to-Provider Ratios

f. Describe proposed Enrollee to Provider ratios by Provider type, as well as the Vendor's methodology for considering a Provider's FTE when calculating network adequacy standards.

As illustrated previously in Figure C.18.e-1, Anthem complies with Contract requirements in the Draft Contract Section 28.4, Provider Network Adequacy and Access, for our 1,500:1 Member to PCP ratio. We verify compliance with required Member-to-Provider ratios during our quarterly analysis. As part of our analysis, we produce an internal report that uses the quarterly Geographic Access reporting analysis as the baseline data for determining Member-to-Provider ratios. The ratio is calculated based on Member to individual practitioner. If we identify a need for recruitment during our quarterly analysis, we execute our recruitment process to make sure we remediate any issues and maintain compliance.

Anthem maintains a formal Access and Availability policy, which establishes comprehensive and consistent mechanisms to ensure there are an adequate number of practitioners available to Members within the Anthem Provider Network. Members have access to quality, comprehensive health care services 24/7 through an ample Network of participating Providers under agreement with Anthem. We endorse and promote comprehensive and consistent access standards to make sure there are an adequate number of PCPs, specialty Providers, and BH Providers for Members across the Commonwealth. Anthem establishes mechanisms for measuring compliance with existing standards and identifies opportunities for the implementation of interventions for improving accessibility of health care services for Members. Anthem communicates information about access and availability standards to Providers in the Provider Manual and New Provider Orientations. We define Providers as follows:

- **High-impact Specialists.** The practitioners who treat conditions that have high mortality and high morbidity rates or whose treatment requires significant resources. Providers identified for this category are: oncologists.
- **High-volume Specialist.** A specialist who provides health care services for the majority of Members, identified through claims, encounter data, and/or their location within a high-volume geographic area or they are in a high-volume discipline. OB/ GYNs are considered a high-volume discipline for purposes of availability. In addition, Anthem analyzes other high-volume specialties as dictated by Contract requirements or by claims volume.
- **Mental or BH Practitioner.** A practitioner who provides mental health services and meets any of the following criteria:
  - A licensed Psychiatrist or Psychologist
  - A CMHC, FQHC or RHC
  - Other eligible Provider of BH Services, such as: Licensed Professional Clinical Counselor, Licensed Marriage and Family Therapist, Licensed Psychological Practitioner, Behavioral Health Multispecialty Groups, Behavioral Health Services Organizations, Licensed Clinical Social Worker, Certified Family, Youth and Peer Support Providers, Targeted Case Manager, or other independently licensed BH professionals deemed valid by the Commonwealth.

- **Obstetricians and Gynecologists (OB/GYNs).** An OB/GYN may be a PCP; however, for purposes of measuring compliance with Anthem access standards, they are considered high-volume specialists.
- **Primary Care Provider.** A medical practitioner responsible for supervising, coordinating, and providing initial and primary care to patients and serves as the Medical Home for Members, and who are credentialed in Family Practice, Internal Medicine, Pediatrics, or General Practice. This may include, but is not limited to a doctor of medicine, doctor of osteopathy, advanced practice registered nurse (including a nurse practitioner, nurse midwife and clinical specialist), physician assistant, or clinic (including an FQHC, FQHC look-alike, RHC, or primary care center) that functions within the scope of practice and in accordance with Commonwealth certification/licensure requirements, standards and practices, and is responsible for providing all required primary care services to Members. A PCP has admitting privileges at a participating hospital and agrees to provide primary health care services to Members 24/7. Specialty Providers may serve as a PCP under certain specific circumstances, depending on the Member's needs, including for a Member who has a gynecological or obstetrical health care need, a disability, or chronic illness.

Anthem adopted ratio standards established as a means of assuring availability for our Members. Our standard ratio assumes practitioners who practice a minimum of 40 hours per week to be a full-time employee. We consider availability of practitioners and accessibility to services an essential component of quality health care and monitors and assesses these areas for its practitioners and services. In addition to Geographic Access reporting reports, we analyze other high-volume specialties, high-impact specialties, and BH Providers as dictated by Contract requirements and claims volume to identify additional subspecialties that are critical to access and high-quality care. As necessary, we make every attempt to contract with an adequate Provider specialty Network. In the event that Anthem is not contracted with a required specialty within the Member's service area, Anthem will arrange for medically necessary services with a non-contracted Provider.

Contractually, Kentucky PCP capacity is set at no more than 1,500 Members per Provider, for both urban and rural. The Kentucky Contract does not specify capacity for specialists nor ancillary service Providers. Although the Kentucky Contract does not stipulate specialist-to-Member ratios, the plan specifies ratios as shown in Table C.18.f-1.

Table C.18.f-1. Anthem Exceeds All Member Ratio Contract Requirements

Provider Group			Access/Availability Standards	Rate/Threshold Standard	Results: Rate/Threshold	Goal Met?
Type	Practitioner					
Primary Care Practitioner	Family Practice/ General Practice	Urban	Ratio: PCP to Members	1:1,500	**1:10**	Y
			Geo: 1 Provider within 30 miles	95%	**100%**	Y
		Rural	Ratio: PCP to Members	1:1,500	**1:10**	Y
			Geo: 1 Provider within 45 miles	95%	**100%**	Y
	Internal Medicine	Urban	Ratio: PCP to Members	1:1,500	**1:69**	Y
			Geo: 1 Provider within 30 miles	95%	**100%**	Y
		Rural	Ratio: PCP to Members	1:1,500	**1:69**	Y

Provider Group			Access/Availability Standards	Rate/Threshold Standard	Results: Rate/Threshold	Goal Met?
Type	Practitioner					
			Geo: 1 Provider within 45 miles	95%	**100%**	Y
	Pediatrician	Urban	Ratio: PCP to Members	1:1,500	**1:20**	Y
			Geo: 1 Provider within 30 miles	95%	**100%**	Y
		Rural	Ratio: PCP to Members	1:1,500	**1:20**	Y
			Geo: 1 Provider within 45 miles	95%	**100%**	Y
High-volume Specialists	OB/GYNs	Urban	Ratio: Specialist to Members	1:2,500	**1:30**	Y
			1 Provider within 60 miles	95%	**100%**	Y
		Rural	Ratio: Specialist to Members	1:2,500	**1:30**	Y
			1 Provider within 60 miles	95%	**100%**	Y
High-impact Specialists	Oncologist	Urban	Ratio: specialist to Members	1:2,500	**1:425**	Y
			1 Provider within 60 miles	95%	**100%**	Y
		Rural	Ratio: specialist to Members	1:2,500	**1:425**	Y
			1 Provider within 60 miles	95%	**100%**	Y

On a monthly basis, DMS performs a Network adequacy review against the Anthem Provider Network File, which is submitted to DMS twice per month. The results of the review are distributed to Anthem for response to any findings. The response must be sent to DMS within 15 days from receipt of the results. Anthem reviews a quarterly Geographic Access report to make sure the ratios and access standards are met. If a deficiency is noted, a CAP would be developed to assure Network adequacy. Other monitoring mechanisms include:

- Reviewing administrative complaint reports and Grievances that relate to access, availability, cultural, and/or linguistic barriers on at least a quarterly basis
- Tracking and trending results from the CAHPS survey, annually
- Conducting office site visit surveys, as necessary
- Making sure that Provider hours of operation do not discriminate against Members
- Educating Providers on access requirements, which are outlined in the Provider Manual

The analysis, barriers, and recommended interventions are presented to and reviewed by various Anthem Quality Committees on an annual basis.

C.18.g. Describing Our Methods for Ongoing Monitoring and Assessment to Comply with Network Adequacy

Describe the Vendor's proposed methods for ongoing monitoring and assessment to ensure compliance with network adequacy and access to care standards, including tools used, the frequency of reviews, and how the Vendor will use findings to address deficiencies in the Provider Network. The response should also address how the Vendor monitors appointment availability and wait times.

Provide samples of tools and/or reports.

Anthem offers unparalleled assurance to DMS of adequate capacity and Covered Services for our adult and child Members. We comply with the Contract requirements in Draft Contract Section 28.4, Provider Network Access and Adequacy. We provide sample tools that we use in Attachment C.18.g-1, Samples of Tools and/or Reports. Our Provider Network adequacy and Geographic Access reporting reports assess contracted Providers by type per region.

Monitoring and Assessment Methods to Assure Network Adequacy and Access to Care

Our Anthem policies and procedures, Provider agreements, and Anthem Provider Manual detail our QM program and quality methodology. As part of this methodology, we require that our Network Providers adhere to strict access to care standards and take corrective action if a failure to comply is identified. Network Providers are contractually obligated to make sure Covered Services are as accessible to Members in terms of timeliness, amount, duration, and scope as those services that are available to non-Medicaid persons within the same service area.

Our Provider Services team is responsible for monitoring and reporting identified gaps in the Network and assuring that those gaps are resolved. In the event that we identify a Network gap, we immediately work to close that gap by identifying prospective Providers in the geographic and specialty area affected and negotiating either a letter of agreement or SCA to assure immediate care for Members. We work to close the gap on a long-term basis by soliciting their participation in our Network and assess the Provider for quality, applying our credentialing standards, to make a final contracting determination.

Our Provider Services team and QM departments collaborate to monitor and verify compliance using multiple methods, including: ongoing assessment of Network access; review of analytical reports to determine Network gaps; and ongoing monitoring of Network access and Provider compliance with access standards through surveys and Member complaints. We systematically review Network adequacy quarterly if we are meeting standards and monthly if standards are not met. Further, we review Network adequacy, as required, any time a significant change affects Network adequacy, and as requested by DMS. We assure that Providers comply and cooperate with External Quality Review Organization (EQRO) Network adequacy validations and activities as required by DMS.

Using Tools to Monitor Network Adequacy

To make sure that all Members have ***timely access*** to all covered health care services, we continually monitor our Provider Network according to changing circumstances with the objective of maintaining the stability and capacity of existing delivery systems. Our monitoring tools include our Geographic Access reporting mapping, periodically reviewing Providers for availability and type, and surveying and responding to Member needs. Using Geographic Access

reporting analysis, our Provider Network Integrity Workgroup and Provider Relations and QM departments diligently monitor Network adequacy, anticipate future needs, and promptly identify gaps to make sure that Members have access to all Covered Services in a timely manner. We monitor ***Provider appointment wait times, after-hours accessibility, and telephone accessibility*** to assure Members have timely access to their PH and BH Providers and prompt response to telephonic inquiries as shown in Figure C.18.g-1.

In accordance with our QM policies and procedures, we will conduct quarterly Provider audits to measure appointment wait time for specific types of visits and Provider types. Access and availability will also be monitored on an annual basis via the Member satisfaction survey. Annually, we conduct appointment availability and after-hour surveys of our Network through an independent Vendor.

Figure C.18.g-1. Network Monitoring Measurement

Measure	Measure Method of Monitoring
Provider Level	
Appointment Availability and After-hours Access	· Site visits · Provider Access and Availability Survey · CAHPS® Survey · Member Grievances · Secret shopper calls
Office Waiting Time	· Appointment availability audits · Provider site visits · Member input and feedback including Grievances · Employee feedback · Administrative data
Patient Load	· Site visits · Member Grievances
Network Level	
Travel Distance and Time	· Geographic Access Mapping · Member Grievances · CAHPS Survey

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We will continue to provide DMS with our Geographic Access Network Reports and Maps upon request or anytime there is a significant change that affects Network adequacy and the ability to provide services.

Ongoing Process for Monitoring Our Network

Our ongoing process for monitoring our Network includes specific activities that occur throughout the year, as described in Table C.18.g-1.

Table C.18.g-1. Monitoring Our Provider Network

Component	Description
Ongoing	• Conduct Provider profiling and benchmarking to identify outliers • Review Network adequacy reporting from DMS in comparison to our Network data for each Provider type • Monitor Member comments or complaints, appointment availability, OON utilization, and Provider compliance with after-hours coverage through surveys or selective on-site and desktop audits (for Providers under targeted reviews) • Analyze Member Liaison, Member Advisory Group, and Clinical and Administrative Advisory Committee input, which offers important local insight into access and availability • Communicate with our UM and Care Management teams to make sure Members have adequate access to the appropriate Providers • Constant collaboration between the Network Development, UM, and Care Management teams to identify areas and specialties where services are difficult to secure
Monthly	• Monitor OON referral patterns for each Provider type
Quarterly	• Assess Network access related to DMS' standards for each Provider type, including review of Geographic Access reports to identify and fill any Network gaps • Review trends based on feedback from our Network Relations Consultants
Semi-annually	• Review the Network in compliance with NCQA standards and Anthem's policies
Annual	• An external Vendor performs independent appointment access and after-hours surveys

Maintaining Network Adequacy by Addressing Any Deficiencies

If deficiencies are identified, we will develop action plans for improving appointment availability, including:

- Sharing results with non-compliant Providers and implementing CAPs
- Meeting with compliant Providers to identify best practices
- Developing customer service seminars for physicians' office staff to discuss scheduling protocols and best practices to manage challenges and improve efficiency within the office

Monitoring Appointment Availability and Wait Times

We monitor ***Provider appointment wait times, after-hours accessibility, and telephone accessibility*** to assure Members have timely access to their PH and BH Providers and prompt response to telephonic inquiries. In accordance with our QM policies and procedures, we conduct quarterly Provider audits to measure appointment wait times for specific types of visits and Provider types. Annually, we contract with an external Vendor who performs independent appointment access and after-hours surveys. Access and availability is monitored on an annual basis via the Member satisfaction survey. We use the NCQA-required data sources detailed to formally assess our performance against our standards for appointment wait times.

Annually, we conduct appointment availability and after-hours surveys of our Network through an independent Vendor. We continually evaluate the efficacy, capacity, and geographic placement of our Providers and seek to maximize Member interaction with Providers who consistently deliver high-quality care. When we determine a Provider is not advancing toward suitable standards or higher performance levels consistent with DMS' vision, we employ various tactics, such as Member reassignment or restricted Member assignment to optimize our Network composition and minimize use of lower performing Providers. We provide DMS with our

Network data files quarterly, or anytime there is a significant change that affects Network adequacy and the ability to provide services.

C.18.h. Responding to a Network Termination or Loss of a Large Provider

h. Describe how the Vendor would respond to the network termination or loss of a large provider group or health system. Include information about the following at a minimum:

i. Notification to the Department and Enrollees.

ii. Transition activities and methods to ensure continuity of care.

iii. Analyses the Vendor will conduct to assess impact to network adequacy and access, and how the Vendor will address identified deficiencies.

Fortunately, Anthem has not experienced a Network termination or loss of a large Provider group or health system. However, we are committed to keeping Members connected with the services they need, when they need them, and in the setting they choose, and we have a formal process for addressing these changes should they arise.

i. Notifying DMS and Members

i. Notification to the Department and Enrollees.

Responding to a Network Provider Termination

Anthem maintains a formal Provider Termination Playbook that details the steps that we must follow to terminate a Provider — regardless of the cause. Our playbook prescribes the steps required under the Contract regarding notification to the Member and DMS. In the event of an anticipated termination of a large Provider group, we will activate our formal ***Provider Termination Playbook*** that details protocol for keeping our Members and DMS abreast of changes and mitigating any disruption, as outlined in our response to C.18.h.i, Notifying DMS and Members.

Notifying DMS

Our Provider Termination Playbook includes protocol for notifying DMS via email of a Provider termination from the Contractor's Network within three Business Days for any of the following reasons:

- Other State Medicaid Adverse Action
- Adverse Action on Professional License
- Deceased
- Professional License Surrender
- Adverse Medicare Action

Our notifications to DMS about a Provider termination contains the reason, a brief description of the Provider's actions or applicable information leading to termination, the National Provider Identifier (NPI), Medicaid ID, entity name, Provider type, and complete mailing address. We send an email notification to the DMS Commissioner's Office, Division of Program Quality and Outcomes, and the Division of Program Integrity, and any applicable designees, that includes assurances of how Anthem will maintain Network adequacy and access to care despite the Provider termination.

We complete a survey process for all Providers who choose to exit the Network, and use Provider exit surveys to improve Provider retention and recruitment. Anthem will provide DMS with the Provider exit survey template for review and approval prior to use and for any subsequent changes and provide survey results upon request.

Notifying Members

Anthem notifies Members who have received a service from a terminating Provider within the previous six months of the Provider's impending termination within 15 Days of the action taken if it is a PCP and within 30 Days for any other Provider. As applicable, the notice includes information about:

- Selecting or being auto-assigned to a new PCP and how Anthem will assist the Member to transition care to the newly assigned PCP
- How Anthem will assist the Member to transition care to another specialist

ii. Methods to Assure Continuity of Care

ii. Transition activities and methods to ensure continuity of care.

Assuring Continuity of Care

Anthem assures continuity of care for Members after a Provider termination. Within 14 days of receipt of a Member's PCP termination, we use our intelligent SMART Assignment algorithm to auto-assign the individual to a new high-quality PCP. When a PCP is terminated, we use our auto-assignment algorithm to assign impacted Members to new PCPs. Upon PCP assignment, we send new ID cards and inform Members that they may request a PCP change at any time in writing, face to face, online or via telephone. ***In 2020, we are initiating an improved process to support Member selection of a PCP: we will notify Members up to 30 days prior to their Provider terming, giving them the opportunity to select their new PCP prior to the existing PCP terming and a new one being assigned to them.***

The algorithm creates a personalized match for Members that incorporates their predicted health needs, Provider quality and efficiency, and real-world access to experience and geographic data using a priority Provider hierarchy as the basis for PCP assignment. We auto-assign a new PCP notification to the Members, unless they request a different Provider. If the terminated Provider was a specialist, we assist impacted Members to transition care to another Network specialist. If the Members are part of a Medical Home, we engage our Anthem Care Managers to help navigate a transition to a Provider or Medical Home that meets their needs. By improving the likelihood of a meaningful Member-Provider relationship, we improve outcomes and reduce cost through less waste and better coordination for Kentucky Members. Members have the option to change their PCPs either online or by contacting our Member Services department. Our SMART Assignment logic consists of two stages:

- Who has historically provided services to the Member, meets the PCP criteria and participates in Anthem's Network, has a prior history with a PCP, has a family member assigned to a PCP, or is determined to be high-risk and requiring intensive care management
- The second stage is activated only when a PCP is not assigned in the first stage, or there is more than one PCP meeting the first stage assignment logic for a Member. If there is no such PCP who has historically provided services, Anthem shall assign the Member to the highest quality PCP, who participates in Anthem's Network and is within 30 miles or 30 minutes from the Member's residence in accordance with the accessibility standards as stipulated by

Draft Contract Section 28.4, Provider Network Access and Adequacy. The assignment shall be based on the following:

- The need of children and adolescents to be followed by pediatric or adolescent specialists
- Any special medical needs, including pregnancy
- Any language needs made known to Anthem
- Area of residence and access to transportation

Unless we terminate the Provider for cause, we enable impacted Members to continue an ongoing course of treatment for the greater of 60 calendar days from the date the Member is notified of the termination or pending termination, or 60 calendar days from the date of the termination; this includes completing scheduled appointments. ***If Members have previously scheduled appointments with a terminated Provider, we verify that they can continue to see that Provider during the 60 calendar days, or help to reschedule the appointment with a new Provider.*** We will extend the transition if we determine it is clinically appropriate, and will consult with the Member and Provider in making this determination. Our Provider contracts universally require a continuity of care period for a minimum of 60 days to afford contractual surety and remedies for Members' care during transition periods. Anthem runs our reports to identify Members attributed to the Provider and to identify Members actively involved in care management. For any impacted Members enrolled in care management, including those undergoing an active course of treatment, in the second or third trimester of pregnancy, or within six weeks postpartum, we contact them by telephone and in writing to facilitate continuity of care and help find a new Provider.

When Members transition between primary and specialty care Providers, including BH Services Providers, we share care and treatment plans with their new Providers. Our Network Providers must share treatment plans when transferring or coordinating care. Providers have access to Members' clinical and claims histories through our Anthem Provider portal. If we terminate a Provider or one leaves our Network, we notify impacted Members to make sure their health and safety needs are met.

Transition Plans

When Members transition between Providers, we facilitate the sharing of existing treatment plans and send the new Provider the Member's care plan. Our Network Providers are contractually required to share treatment plans when they are transferring or coordinating Member care. Table C.18.h-1 describes each of the critical components of our approach to facilitating continuity of care for all Members.

Table C.18.h-1. Components of Effective Continuity of Care

Component	Description
Authorizations	We honor all existing authorizations with the same Provider, including those with external organizations providing carved-out services, and frequency of the service identified on the Member's care plan for up to 90 days following enrollment. During this time, Care Managers complete an assessment as needed and develop a new care plan with the same or alternate services and supports based on the Member's holistic needs. Care Managers continually monitor the Member's progress and continued need for authorized services. Our clinicians complete the necessary Prior Authorization request to prevent disruption in care.
Dedicated Care Managers	During the initial assessment, Care Managers take the time to get to know Members, learning about their preferences, families and supports, and identify and understand their needs. By proactively obtaining a copy of the Members' care plans, past assessments, and existing PAs,

Component	Description
	and through outreach to the Providers with established relationships with them, the Care Manager lays the foundation for continuity of care.
Care Plans	Care Managers review new Members' care plans for appropriateness of care, arrange for all medically necessary services, and identify any gaps in care. They review and honor new Members' care plans. Anthem completes a thorough review that supports the existing care plans or work with the Member, families, caregivers, and Providers to develop new care plans. We identify any gaps in care and refer Members for additional services, if needed.
Health Intech — Patient Health and Treatment History for Timely Information	Providers can access a real-time dashboard giving them a picture of their patients' health and treatment history and can facilitate care management. Providers can drill down to specific items in a record to get demographic information, care summaries, claims details, PA details, pharmacy information, and care management activities.
Non-contracted Providers	Our care management team identifies Members receiving services from OON Providers and contacts our Provider Services department for outreach and contracting. If we are not able to contract with the Provider, we work closely with the Member to choose another or, if in the Member's best interest, we work with the Provider to establish an SCA to continue care. We do not enter into SCAs with any Providers who have sanctions.
Member Grievance Information	We continuously review Member Grievances to monitor Provider adherence to access and availability standards during transitions to and from Anthem. Our Member Advisory Committees, focus groups, and one-on-one Member interactions provide us information on the adequacy and availability of Network Providers that help shape our focus and management of our Network.

iii. Assessing Impact to Network Adequacy and Access

iii. Analyses the Vendor will conduct to assess impact to network adequacy and access, and how the Vendor will address identified deficiencies.

Within five Business Days of notification of immediate termination or loss of a large Provider group or health system, our Network Development Analysts will carry out analysis to assess the impact of the loss of the Provider. Consistent with our Provider Network Plan, we continuously monitor access and availability to confirm compliance with Network standards and assure Provider accessibility for Members, as well as anticipated Medicaid enrollment. ***Our current Kentucky Medicaid Provider Network does not have any Network adequacy or access deficiencies.*** We use Geographic Access reporting reports to evaluate Members' driving distance to PCPs, specialists, ancillary Providers, and hospitals. Access to Providers is monitored through Member-to-Provider ratio reports. Specific Geographic Access reporting reports include:

- **Geographic Overview Maps** that display PCP and specialty care Provider locations by geographic area.
- **Provider and Member Maps** that plot Members and Providers of any or all specialties and overlay the Network against the membership base with the appropriate radius encompassing each Provider to identify geographic coverage in a particular area.
- **Member Accessibility Summaries** that provide an overview of the entire analysis displayed in a given report and detail the number and percentage of Members with and without access to a PCP or key specialist.
- **Accessibility Details** that provide the total number of Members, Providers, and the Member-to-Provider ratio for a specified demographic or geographic area, as well as a detailed analysis of a Member's choice of up to five Providers, and the average distance to achieve access.

Our experienced Network Development Analysts review access data and compare the needs of the Member population in each region against the adequacy of our Network to verify its strength in terms of access and ability to provide needed care to Members.

We use various sources of Member input to identify gaps in our Provider Network. For example, we conduct research and obtain information using focus groups and one-to-one Member interactions. We use Geographic Access reporting reports to identify gaps related to time and distance standards. On a quarterly basis, using data analytic tools, we conduct an assessment against DMS' time and distance standards to verify that our Network (including hospitals, groups, PCPs, specialty Providers, and BH Providers) meets adequacy and accessibility standards to deliver Covered Services to our Members. We generate and review Geographic Access reports to determine any Network gaps based on where our Members live. We also produce an annual Geographic Access report and maps according to DMS specifications and submit the results to DMS. Based on our ongoing evaluation of our statewide Network adequacy, we identify areas of focus for ongoing development activities to further make sure gaps are addressed proactively.

Completing Accessibility Surveys

Anthem measures Provider compliance with health care access and availability standards annually through our Appointment Availability survey process. A sampling of Network PCPs, specialists, BH Providers, pediatricians, and dental Providers is included in this process. The primary objectives of this program are to:

- Comply with the Commonwealth's regulations set forth in Anthem's Contract with the Commonwealth of Kentucky
- Provide quantifiable feedback to Anthem regarding physician compliance with the access and availability standards established in compliance with appropriate Kentucky and NCQA regulations
- Help Anthem improve the services provided to its Members

Anthem Is Committed to Maintaining and Expanding its Comprehensive Provider Network

As we have illustrated throughout this response, Anthem has an existing Provider Network that significantly exceeds all adequacy requirements. ***Our comprehensive, statewide Medicaid Network of more than 28,000 unique Providers at over 8,500 locations, serving more than 132,000 Kentucky Medicaid Members across more than 44,000 square miles, significantly exceeding Network adequacy standards.*** Despite this, we are committed to continuing to grow our Network to assure access to health care Providers through a number of strategies, including investing to increase the Provider workforce and introducing a suite of telemedicine options in order to assure access to high-quality Providers in every community in Kentucky.

Anthem Medicaid

C.18. Provider Network Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

Anthem Medicaid

Attachment C.18.d-1. Proposed Contract Templates for Individual Practitioners and Facilities

Committed to the Future of Kentucky Medicaid

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Attachment C.18.d-1. Proposed Contract Templates for Individual Practitioners and Facilities

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.18.d-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.18.d-1 includes the following:

- Attachment C.18.d-1a. Provider Network — Proposed Individual Practitioner Contract Template
- Attachment C.18.d-1b. Provider Network — Proposed Facility Contract Template

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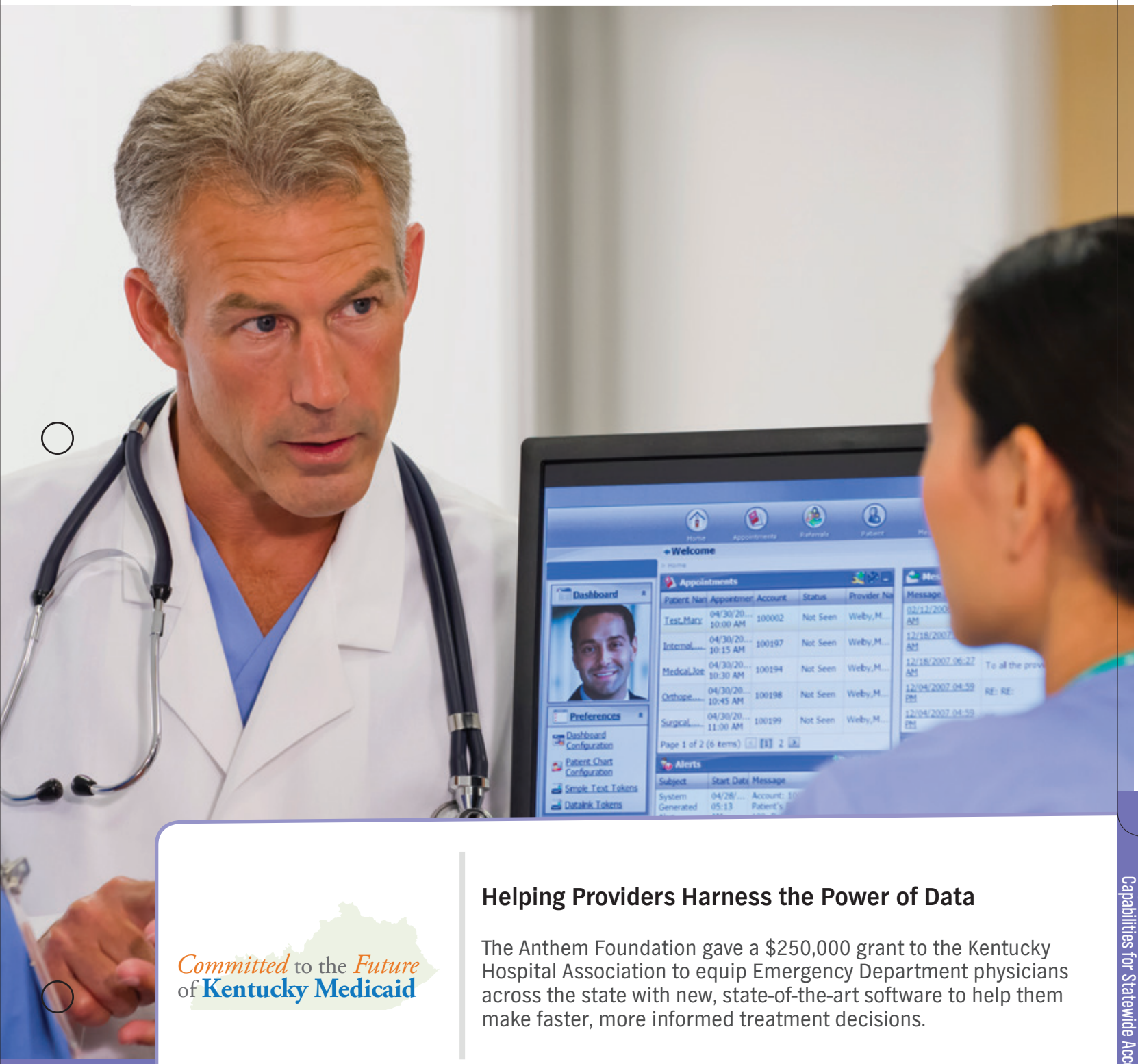
Anthem Medicaid

Attachment C.18.e-1. Demonstration of Progress Toward Developing Network Capabilities for Statewide Access



Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

Attachment C.18.e-1. Demonstration of Progress Toward Developing Network Capabilities for Statewide Access

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.18.e-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.18.e-1 includes the following:

- Attachment C.18.e-1a. Provider Type Listing Every Provider that Has Signed Contract or Letter of Intent
- Attachment C.18.e-1b. Total Provider Counts by Provider Type by Medicaid Region and County
- Attachment C.18.e-1c. Geographic Access Report of all Providers with LOIs Color Coded by Provider Type by Service Region

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Anthem Medicaid

Attachment C.18.g-1. Samples of Tools/Reports Used to Ensure Compliance

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

Attachment C.18.g-1. Samples of Tools/Reports Used to Ensure Compliance

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.18.g-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

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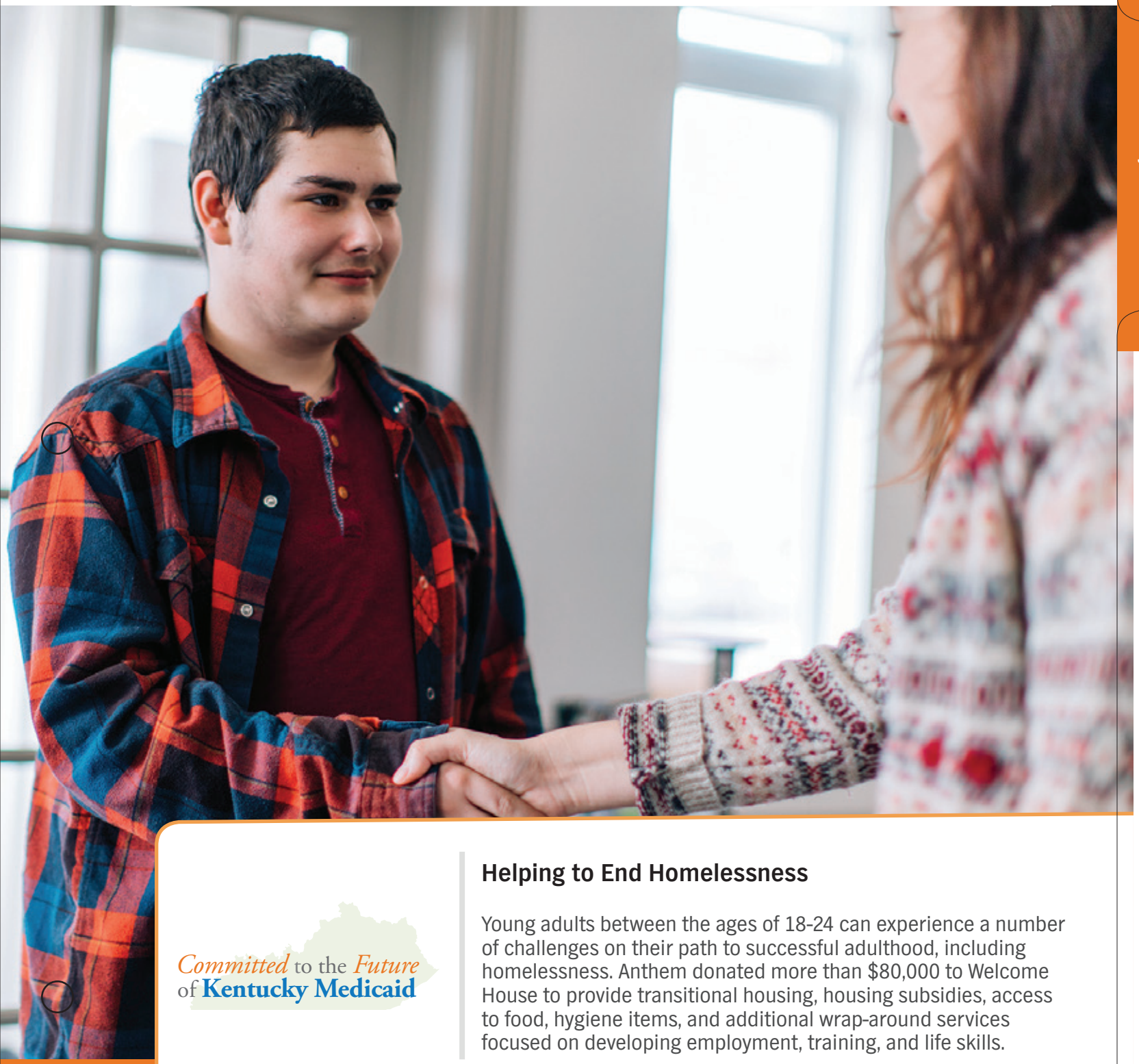
Anthem Medicaid

19. Provider Payment Provisions



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

C.19. Provider Payment Provisions

C.19.a. Claims Adjudication Process and Capabilities

a. Describe the Vendor's claims adjudication process and capabilities in maintaining high standards in claims processing

Our Claims Adjudication Process and Capabilities

Anthem Kentucky Managed Care Plan, Inc. (Anthem) has configured our claims adjudication system to support the high standards established by the State for claims processing. We leverage the system operated by Anthem, Inc., our Ultimate Parent Company, a system that in 2019 processed over 89 million Medicaid claims across 24 markets, including 2.6 million Kentucky claims. We closely monitor the claims payment lifecycle, paying claims for Covered Services quickly and correctly. Our record reflects that we have the capabilities to maintain high standards in claims processing. Our quick turnaround time for claims payment (less than 9 day average for the last four quarters) and our longstanding history of claims adjudication accuracy (payment accuracy of 99.9% and financial accuracy of 99.9% in 2018) demonstrate our capability to meet our obligations under the Draft Contract.

2019 Claims Payment Processing Performance

- Average days to payment: **8.9**
- Payment accuracy: **99.9%**
- Financial accuracy: **99.9%**
- Auto adjudication rate: **85.38%**

KY_Hlth2020_C.19_PaymentProcessing_COB_01

We process claims in our Core Services System, a key component of our Management Information System (MIS), which is seamlessly integrated with other components, including the Enrollee (Member) website, Provider website, Health Intech (our integrated care management platform), and the reporting data warehouses. The Core Services System serves as the system of record for all Provider, Member (enrollment and eligibility), claims, and authorization data. We perform updates to this data through the user interface or application-specific data loads, such as ANSI X12 837 (837) claims transactions and processing X12 834 enrollment and eligibility files received. We apply extensive edits and validations to verify that data entering the system is complete and accurate. This focus on data at the point of system entry helps assure reliable information for use in both the Department for Medicaid Services' (DMS') and our other processes and reports, in particular for encounter data management and reporting.

This efficient, precise, and timely claims processing system enables us to achieve consistently high adjudication accuracy; Provider satisfaction through prompt claims payment and focused claims inquiries; and performance and scalability to support current volumes and future growth. We use electronic transactions, notices, documents, forms, and payments to the greatest extent possible to facilitate improved processing and leverage electronic data interchange (EDI) connectivity to make electronic payments available to all Network Providers. We also have an established process to pay paper claims.

In Kentucky, we received 92.9% of Medicaid managed care claims electronically over the most recent four quarters. For Providers who choose to submit paper claims, we offer free access to electronic billing and claims submission via our secure Provider portal using the Availity tools and educate Providers on the benefits of Availity and how to use it. For maximum Provider flexibility, we accept electronic claims from multiple sources, including our secure Provider portal for submission of an 837 file and claims entered using Direct Data Entry. While we

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

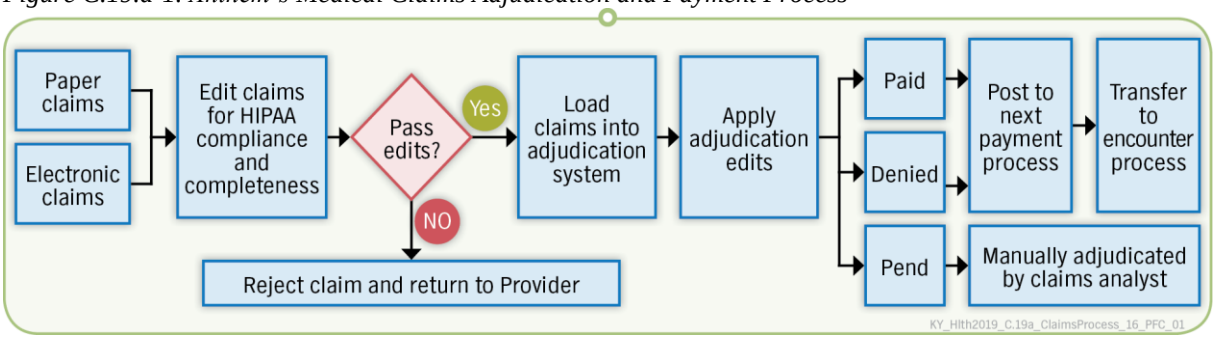
encourage and support electronic submission, we continue to accept and process paper claims in a timely manner (95.2% within 30 days).

Our core group of experts, which includes local and national analysts experienced in Medicaid managed care claims, supports end-to-end claims processing. We have comprehensive Medicaid training and quality programs to prepare staff handling claims to solve problems with minimal disruption to Providers. Further, as part of our Triage and Research team, our Claims Resolution Analysts — known as the Internal Resolution Unit — review, analyze, and remedy claims payment challenges related to system configuration, processing issues, or other claims appeals.

Claims Processing Overview

As depicted in Figure C.19.a-1, we capture and adjudicate medical claims by combining the core claims transaction platform with electronic document imaging, a workflow management system, and electronic claims solutions. This leads to higher rates of auto adjudication and faster, more accurate claims turnaround and Provider payment. For claims we receive on paper, the Document Services team batches, scans, and exports the files for data entry each production day. After we perform quality checks, we create 837 claims data files for processing.

Figure C.19.a-1. Anthem's Medical Claims Adjudication and Payment Process



We run all 837 files through comprehensive HIPAA compliance validation and apply initial business rule edits to all claims prior to adjudication. We reject claims that fail edits before loading into our adjudication system. If we reject a claim, we send the Provider a notice with specific denial reasons and codes via the ANSI 999 Functional Acknowledgement and ANSI 277 Unsolicited Notification. Anthem delivers rejection notifications for claims submitted on paper via letter. The claims processing system captures the IP address and login for every claim for proper historical capture and data integrity.

The system assigns a unique internal control number to each claim to track its progress from entry to final adjudication. We maintain images of all claims in the document management system with real-time access to facilitate needed adjudication and research tasks. Daily exception reports enable us to monitor loading of claim batches into the system. Claims submitted electronically receive an electronic receipt within 24 hours after the start of the next Business Day; receipts for paper claims are available through our secure Provider portal within 10 Business Days of receipt. ***We conduct daily reconciliations to confirm that we are accounting for all claims received from all submission sources and that claims are either rejected and returned to the Provider or loaded into the claims adjudication system and data warehouses within specified periods.*** The system's reconciliation tool captures the date, trading partner, and

source (paper versus EDI) for every claim submitted. We use the data to confirm we process all claims received to a determination of accepted, rejected, paid, pended, or denied.

Each claim moves automatically through the system based on its status. When manual intervention is required, the workflows automatically route a claim to the appropriate queue for an analyst's prompt attention. The system adjudicates medical claims every night. ***We execute a medical claims payment cycle that prepares Provider remittance advices and generates Electronic Funds Transfer (EFT) for Network Providers who choose electronic payment and physical checks for all other Providers twice per week.***

C.19.b. Anthem's Processes for Claims Payment and Processing

b. Provide information about the Vendor and any entity proposed to process and pay claims. As part of the response, address the following:

Anthem processes and adjudicates all medical claims. We have delegated claims payment for dental, vision, and pharmacy benefits to DentaQuest, EyeQuest, and IngenioRx, respectively. We contractually require these Subcontractors to comply with Anthem's policies and procedures and all applicable regulatory requirements, including DMS' claims processing and payment requirements. The contracts specify fines and penalties we assess for non-compliance.

i. Policies and Procedures to Meet Performance Standards and Prompt Pay Requirements

i. Policies and procedures to meet performance standards and prompt pay requirements for all provider types.

Claims Processing Policies and Procedures

Anthem has comprehensive written policies and procedures that comply with DMS' claims adjudication performance standards and prompt pay requirements. We have provided these policies as Attachment C.19.b-1. The Draft Contract, Section 29.2, requires the Contractor to pay 90% of clean claims within 30 days of receipt and 99% of all claims within 90 days of receipt. During 2019 Anthem adjudicated ***99.4% of all claims within 30 days***, significantly exceeding both of DMS' 30- and 90-day prompt pay timeframes.

Our claims policies and procedures include:

- Policies for all aspects of Anthem claims processing, including intake to payment, or denial
- Procedures for the process, including workflows that detail systems and staff involved
- Continuous Quality Improvement processes
- Designation of staff responsible for claims policy and systems support

Exceeding Standards

In 2019, ***Anthem adjudicated 99.4% of all claims in 30 days,*** significantly exceeding both the 30 and 90-day prompt pay requirements.

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DMS has reviewed and approved Anthem's claims processing and payment policies and procedures. We will continue to make updates and revisions as requested by DMS.

Monitoring Subcontractor Claims Processing and Payment Processes

Anthem delegates claims processing for pharmacy, vision, and dental services to our Pharmacy Benefit Manager (PBM) and to DMS-approved Subcontractors. All entities to which Anthem delegates claim payment are required to comply with the statutory claims processing requirements as well as the requirements of the Kentucky Medicaid Contract, including

timeframes for processing clean claims. When Anthem delegates claims payment, Anthem maintains its responsibility for making sure claims processing is conducted in compliance with the Kentucky Medicaid Contract. For this reason, Anthem requires the following of all entities to which we have delegated claims payment:

- We require submission of all adjudicated claims data within a condensed period to allow for review and consolidation with claims processed internally in Anthem's MIS.
- We require our delegates to submit monthly Encounter Data and claims processing performance metrics that demonstrate compliance with all Plan, State, and federal requirements.

Under the new Contract, we will continue to use the following Subcontractors to process and pay claims for ancillary services: IngenioRx (pharmacy), DentaQuest (dental), and EyeQuest (vision). Subcontractors submit encounter data and monthly reports with detailed timeliness and accuracy metrics to Anthem. We then aggregate this information with other claims data to produce all DMS-required reports.

Anthem continuously monitors the performance of our Subcontractors with our contractual and other performance requirements, including claims processing. We tailor our program's flexible approach to the functions and services each Subcontractor provides; the scope and frequency of oversight activities reflect the nature of the role, responsibilities, and service nuances. Each Subcontractor is assigned a Subcontractor Manager to foster continual collaboration, help assure performance standards are being met and issues are identified and resolved expeditiously. Our Subcontractor Managers are part of the Subcontractor Oversight department led by Jean O'Brien, our Program Manager, Execution & Oversight.

Our Subcontractor Oversight team is responsible for monitoring and overseeing DentaQuest, EyeQuest, and IngenioRx. The team includes our Program Manager for Execution and Oversight, the DentaQuest and EyeQuest Subcontractor Managers, our Dental Director, and our Pharmacy Director. Our Pharmacy and Dental Directors, in conjunction with our Program Manager, play an integral role in oversight claims processing and payment for IngenioRx and DentaQuest. Together, they makes sure that these subcontractors comply with claims payment requirements outlined in the Draft Contract, Section 31.8, and with all DMS requirements.

ii. Strategies for Addressing Potential Provider Payment Issues

ii. Market specific strategies for addressing potential provider payment issues, including underpayments, overpayments, pre-and post-claims editing policies and provider billing education.

Kentucky-specific Strategies for Addressing Provider Payment Issues

Medical Claims

Our Operational Excellence team and our Claims Processing staff analyzes claims reports for issues such as possible Provider submission problems, system problems, or other areas of improvement. For example, if we see a high number of claims pending for a specific reason, we analyze the claims to determine if there is an appropriate intervention such as modifying a system edit. A high volume of claims pending or denied for a specific Provider will prompt additional review and often results in proactive outreach to the Provider by our team. In early 2018, we identified a pattern of inaccurate claims coding, particularly by Behavioral Health (BH) Providers. In response, as described in the subsection titled "Provider Billing Education," we

offered a series of webinars to our Providers on Coding Accuracy for Risk Adjustment and Behavioral Health Coding Accuracy.

Our Provider Solutions and Operations Excellence teams are dedicated to supporting our Network Providers with complaints resolution, contracting issues, and concerns related to Prior Authorizations and claims. Our Network Relations Consultants are the local touchpoint for technical support; they are available to meet face-to-face with Providers and offer immediate support. They also help educate Providers on the resources available through our Provider website that promote communication, convenience, and support the complaint and resolution process. This includes links to online training, our Provider Manual, Provider bulletins, and Network e-updates that include important information on claims submission processes, pharmacy, BH, and the Prior Authorization process.

Providers also have access to our toll-free Provider Services call center (1-844-521-6942) for any help needed, questions, or concerns. The general Provider Services call center hours of operation are 8:00 a.m. to 6:00 p.m. Monday through Friday ET, including federal holidays, with IVR self-service available 24/7. Providers can also contact us using the email address in our Provider portal.

In accordance with the Draft Contract, Section 29.2, we offer our Providers the opportunity of an in-person meeting with an Anthem representative on any clean claim that remains unpaid in violation of KRS 304.17A-700 to 304.17A-730.

Overpayments and Underpayments

Our goal is to prevent over- and under-payments to the extent possible. We do this through Provider education that responds to claims payment trends, claims analysis, and pre-payment edits. We work closely with DMS to identify if and how any over- and under-payments affect Medical Loss Ratio (MLR) calculations and capitation rate setting.

Pursuant to 42 CFR § 433.316 and KRS 304.17A-712, 714, Anthem recovers overpayments made to Providers. As part of our Payment Integrity Plan, our Claims Integrity team conducts data mining functions (pre- and post-payment) to identify claim overpayments, assure compliance with claims processing guidelines, and detect potential fraud and abuse. Our Payment Integrity Unit investigates known or suspected fraudulent or abusive activities by Providers and executes pre- and post-payment review for Providers flagged as a result of investigation. Our Recovery, Adjustments, and Collections team is responsible for claim overpayment validation and adjustment; Provider aged debt collection; overpayment inquiry and dispute; and Provider cash receipts and refunds.

When we recover funds, we promptly notify DMS of the amount recovered and if potential fraud caused the overpayments. When we learn that we have underpaid a Provider, we reprocess the claim. If the reason for the underpayment is related to more than one claim, we run a full analysis to capture and repay all claims for all providers that were errantly underpaid for this reason. If applicable, we will pay interest on amounts that were underpaid.

Pre- and Post-claims Editing Policies

Before we accept a claim, we apply a variety of automated pre-processing edits to validate the quality of the data submitted, and verify they are relevant, complete, and contextually appropriate, including:

- Validation of data through HIPAA Level 6 in accordance with the Workgroup for Electronic Data Interchange's Strategic National Implementation Process (WEDI SNIP) standards
- Professional (X12 837P) and institutional (X12 837I) claim edits
- Institutional (X12 837I) claim validations
- Checks for data accuracy and completeness, including verifying that the Member ID matches a valid Anthem Member record and State-specific editing

We reject claims that fail these initial edits. If we receive a claim electronically, we notify the Provider within 24 hours of receipt into our system from the claim entry source. For paper claims, receipt is available on the Provider portal within 2 days.

We load claims that pass front-end validation into the adjudication system and subject them to a series of processes that include:

- Edits based on eligibility, Provider status, medical necessity, qualified benefits, valid dates of service, pricing, Prior Authorization, Third Party Liability, and fraud and abuse detection
- Verifying the Provider is not excluded by Medicare or Medicaid
- Identifying duplicate claims
- Applying enhanced clinical and National Correct Coding Initiative (NCCI) edits to check each claim for codes subject to unbundling or Medically Unlikely Edits for codes that may be incompatible
- Evaluating claims for Never Events, Provider-preventable, and hospital-acquired conditions

We process claims that pass all claims edits during the next payment cycle. The system denies claims that fail claims edits and immediately generates a remittance advice, available online or via paper, to notify the Provider of the reason for the denial. Remittance advices include the level of payment or denial reason for each claim using standard procedures, codes, and definitions, as well as instructions on how to file a claims Appeal.

Provider Billing Education

We work proactively with Providers to assist them in understanding our claims processing and payment system, as well as how to prepare and submit clean claims. Provider orientation for new Providers includes training on claims submission and payment requirements. We provide continuous and proactive Provider education through fax blasts, in-person meetings with Providers, webinars, conference calls, mail, email, and Provider newsletters. We tailor both our onboarding Provider training and ongoing Provider education to address the denial issues that are most prevalent among our Kentucky Providers. Our Provider Manual, which includes a detailed section on claims submission and payments, is another source of Provider education on these topics. Additionally, we maintain EDI companion guides, one for professional and one for institutional claims, which include detailed information on electronic claims submission. As noted previously, we have a toll-free number for Providers requiring additional support.

To identify the most common denial reasons, we regularly review detailed Provider claims data such as totals and trends; rejections and denials; Appeals; and claims issues related to specific areas. When we identify a trend in denials, we provide clarification to our Providers through our Medicaid Provider bulletins (which become incorporated in the Provider Manual) and webinars. For example, in recent years, we found that a major reason claims were being denied was that the Provider's rendering and billing Provider taxonomy codes were either missing or inaccurate. In response, we issued three Medicaid Provider bulletins that included detailed information and

Figure C.19.b-1. Coding Accuracy Increases after Provider Webinar Series

Increasing Claims Auto Adjudication Rates Year Over Year Demonstrate Improvements in Coding Accuracy

2017	2018	2019
80.0111%	81.2936%	85.3823%

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instructions on how to avoid denials for this reason. We offer updates on claims payment topics in periodic webinars. In early 2018, we held a Provider webinar series on Coding Accuracy for Risk Adjustment and Behavioral Health Coding. The webinar series proved to be highly effective: As Figure C.19.b-1 indicates, since the webinar series, we have experienced year-over-year increases in claims auto adjudication rates. We attribute these improvements to improved coding accuracy that resulted from our webinar.

Our Network Relations Consultants offer targeted Provider education. **When the Operational Excellence team finds a Provider who frequently appears on the Denied Claims Report, they notify our Network Relations Consultant team. A member of the team meets with the Provider one-on-one**, and works with the Provider and their billing offices to understand the reason(s) for the Provider's claims denials. If applicable, the Network Relations Consultant provides instruction on how to resubmit the claim(s) for payment.

Our team is knowledgeable about a wide range of Provider payment methodologies supporting State policy, as well as a variety of industry-standard claim adjudication controls. We understand that Providers have diverse levels of experience with billing processes and believe that it is important to meet them where they are, providing the right assistance at the right time.

iii. Average Days to Payment from Claims Submission

iii. Proposed average days to payment from claims submission for the Vendor's proposed claims platform for medical and pharmacy claims. Provide the Vendor's last calendar year's report on the "average number of days to pay providers."

We propose to pay medical and pharmacy clean claims in an average of 10 days or less under the new Contract. ***In 2019, our average turnaround time for clean medical claims was less than 9 days.***

As requested, we are providing reports for average days to payment during the last calendar year (2019) for medical claims we paid and for pharmacy claims paid by our current and previous pharmacy Vendor as Attachment C.19.b-1. As we note in Section C.21.a.i of this response, we transitioned to a new PBM, IngenioRx, on October 1, 2019, with the expectation that IngenioRx will process claims within comparable timeframes.

C.19.c. Audits

c. Describe the Vendor's methodology for ensuring claims payment accuracy standards will be monitored and improved through audit.

At a minimum, address the sampling methodology, the process for auditing the sample, documenting of results, and activities conducted to implement changes or required corrective actions.

Methodology for Monitoring Claims Payment Accuracy Through Audit

To verify compliance with all federal, State, and internal claims processing and payment requirements, the Anthem Claims Support team conducts a monthly end-to-end audit on a random sample of claims. The team also performs specialized audits for high-dollar, individual focus, specific claims types or scenarios, and post-implementation audits.

We routinely review claims audit results as a standing agenda item during monthly Claims Support team meetings. We also have a dedicated team that trains and audits the auditors, and conducts calibration exercises to assure their knowledge and skills align with current processing rules. Additionally, we have similar processes for auditing Subcontractor claims. For example, our national Pharmacy Compliance department monitors the performance of delegated pharmacy functions by verifying that our PBM meets our requirements, as well as all other regulatory and accreditation standards.

Our end-to-end audit of our Kentucky Medicaid claims found that for 2019, our payment accuracy rate was 99.9%. Our financial accuracy rate was also 99.9%.

Sampling Methodology for the Monthly Claims Audit

To measure overall performance, we calculate our sampling method for claims payment and financial accuracy by a weighted stratification of all audits based on a 95% confidence level, a 3% precision interval, and a 5% proportion of interest (defect rate). This process results in a review of 130–140 claims each month. We conduct an end-to-end audit on this random sample each month. In addition, we perform specialized audits, including:

- ***High-dollar Audits.*** Daily pre-payment audits of all high-dollar claims with payment amounts over $30,000 and periodic audits of denied claims with billed charges greater than $75,000
- ***Individual Focus Audits.*** Weekly audits of five claims from each claims analyst, and daily audits of up to 10 claims during the new-hire training period to determine processing accuracy
- ***Focused Audits.*** Targeted audits on specific claim types or surrounding processes to measure performance and remediate claims issues
- ***Post-implementation Audits.*** Targeted audits following new Contract implementation to help assure accuracy

Process for Auditing the Sample

Our Kentucky audit process leverages the experience and best practices of our affiliates, and includes a thorough end-to-end review of a claim (from receipt to final disposition) to verify our compliance with all federal, State, and internal requirements, as well as any specific requirements in Provider contracts.

To maintain the quality of the data, auditors present all identified errors to senior and executive leadership for review. If there is a disagreement between the source department and auditor, we follow a formal escalation process. We also have a separate group of senior auditors who audit

the auditors. In addition, we evaluate all auditors quarterly based on key claim processes in a Measurement System Analysis. In this process, auditors review selected claims and compare results against those of an expert. If we find errors in the audit process, we do not close the audit until we have corrected and validated the claim. We work to determine and correct root causes of errors to prevent future occurrences.

Documenting the Results of the Audit

We record all audit results, including error sourcing, and attribute testing results in our Auditing Tool, with the exception of some focus audits that we may perform externally. Our Auditing Tool enables us to produce internal and external reports and ad hoc requests.

Process for Responding to Audit Results (Implementing Changes and Required Corrective Actions)

Although we have established processes to make sure we pay claims accurately and promptly, we know it is not possible to prevent all issues from arising. If an audit identifies any issues, we work quickly to address and correct the issue. We employ both immediate error mitigation and root cause analysis to prevent future occurrences. We assign each error to a source department that has responsibility for remediating the issue. Our auditors work with the source departments to confirm correction of each identified issue.

In addition to analyzing claims reports, our Operational Excellence team will also review audit results to proactively identify any claims processing issues or trends. This includes closely monitoring results of Post-implementation Audits that would be conducted following implementation of a new Contract or a new population or product carve-in.

We also deploy a Claims Quality Steering Committee, including senior leadership from operational areas, that meets monthly to review audit errors, discuss the root causes, and create action plans to address deficiencies. Based on audit findings, the Steering Committee develops policy changes or claims processing system edits to mitigate future problems and improve our payment accuracy. We log and track all corrective actions implemented by the Steering Committee through completion in our action item log.

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Anthem Medicaid

C.19. Provider Payment Provisions Required Attachments

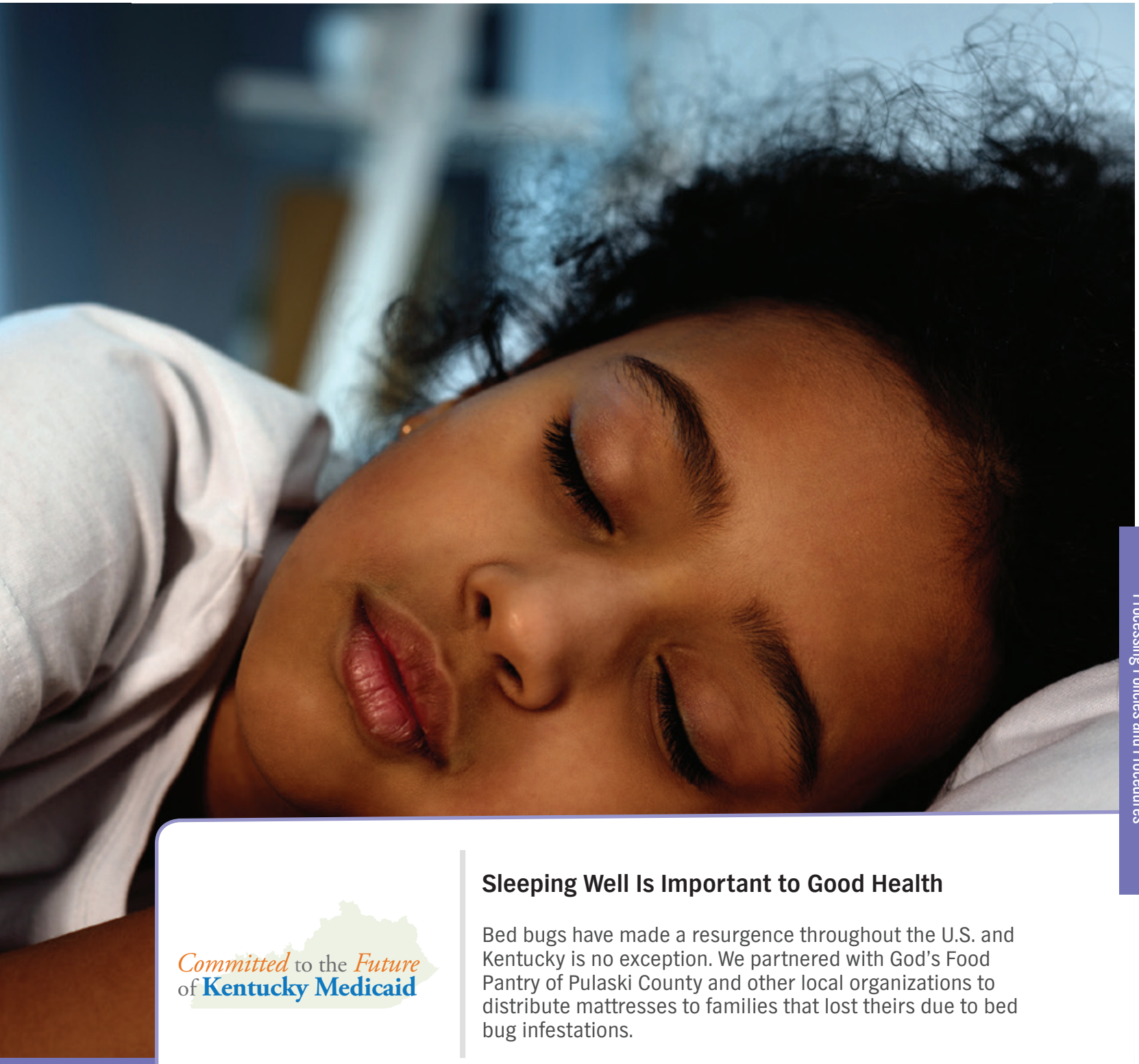
Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

Anthem Medicaid

Attachment C.19.b-1. KY Claims Processing Policies and Procedures



Committed to the Future of Kentucky Medicaid

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

Attachment C.19.b-1. KY Claims Processing Policies and Procedures

Attachment C.19.b-1. KY Claims Processing Policies and Procedures

Attachment C.19.b-1. KY Claims Processing Policies and Procedures

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.19.b-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.19.b-1 includes the following:

- Attachment C.19.b-1a. Inventory Management Policy & Procedure
- Attachment C.19.b-1b. KY Providers Claim Appeals Policy & Procedure

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Anthem Medicaid

Attachment C.19.b-2. Average Days to Provider Payment Report

Committed to the Future of Kentucky Medicaid

Improving Access and Health Outcomes

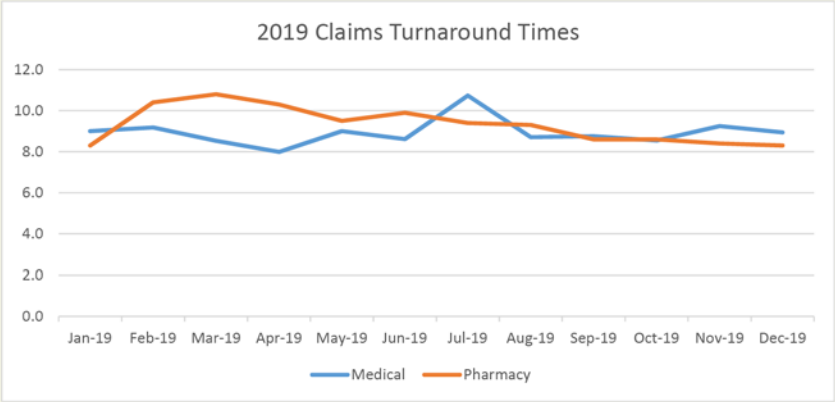
Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Attachment C.19.b-2. Average Days to Provider Payment Report

2019 Kentucky Average Days to Claims Payment

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019 Avg
Medical	9.0	9.2	8.5	8.0	9.0	8.6	10.7	8.7	8.8	8.5	9.2	8.9	8.9
Pharmacy	8.3	10.4	10.8	10.3	9.5	9.9	9.4	9.3	8.6	8.6	8.4	8.3	9.3

Note: Current PBM for final 3 months



KY_Hlth2020_AvgDaysClaimsPayment_CHT_01

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Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

C.20. Covered Services

C.20.a. Operational Structure and Practices

a. Provide a detailed description of how the Vendor's operational structure and practices will support integrated delivery of services (i.e., staff, contractors, systems, calls centers, etc.). In addition, the Vendor's response should address:

i. Innovative approaches to ensure Enrollees experience whole-person care that integrates their medical and behavioral health benefits and addresses social determinants of health.

ii. Approach for coordination with carved-out services (e.g., transportation and transitions to long term supports and services).

iii. A description of any value-added services the Vendor proposes to provide to Enrollees.

Experienced Delivery of Integrated Care

With over six years serving the Commonwealth, Anthem Kentucky Managed Care Plan, Inc.'s (Anthem's) plan is committed to continuing our delivery and continuous improvement of fully integrated, whole-person, high-quality health care services, as required by the proposed Contract. Our operational structure and care delivery practices assure Enrollees (Members) in throughout Kentucky receive the integrated care at the right place and time. To assure our Members receive streamlined, coordinated care, ***our Behavioral Health (BH) services are designed and delivered in-house***, and never outsourced to a third-party Vendor. ***Racquel's story***, described throughout this section, illustrates just one way our Population Health Management (PHM) approach has been designed to meet her whole-person needs, connecting her across the care delivery system and helping to overcome social barriers. Anthem is well-equipped to deliver optimal care to all Members, even if required services are not available locally.

Racquel's Story Part 1: A Dire Health Condition Nearly Ended Her Life

When 26-year-old Racquel, an Anthem Medicaid Member, could not walk up the stairs without oxygen, she realized what seemed like something minor had become debilitating. "I had started feeling like I had a cold, and I just wasn't getting any better," she said. A pulmonologist diagnosed Racquel with chronic thromboembolic pulmonary hypertension caused by blood clots in her lungs. She was in advanced heart failure and near death. "I think she probably had less than two or three months to live," said Dr. J. Shaun Smith, Racquel's pulmonologist.

KY_Hlth2019_Racquel1_RS_04

Our Operational Structure and Practices Support Integrated Delivery of Services

Truly integrated care is responsive to physical, behavioral, and social needs. Our Anthem organizational structure is locally based and responsive to whole-person needs of our Members, as well as our community. Because we are committed to whole-person care, our organization is structured so all departments across all disciplines work together to drive communication and collaboration. For example, our in-house BH Management team coordinates systematically and regularly with our physical health (PH) staff. Our overarching operational structure links all departments, including Members Services and Clinical Care teams with Quality Management/ Quality Improvement; PHM; Community Engagement; Utilization Management (UM); Provider Network; fraud, waste, and abuse; and our in-house Pharmacy Benefit Manager departments.

Across Anthem, employees are trained to identify ***all*** needs — not just physical or behavioral ones. The holistic approach, along with the integration of operations and practices, results in the

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

smooth delivery of comprehensive, coordinated care and services through a unified Member care plan. We provide health literacy training and access to resources to help Anthem employees make their communications, both spoken and written, easier to understand through programs likes Anthem's Plain Language initiative. Beyond simplifying communications, we also incorporate best practices to create easy-to-understand and culturally appropriate materials for our diverse Members.

Our care management staff, as part of our PHM team, also addresses Member medical and non-medical needs with data-driven, evidence-based practices, as well as a suite of integrated predictive analytics, assessments and training. Further, our teams are supported in facilitating the delivery of integrated care by ***Health Intech***, our care management system that delivers aggregate Member data (historical and current PH, BH, lab, pharmacy, and more) in a single view.

Our approach to whole-person health means integrated care is incorporated into everything we do. Our integrated care delivery practices engage multiple functional areas, Providers, services, and community resources to:

- Apply a multidisciplinary, whole-person approach in care planning, care management (inclusive of BH and PH Clinicians who work in tandem), Community Engagement, and UM.
- Make a thorough assessment of Members' clinical and social needs at the moment they enroll and respond with the acuity and resources appropriate to their level of risk.
- Incorporate social determinants of health (SDOH) needs into all assessments and care planning tools, and address identified needs through referrals to services and supports to address barriers to access and resources; develop innovative solutions with community partners to address identified priority SDOH-related needs (food, housing, transportation).
- Train staff who work in Enrollment, Member Services, PHM, Quality, and Community Engagement and have contact with Members to recognize clinical and social indicators of need and initiate a response to the circumstances of each individual.
- Train Member Services call center staff on evidence-based practices, including Mental Health First Aid and Trauma-informed Care, so they will be better able to communicate with, identify, and address Members' stated and unstated needs and goals. This training assures Member Services call center staff refer Members to appropriate resources for their unmet health and social needs. They are trained to seamlessly route calls to our 24/7 nurse hotline or BH Services Hotline as needed.
- Support and encourage Providers in their efforts to provide practice-level integrated care, which has proven best outcomes through education, training, and integrated value-based payment (VBP) solutions.
- Use data analytics and population-level data, as well as an informed approach with input from community stakeholders and Providers, to identify opportunities to improve the health of our Members and our communities.
- Conduct multidisciplinary clinical rounds that include clinicians such as nurses, social workers, Community Health Workers (CHWs), physicians, and pharmacists, to assess Members' medical, behavioral, functional, and social needs and promote evidence-based and evidence-informed practices.
- Develop person-centered tools and interventions specific to the needs of Members, but developed with input from integrated work groups, Member and stakeholder advisory committees, Providers, and social services agencies.

- Facilitate coordinated whole-person care through a unified, secure personal electronic medical record for each Member and information sharing with Member, family, caregiver, and Providers.

While managing integrated care in Kentucky for more than six years, we have also benefitted from the best in class Medicaid Solutions of our Ultimate Parent Company, Anthem, Inc., with its decades of experience in managed care nationally.

Integrated Data Management Supports Whole-Person Health

Our operational structure and practices all work together to reduce redundancies and support integrated care management in alignment with our PHM program. We have cross-representation in workgroups and dashboards that track activities across our organization, so when an issue emerges, we can quickly respond to its effect in every area it touches. Each of the tools described in this section are fully integrated in a single platform and capture Member data and information to give PHM teams a 360° perspective.

We have integrated, centralized data on Providers and Member claims utilization, Grievances and Appeals, enrollment and disenrollment information, pharmacy claims, and Subcontractor data such as dental and vision care. We maintain data quality through many interfacing applications that apply rules-based standardization, verification, and validation logic to data elements.

Our Health Intech platform tracks Care Coordination, UM, and care management; it integrates data across all departments that interact with Members, making it readily available to our Providers through portal and targeted reporting. This includes care and service coordination data for PH and BH Services, clinical data, SDOH information, and Members' personal health records. It facilitates clinical assessments; allows the Care Management team to share data with family Members and Providers; displays identified health problems, gaps in care, treatment goals and objectives, milestone dates, and progress; incorporates clinical decision support tools to assist UM Reviewers in making appropriate medical decisions; and summarizes utilization and care management activities.

Integrated Data warehouses support operational processes, analytics, and reporting. Receiving data directly from the system of record, including external sources, the warehouses assure data quality, control, and consistency. Our data warehouses store comprehensive health information about our Members and include data for all services received, including lab results and immunizations. Our data warehouses also generate Member health data included in Health Intech and support advanced data analytics such as predictive modeling to identify Members for care management; monitoring of under- and over-utilization; and operational and ad hoc reporting. The

Racquel's Story Part 2: Getting the Right Care is Never Too Far Away

Racquel's best chance for survival was a complex surgery to remove the clots, which do not respond to medication. "We had to take a look and see if there were any Providers that could possibly do this, so we did some research," said Vicki Meska, Anthem Medicaid's Director of Health Care Services. That research led to the University of California San Diego Medical Center, where a procedure to treat her condition was developed. "It's well known that UC San Diego has the best endarterectomy program, probably in the world," said Dr. Smith, Racquel's pulmonologist. After a call from Dr. Smith, the surgeon in California cleared his schedule to see Racquel. "He felt like sending her to San Diego would give her the best outcome," said Kathy Clements, Racquel's Anthem Care Manager.

KY_Hlth2019_Racquel2_RS_03

integration of data in our warehouses supports holistic management of the Member, closes gaps in care when shared with Providers, and eliminates care silos that could occur if our Care Management team were unable to access all Member-related data.

Secure Member and Provider self-service websites use industry-standard web services and content management system technologies to give Members and Providers an on-demand, real-time view of Member-specific health information and access to valuable education and training. Our websites feature responsive design, affording users access to all content, features, and functionality regardless of the device they use (desktop, laptop, tablet, and smartphone). This is especially important for Members who frequently only have internet access via a mobile device, not a computer. We also offer a mobile app for our Kentucky Members, which gives them quick access to their account management options, the online Provider Directory, Health A to Z symptom checker, and a mobile ID card. These tools support the whole-person needs of Members on the portal and through Providers who have access to whole-person training and Member-integrated data via personal health records (PHR).

Supplemental applications such as ***Community Resource Link***, a web-based tool that puts resources for housing, food, employment, transportation, independent living, and social services at Members' fingertips, is one of our value-added services (VAS) and is integrated within our Health Intech platform. This integration helps Members and care team staff locate and connect with community-based services to meet Members' whole-person needs.

Supporting Integrated Care Delivery in Provider Practices

The Anthem Training Academy (Academy) offers Providers, their office staff, and other health professionals throughout Kentucky customized trainings and resources developed by experts on delivering integrated care, addressing SDOH, cultural competency, and treating Members with BH needs, substance use disorder (SUD), and developmental, intellectual, and physical disabilities. Trainings are mandatory and occur during orientation for new Providers and are available to individuals and groups afterward via online webinars. On our Provider website, a number of toolkits and trainings are always available. When there are significant changes to Anthem program requirements or new information about improving Member outcomes, reducing administrative burden, or performance goals, we communicate them in person, blast fax notifications, present at town halls, hold Provider Education Workshops and Lunch–and-Learns, and host Medicaid Provider Educational Forums and association meetings.

We train, support, and reimburse our PCPs to administer BH screenings and have BH physicians on call to answer Providers' questions about BH clinical practice guidelines, screening, managing BH medications, and best practices for caring for Members with BH conditions. Information on using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) strategy is accessible to all Providers in our Provider Manual. In three high-volume treatment facilities for SUD (Addiction Recovery Care, Recovery Works London, and Recovery Works Georgetown) we have co-located a Care Manager who is specifically trained in the needs of Members struggling with SUD. Understanding that trauma can result from a number of precipitating events, such as school or community violence, natural disasters, and family disruptions, we will provide access to web-based trauma and trauma-related trainings including

content purchased from CTAC and Omni Behavioral Health as well as trainings from the National Child Traumatic Stress Network. These courses offer foundational training on trauma as well as trauma training on more in-depth topics. Trauma can result in both PH and BH conditions and all Providers benefit from greater familiarity with Trauma-informed Care tenets.

Integrated Delivery of Services Through Anthem Care Management

Our integrated care management program is person-centered; we identify an individualized "pathway" for each Member based on their specific needs, identified through data analytics and person-centered assessments, or through referrals. The level of care management provided is determined by the Member's needs and can range from basic care system navigation support to intensive care management services. We recognize that Members' health and service needs are not static; the care management and coordination processes adapt the level of support to the individualized needs of Members.

To assure our care management team facilitates integrated care for Members, we cross-train them on how to recognize and address whole-person needs. Screeners and assessments include specific prompts for PH and BH, as well as psychosocial indicators. We encourage our Care Managers to obtain Integrated Care Management certification. We have also incorporated evidence-based, best practice programs into our care management training to facilitate the delivery of whole-person care, such as Person-Centered Thinking©, Trauma-informed Care, Mental Health First Aid, Recovery and Resiliency, and Motivational Interviewing. This training shifts the traditional model of care delivery from leading Care Coordination activities ***for*** Members to working ***with*** them to establish their own goals and make decisions that improve their overall health and quality of life. Care Managers receive additional training in behavioral modification and Member engagement best practices, which is further supported by frequent integrated rounds during which our interdisciplinary care team discusses Member needs and care plans.

Integrating Prescription Drug Information into Care Management and Delivery

Our in-house Pharmacy Benefit Manager (PBM) helps to assure provision of integrated care for our Members. Anthem routes important clinical information regarding prescription drugs to our Network prescribers to facilitate sound decision-making that will translate into delivery of the highest quality medical care. This program offers an interactive clinical detailing platform used by four clinical pharmacists who meet regularly with Network physicians to educate, inform, review medication prescribing patterns, and communicate clinical practice guidelines. The pharmacists provide real-time utilization metrics, comparative performance measures, and educational materials focusing on cost-effectiveness and quality that also inform our predictive modeling and clinical programs. We have found that informed prescribers make therapeutic selections that are more cost-effective for payers and clinically appropriate for Members.

CenterStone has enjoyed working with Anthem in serving the Kentucky Medicaid population... Anthem understands that in order for patients to be healthy, they must address the physical and Behavioral Health needs of Members in an integrated fashion to deliver the best care available.
— **Ranay Collins,** Director of Payer Contracting CenterStone
KY_Hlth2019_Ranay_TST_03

The benefit of Anthem having an in-house PBM as part of our operational structure is that it assures pharmacy practices are integrated to support a holistic care delivery. For example, integrated prescription drug monitoring results in:

- Timely reporting and utilization data that provides Network Providers with nearly real-time actionable data
- Insight into full Member medication history and prescriptions written by other prescribers that helps Network Providers identify Member polypharmacy issues in a timely fashion
- Identification of brand-to-generic conversion opportunities, formulation optimization opportunities, trends in the utilization of high-risk medications, trends in the instances of non-adherence, and instances of therapeutic duplication
- Education on therapeutic drug class comparisons and related market drug pricing that provides our Network prescribers with a means of closing the physician-drug pricing knowledge gap.

i. Innovations in Caring for the Whole-person

i. Innovative approaches to ensure Enrollees experience whole-person care that integrates their medical and behavioral health benefits and addresses social determinants of health.

Our approach to whole-person health incorporates all health needs, including pharmaceutical, as well as social needs. As a leader in whole-person, community- and strengths-based, Trauma-informed Care, Anthem uses the ***Four Quadrant Clinical Integration Model***, a clinical integration model developed by Substance Abuse and Mental Health Services Administration (SAMHSA) as a framework for matching Member clinical need to the appropriate treatment (see Figure C.20.a-1). We use this model to inform Members' Care Manager assignment based on their levels of clinical need and complexity, and to track care and UM activities. Additionally, even when Members present low for both BH and PH needs, they may still benefit from the SDOH supports our Care Managers can provide.

Racquel's Story Part 3: Caring for Caregivers

Considering the location for surgery, the plan for Racquel's care was now a bit more complex. Kathy enlisted the help of several Anthem Medicaid departments to review the case, including Network Solutions, the inpatient and outpatient teams, and care management, just to name a few. The solution? Racquel's surgery was authorized, and the Commonwealth of Kentucky agreed to share the cost of travel and lodging for Racquel and her father, who would be her caregiver.

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At all points in care management, our team collaborates to address Members' health and social needs and identify solutions to the barriers they may face to improving their health and achieving their personal goals. We adhere to the Four Quadrant Clinical Integration Model in our care management assignment process, aligning Members to a Care Manager with experience in their primary presenting or high needs area. Furthermore, our infrastructure, technology, and tools foster and sustain collaboration between clinicians in and outside our community. Figure C.20.a-2 illustrates Anthem's methods of delivering integrated care, comprised of UM, Care Coordination, chronic condition management, complex care management, and maternal and child services.

Figure C.20.a-1. SAMHSA Four Quadrant Clinical Integration Model Framework Informs Member Care Manager Assignment

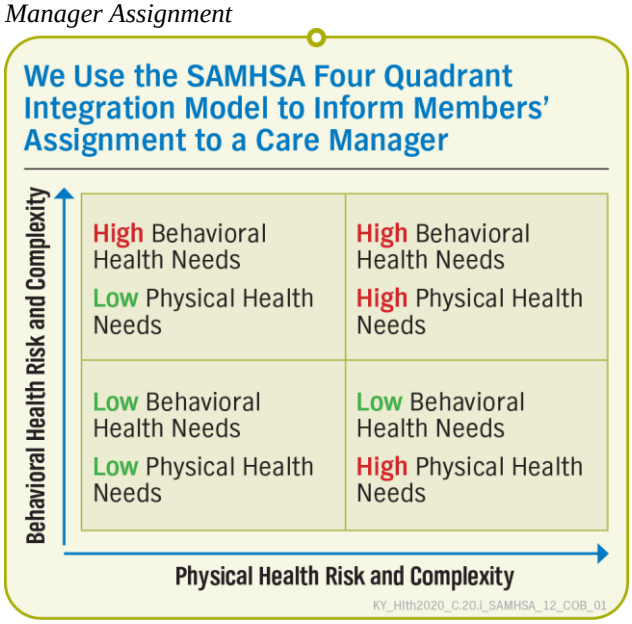
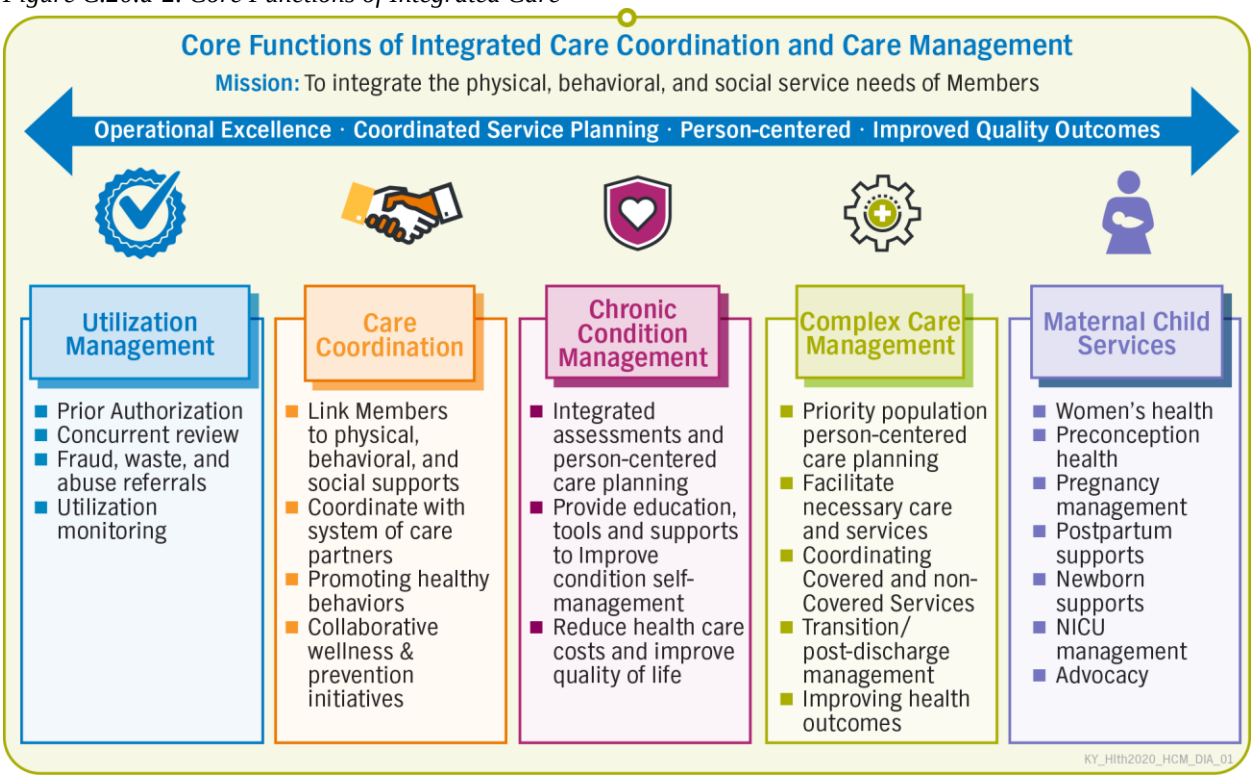


Figure C.20.a-2. Core Functions of Integrated Care



We Continue to Expand the Concept of Whole-person Care

Racquel's Story Part 4: Getting Healthy and Getting Back to Work

The surgery was successful, and Racquel's life changed dramatically. She no longer needed portable oxygen, she returned to work, and became the guardian of her young niece and nephew. "After the surgery, I felt like a whole new person," she said. Dr. Smith and his staff hardly recognized her when she returned for a visit. "I think it's really important for Providers to have an open dialogue with insurance companies for multiple reasons, but primarily, to get the best outcome for the patient, like in this case," said Smith.

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Integrated Workgroups Plan Care Delivery

Our holistic approach to care means we think about delivery in innovative ways. For example, Anthem's BH Workgroup engages in ongoing discussions with Provider Services, Medical Directors, and Care Management about integration and whole-person health. To continually improve and innovate care delivery integration, it is critical to understand how integrated care practices result in improved outcomes. However, it is difficult to collect certain integration-related variables to understand success. For example, a PH Provider can refer a Member to an SUD Provider, but knowing whether or not the Member acted upon the referral is often hard to track. To address this challenge our BH Workgroup is developing a program through which they can track Members in care management from enrollment to referral through completion of referrals in Health Intech. Through this effort we will be able to determine common barriers or process challenges, as well as opportunities for improvement, such as identifying which referrals were most utilized by Members and result in improvement to a Member's health. Ultimately, this knowledge will inform improvements in care plan practices.

In both planning and delivering care, we continue to integrate our operations and practices so they reflect our thinking about whole-person health care. We believe the best care and the most efficient delivery of care come from organizing both to reflect the totality of the Members they serve, from early identification of BH, PH, and SDOH needs through addressing those needs, and their resolution or fulfillment.

Our Population Health Community Engagement Program Creates New Mechanisms to Address SDOH

Anthem recognizes clinical care is only one factor affecting a Member's health outcomes; social and economic factors and physical environment also have a great impact on length and quality of life. Access to food, jobs, childcare, education, transportation, and housing can determine a Member's ability to be self-reliant. To help Members overcome social and functional barriers that affect their health, we created the ***Anthem Community Engagement*** program.

The Community Engagement staff and program are part of our PHM team and provide community-based Care Coordination through:

- Person-centered, strengths-based needs assessments and individualized, actionable goal plans
- Access to new, innovative VAS, such as educational assistance and support for criminal expungement, that address the specific needs of Members in Medicaid and make is easier for them to overcome barriers to employment and housing

Anthem Supports Community Health Workers

Anthem supports the mission and vision of the Kentucky Association of Community Health Workers (KYACHW) and was a proud Gold sponsor of the KYACHW conference that took place in September 2019.

KY_Hlth2020_KYACHW_COB_02

- Opportunities for Members to improve economic mobility and health outcomes
- Connection to local community-based economic and social support services
- Support for Members in overcoming barriers to self-sufficiency

Our Community Engagement Navigators are field and office-based employees as well as Members of the local communities within which they work. They have prior experience working with community-based organizations that serve our Members. They are trained in Person Centered Thinking© by the Learning Community for Person Centered Practices and recently completed CHW training in August 2019. The Kentucky Department for Public Health began certifying CHWs in October of 2019. The Navigators have all applied for their certification. Navigators also participate in the yearly Community Health Worker Conference (KYACHW) and engage in bimonthly Community Health Worker Coalition meetings for additional education and partnership building.

Identification and Referral of Members to Our Empowerment Program

Members who have been identified as having unmet needs related to SDOH through interaction with any Anthem department, the Member Needs Assessment or Health Risk Assessment (HRA), or predictive analytics will be referred to the Empowerment program. Members may also be referred to the Empowerment program by the care management team or a community-based organization.

Connecting with Members to Our Empowerment Program

Upon referral, a Community Engagement Navigator contacts the Member to better understand their SDOH needs by meeting either in-person or over the phone and complete our Anthem SDOH assessment tool. If the Member prefers, the tool is also available to complete on-demand on the Anthem Member secure portal. The results are automatically integrated directly into Health

Anthem's BH Care Manager and Community Engagement Navigator Ease Dwight's Journey Back to Good Health

Dwight, 51, was struggling to meet his basic needs, so she referred him to our Community Engagement Program. Though he had once owned a construction company and worked as a property manager, the death of his long-time partner had left him homeless and in deteriorating physical and mental health. He was living in his truck in the Paducah area, unable to access homeless services because of extreme anxiety and fear of people. Dwight had been approved for SNAP benefits, but he was afraid to go into the grocery store because crowds overwhelmed him. Community Engagement Navigator Morgan realized she would initially have to get services to Dwight where he felt safe, so she sought out local resources who would be willing to deliver food to him in his truck. Paducah Cooperative Ministries responded, putting together a bag of emergency food for him to keep there.

As Dwight began to feel more comfortable with Morgan, he asked if she knew of any local churches that might help him feel more connected and get on his feet. Morgan helped him identify a church and encouraged him to attend, telling him to sit in the back so he could leave if he became anxious. Dwight stayed for the whole service. Afterward, he spoke to the pastor, then continued to attend for the next few weeks. The pastor then offered Dwight a week's stay at a local hotel. At the hotel, Dwight asked the manager about employment, and they agreed that he could stay in one of the rooms in exchange for maintenance work. While Dwight lived and worked at the local hotel, with the assistance of Anthem's BH Care Manager and Community Engagement Navigator, Dwight began addressing his mental health conditions at Four Rivers Behavioral Health clinic in Paducah. Through their programming, Four River's staff assisted the member in applying for stable housing through their homeless program. In the fall of 2019, Dwight was able to move into his own apartment in the community. Dwight has also applied for disability and is in the process of waiting on a decision. He continues to visit his PCP regularly and receives proper dental care. Dwight and his team at Anthem continue to work together to improve his health and sense of belonging in the community.

KY_Hlth2020_C.20_Dwight_61_RS_02

Intech and made part of the Member's PHR. Members are queued for outreach according to their level of risk, and identified need and goals. In partnership with a trusted community partner, we have co-located a Community Engagement Navigator at the Welcome House in northern Kentucky and at the College of Technical Education in Lexington three days per week. We know meeting Members where they are can be critical to improving health. We will assess the success the co-location of this Community Engagement Navigator in helping Members address and resolve their SDOH needs with the interest of learning from lessons learned and replicating best practices in areas of most need.

Using motivational interviewing techniques, Community Engagement Navigators help Members identify barriers as well as strengths and interests the Member can draw upon to become more self-sufficient. Anthem Navigators assist Members in the development of a care plan involving local community resources to address each Member's needs. The Community Engagement Navigator may, with the Member's consent, contact community organizations to arrange appointments or facilitate the Member's engagement with an organization. Community Engagement Navigators may also approve Members for one or more of Anthem's VAS (see Section C.20.a.iii), developed and offered to meet the needs of our Kentucky Members in Medicaid. In calendar year 2019, more than 800 Members have been referred to the Member Empowerment program. More than half of actively participating Empowerment program Members have accessed our transportation, GED, employment, legal aid, and/or Criminal Record Expungement VAS.

Integrated Care Provider Incentive Program Rewards Holistic Care

For the proposed Contract, we recommend collaborating with DMS to implement an ***Integrated Care Quality Improvement Program*** (ICQIP) in 2020, an incentive program for Providers participating in our Provider Quality Incentive Program (PQIP) and outpatient BH Providers (Community Mental Health Centers, individual BH specialists, high-volume BH groups) participating in the Behavioral Health Quality Incentive Program (BHQIP).

Racquel's Story Part 5: At Anthem, People Are Our Priority

Racquel's case was unusual — Anthem's commitment to care is not. "To us, it's not just a chart that's coming in for us to review for medical necessity," said Vicki. "This is a person. She gave us the privilege to help coordinate care for her."

Racquel is thankful that Kathy and the Anthem team took such a personal interest in finding the best solution for her. "If there was no Kathy, there probably would be no Racquel right now," she said. Employees like Kathy take such praise in stride. "I knew we would find a way. And we did."

KY_Hlth2020_Racquel5_RS_01

PQIP incentivizes PCPs to undertake systemic improvements that affect both health care outcomes and cost trends. Practices must participate for at least one year and have at least 1,000 of our Members. PQIP uses a system of HEDIS®-like quality indicators and shared savings principles to encourage efficient and cost-effective service delivery, protecting the best interests of our Members and reducing unnecessary utilization. PQIP PCPs receive a quarterly performance scorecard for each quality indicator to assess their performance and a quarterly medical cost management report that includes medical cost information on their Members. PQIP Providers can receive up to 50% of the savings, not to exceed 25% of their total underlying reimbursements for services rendered to Members. Applicable Provider types include hospitals with affiliated PCP practices, Accountable Care Organizations, and independent practice associations. BHQIP incentivizes eligible BH Providers to improve coordination of Members' PH and BH needs and the quality of care provided to those

Members with BH conditions. Providers receive incentive payments annually for achieving performance targets on specific measures important to Member health (for example, reduction in BH inpatient readmission rates, decrease in non-emergent Emergency Room [ER] use, increase in PCP visits, and follow-up after discharge for treatment of a mental health disorder).

In addition to programs currently in place, we are offering an incentive program that addresses our Members' SDOH-related needs. We know Providers are often the best source for helping Members eliminate barriers to health and well-being. We have recently developed and are implementing our innovative Social Determinants of Health Provider Incentive Program (SDOHPIP), which rewards completion of Member SDOH assessments, billing appropriate SDOH-related diagnosis codes, and completed referrals to community-based organizations. The SDOHPIP also establishes a baseline of SDOH needs among our membership. It increases coordination with Anthem Care Managers, Provider awareness of SDOH at the practice level, and Provider use of our VAS Community Resource Link tool for referring Members to the community organizations that can best address their SDOH needs. The SDOHPIP takes integrated health care one step further by connecting Members to life-enhancing services that benefit both physical, mental, and community health.

Focus on High-risk Members: High Outreach to Promote Engagement

The High Outreach to Promote Engagement (HOPE) program is an Anthem best practice that addresses our highest utilizers of health care services. HOPE is a supplemental program in which Care Managers work with UM staff and facility Providers to coordinate discharge planning, educate and empower Members to effectively use health care resources, and address SDOH; for example, conducting medication reconciliation with a Member to strengthen treatment adherence after discharge. HOPE engages Care Managers and Members with high utilization or preventable encounters in motivational interviews and person-centered planning to reduce those occurrences. In this initiative, Care Managers serve as the central point of contact for the Member, coordinating care to address their physical, behavioral, and social support needs. In early 2019, HOPE was expanded to provide in-person support by Care Managers in the Louisville and Lexington areas. ***As of January 2020, HOPE outreach has resulted in 15.5% estimated cost savings per affected Member, per month.***

Focus on High-risk Members: Violence Reduction Program

New in 2020, our Interpersonal Violence Reduction Program (IVRP) provides team-based, tech-enabled, care extension services to Members who have experienced or who are at risk of experiencing acts of intimate or interpersonal violence. The objective of the IVRP is to address SDOH specific to interpersonal violence reduction by making referrals to medical Providers and community services specific to interpersonal violence reduction, confirming follow-through on those referrals, and developing and assuring adherence to personalized safety plans for each Member. Under the IVRP, a team of clinical and peer support individuals work face-to-face with Members in their own communities as well as virtually through secure messaging, phone, email, video chat, and a proprietary technology platform to assure ongoing, appropriate contact throughout the program. Their objective is to extend and optimize existing resources available to Members through Anthem, our Provider Network, and our community partners. IVRP staff are able to provide supplemental support services such as accompanying Members to important, time-sensitive medical and social service appointments.

ii. Coordination of Carved-out Services

ii. Approach for coordination with carved-out services (e.g., transportation and transitions to long term supports and services).

Anthem offers a comprehensive, integrated PH and BH benefit package, supported by carefully selected VAS designed to help our Members achieve their best health outcomes. We are similarly experienced in identifying and coordinating additional carved-out services and working with each of the carved-out service programs in Kentucky to connect Members to the services and supports that improve their health and health outcomes.

We believe it is critical to educate all parties, including Subcontractors, to deliver coordinated care. All Anthem staff are trained on managed care carved-out services and coordinating Member benefits. We assist Members by assessing and identifying their needs initially and throughout their membership with Anthem. Our integrated care management structure and practices assure Members are referred to the appropriate carved-out service and that their care plans and PHRs incorporate and accurately reflect this information. Additionally, Members can learn about the availability of carved-out services through the Member portal, the welcome call, our website, and the Member Handbook.

Anthem Care Manager Helps Coordinate Carved-Out Services for Pregnant Member With Cancer

A 26-week pregnant 33-year-old Member was diagnosed with cancer and had a radical neck dissection and total laryngectomy. Our face-to-face and telephonic Care Managers coordinated with her caregiver and Providers to get home health, equipment, medications, a feeding tube, and tracheostomy supplies. The Member agreed for a referral to Change HealthCare to assist with an application for Supplemental Security Income (SSI). The Care Manager arranged for the Member's cancer treatment to be closer to home after the baby was delivered at 35 weeks, as it was the Member's personal goal to have more quality time with her newborn and to lessen the burden of transportation on her caregiver. The Care Manager also assisted with facilitation of applications for SNAP and Home and Community Based (HCB) Waiver screening. When the Member was approved for SSI and HCB waiver program, the Care Manager contacted her Providers to assist with the Member's transition needs to assure continuity of care. As a result, the Member's treatment and services were not disrupted.

KY_Hlth2020_C.20_Pregnant_RS_04

We adhere to all federal and Commonwealth requirements and assure our integrated care delivery model works to seamlessly coordinate care for Members so they have access to the full range of Covered Services administered by Anthem, as well as services that are either carved out of the Medicaid benefit all together, or available to Members through the fee-for-service (FFS) Medicaid program, such as those shown in Table C.20.a-1.

Table C.20.a-1. Connecting Members to Carved-out Services in Kentucky

Carved-out Service	Description of Coordination Approach
Eyeglasses for Members 21 and Older	Although eyeglasses and contacts for adults are not covered under the Medicaid benefit today, Anthem knows the importance of good vision to all aspects of a Member's life. To help assure adult Members in Medicaid who need glasses or contacts have access, Anthem has been offering a glasses and contact allowance benefit for adult Members since 2017. As a VAS, eligible Members will receive no-cost eyeglasses (lenses and frames) or a $50 allowance toward contact lenses in lieu of eyeglasses. This benefit is described in our Member Handbook and available on our Member portal. We partner with Lions Club of Kentucky and refer Members to this organization for these services.

Carved-out Service	Description of Coordination Approach
Dental Services	Anthem allows for an additional dental screening because of the impact dental health has on whole-person health. We actively support community dentistry activities and reach out to Members who live in the area of these events with targeted mailings to encourage them to attend. For carved-out services such as non-medically necessary orthodontia and dentures, we help identify resources such as the University of Louisville and University of Kentucky Dental and Denture Clinics for Members to identify lower-cost options.
Transportation	In addition to connecting Members to NEMT transportation resources, we offer Transportation Assistance as a VAS to support access to education, work, nutrition, and other elements of healthy living. All Member-facing staff have been trained to identify transportation needs in Member interactions and can help educate Members on how to access these services. It is easy to access this VAS on our Member portal.
Transitions to Long-term Supports & Services (LTSS), Supports for Community Living, Acquired Brain Injury, Home and Community-based or Other 1915(c) Medicaid Waivers	Care Managers use HRAs and utilization data to identify Members who may be eligible for LTSS. As Members who would benefit are identified, Care Managers assist in understanding and applying for these services, link them to appropriate community resources, and provide them with information via the Self-Service Portal.
School Services	We identify opportunities to collaborate on individual cases and address regional or system barriers, so Members get the right services through our community collaborations in Community Partnership meetings and Regional Interagency Councils (RIACs), and through work with the Family Resource and Youth Service Centers (FRYSCs), etc.
Skilled Nursing Facilities (SNFs)	For Members who require skilled nursing-level supports, we have created a care management tool that helps Care Managers identify high-quality SNFs, based on indicators such as readmission and preventable events. The tool improves Member transitions and helps meet Member needs in the safest and most efficient manner with the highest quality Providers.

iii. Value-added Services

iii. A description of any value-added services the Vendor proposes to provide to Enrollees.

Anthem Kentucky Medicaid's approach to addressing the entire health spectrum versus just health care is refreshing, and the approach is already targeting many of the social determinants of health that have plagued many of our distressed counties for more than 60 years.
— **Jared Arnett,** Executive Director, SOAR
KY_Hlth2019_Jared_TST_03

Anthem's commitment to Member wellness and access to care is supported by our 28 VAS that address particular needs for mothers and children, improve health and wellness, support opioid recovery and weight loss, and respond to SDOH needs for all Members. We continue to grow in our understanding of local populations based on our organization's 81 years of service to the Commonwealth. We developed our comprehensive suite of VAS after receiving and evaluating feedback from Members, key stakeholders, our Member Advisory Council, Care Managers, and representatives from our Clinical, Quality, and Chronic Condition management teams. We reviewed all Covered Services within the Draft Contract to identify gaps or opportunities to expand offerings. Additionally, we evaluated all locally available community resources to make sure our VAS support, but do not duplicate, goods and services Members already receive.

To connect Members to the right resources at the right time, our Care Managers, Community Engagement Navigators, CHWs, and Outreach Care Specialists will give them information about

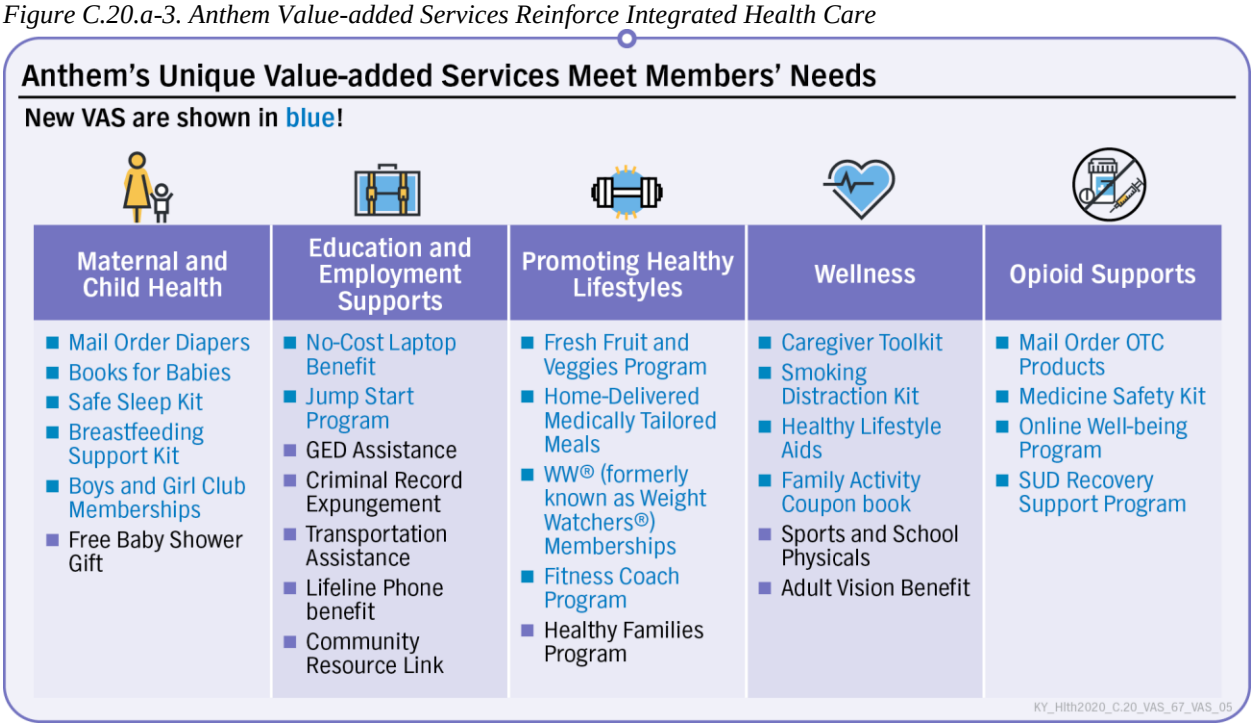
all available VAS. We integrate our VAS with clinical programs, educating Providers about our offerings to make sure Members have access to and can benefit from them. We also provide Members information about these services in our Member Handbook and through our website, mailers, texts, social media, and other communications. We encourage and assist our community partners to refer Members and share information with their stakeholders.

We monitor utilization of these benefits continually to make sure they are the most responsive to the populations we serve, and we see these benefits as an ever-evolving component of our offering that changes with the needs of the population and based on measured utilization.

SDOH play a major role in health outcomes, especially for underserved populations. For example, socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to health care may present significant barriers to better health and well-being. According to the Centers for Disease Control (CDC), poverty inhibits access to safe neighborhoods and higher levels of education, both of which lead to better health. Because we understand addressing barriers improves health and reduces longstanding disparities, we offer VAS specific to the SDOH needs of Kentuckians in every region. We are confident these VAS will help enrich quality of life, positively influence health outcomes, help reduce the cost of health care, and empower Members to make choices that support their best lives.

Our unique services respond to Kentucky's Members because we know Kentucky's Members, and as their needs grow and change, we will be there with solutions that add value to their health care experience. We understand the Commonwealth's health priorities and Kentuckians' greatest needs. Our VAS are aligned in support of these priorities, and support the various unmet SDOH needs, including those related to the education of our Kentucky Members in all eight regions of the Commonwealth. Our VAS are grouped according to the priorities they address: ***Maternal and Child Health, Education and Employment Supports, Promoting Healthy Lifestyles, Wellness, and Opioid Supports*** (Figure C.20.a-3).

Figure C.20.a-3. Anthem Value-added Services Reinforce Integrated Health Care



VAS for Moms and Children

According to the National Center for Children in Poverty, 65% of children in Kentucky lived in low-income poor families with a single parent in 2018. In 2017, the infant mortality rate in Kentucky was 6.5, almost one point higher to the national benchmark of 5.8, according to the CDC. Decades of research prove the importance of infant and childhood nutrition, consistent health habits, regular checkups, and safe activities in a nurturing environment. Nutrition, sleep, safety, and preventive care safeguard the family physically, emotionally, and socially, and can determine health through the course of a lifetime. Anthem places a premium on supporting mothers and making sure babies and children have what they need to survive and thrive, so we offer six VAS for young Kentuckians and their mothers, five of which support new moms and babies.

Mail-order Diapers

NEW

Diapers are critical to a baby's health and happiness. Without consistent diaper changes, babies run the risk of infections, diaper rash, and other significant health problems; problems that require medical attention and can put additional financial strain on families. To help support our youngest Members, we will provide one free case of diapers for Members who have completed six prenatal visits or who are caretaking for a child that requires diapers. Additionally, we will continue to educate all our Members about available free diaper resources including the Diaper Drop Charities and Diaper drives.

Books for Babies

NEW

Reading aloud to young children, particularly in an engaging manner, promotes literacy and language development and supports the relationship between child and parent. A 2014 study by the American Academy of Pediatrics showed that reading daily to young children, starting in infancy, can help with language acquisition and

literacy skills. Our Books for Babies program provides fun and educational children's books delivered directly to the Member's home. Each Member can receive up to three books, which are appropriate for newborns, and babies who are 12 and 24 months old.

Free Baby Shower Gift

Late or insufficient prenatal care, certain health conditions, stress, nutrition, age, race, ethnicity, and substance use are some of the factors that impact a woman's ability to have a healthy pregnancy and a healthy baby. Our comprehensive maternal child health approach addresses these risks by giving Members the information, services, and support they need to stay healthy during and after pregnancy. We present expectant mothers with a free baby shower gift: a convenient stroller organizer that has plenty of deep pockets to hold items for her and her baby. The organizer attaches easily and securely to any stroller handle and can be adjusted to the stroller handle's angle and width as well. To make her life on the go with baby just a little easier, the pockets are detachable.

Breastfeeding Support Kit

NEW

The World Health Organization, CDC and Prevention, and American Academy of Pediatrics all agree — breastfeeding exclusively for the first six months is the best nutritional and developmental start for babies. Breast milk is uniquely suited to the infant's nutritional needs; it is a live substance with unparalleled immunological and anti-inflammatory properties that protect both mothers and children against a host of illnesses and diseases. Sometimes new moms are not aware of the benefits of breastfeeding, and those who choose it may need a little help to get going or to overcome difficulties with it. Any Member who has given birth in the past year is eligible for a breastfeeding support kit (shown in Figure C.20.a-4) that contains an infant-support nursing pillow, washable nursing pads, a nursing cover, and educational brochures that explain the importance of breastfeeding and offer helpful tips on how to breastfeed successfully. This benefit reinforces appropriate infant nutrition and mother-child bonding for healthy growth and development.

Figure C.20.a-4. Breastfeeding Support Kit for New Mothers

Safe Sleep Kit

NEW

According to the American Academy of Pediatrics, infants require 12–16 hours of sleep per 24-hour cycle on a regular basis for optimal health. One study found that adequate sleep duration for babies and children on a regular basis leads to improved attention, behavior, learning, memory, emotional regulation, quality of life, and mental and physical health. Inadequate sleep is associated with an increase in injuries, hypertension, obesity, and depression later in life. Good sleep habits are vital for an infant's physical and emotional well-being, and can help reduce infant mortality. This kit helps parents be aware of sleep needs and safety and prevent

Figure C.20.a-5. Babies Sleep Better with Anthem's Safe Sleep Kit

sleep-related causes of infant death, such as accidental suffocation and Sudden Infant Death Syndrome (SIDS). Any Member with a baby under the age of one can request a Safe Sleep Kit (shown in Figure C.20.a-5). The kit includes a swaddling blanket and pacifiers to help keep infants calm and secure as well as educational materials that focus on actions our Members can take to help their babies sleep safely.

Boys and Girls Club Memberships

NEW

As reported by ChildTrends.org, participation in club activities during middle school is linked to higher academic performance and self-esteem, just as participation in sports is linked to higher social competence and contributes to better health and lower likelihood of obesity. Some research shows children from low-income families who attend after-school programs are less likely to exhibit antisocial and problem behaviors. There is also some evidence that after-school programs are especially beneficial for children with limited English proficiency. Older children who attend after-school activities are more likely to attend college, vote, and volunteer later in life, and less likely to skip school. For all these reasons, we offer free membership to the Boys and Girls Club of America (BGCA) to provide Members ages 6–18 a safe place to exercise, compete in team sports, and establish friendships. Kids who stay involved in a BGCA are more likely than their peers to have healthy habits, be physically active, and abstain from risky behaviors such as drinking alcohol or using tobacco products and marijuana. After-school clubs promote and enhance the development of our young Members by instilling a sense of confidence, usefulness, belonging, and influence. They are a safe place for children to learn and grow, form relationships with caring professionals, engage in life-enriching programs, and develop their unique voice and character. BGCA memberships also relieve some of the stress for working parents and guardians, who know their child is engaged in safe, healthy activities outside of school hours instead of home alone.

VAS to Support Education and Employment

Every Member deserves the opportunity to be healthy and excel in school. We offer seven VAS, two of which are new to our Kentucky Members, designed to promote and reinforce health and wellness for all Members throughout and beyond their school years. These VAS will help support our Members' and families' learning experience by giving them tools and resources to help them excel in school, expand their career options, and secure viable employment.

No-cost Laptop

NEW

Our laptop program is intended to remove barriers for Members interested in continued education and career advancement. Students who use computers have been shown to attend school more steadily and perform better, promoting continued involvement and progress in education. Moreover, computers help make learning processes simple and efficient by providing additional communication methods to support education and job skills learning. Anthem offers eligible Members who are participating in the Kentucky WorkRead Program a one-time lifetime benefit of a no-cost laptop to help them with educational and workforce pursuits.

Jump Start Program

NEW

For eligible Members who are ready to take the next step in education and job training, Jump Start is the place to begin. Jump Start is an online learning platform where Members can complete a skills assessment and improve health and financial literacy. Once they are granted access, English- and Spanish-speaking Members can go to Jump Start at their convenience for GED preparation, vocational education, to search for jobs, or to advance their financial and health literacy without concern for transportation or child care. Enrollment in Jump Start is quick and unlimited, so classes begin when the Member is ready. Participants are guided through an orientation and receive technical support for configuring their computers as soon as they enroll. At Jump Start, Members have access to over 100 courses to help with decision-making and problem-solving, job skills, business etiquette and interpersonal communication, time management, and Microsoft Office utilities. We provide ongoing tech support, update and improve curricula, and coach participants via phone and email, and offer an entire library of work-related modules for tablets and smartphones.

Welcome House continues to believe in Anthem Medicaid and their ability to have a positive impact on Members and the community. They have stationed employees in various agencies across the region as boots on the ground to help the Member at the time and place that help is needed. Anthem Medicaid understands their Members' needs, and they are willing to go the extra mile to make sure their needs are met. We have worked with several plans over the years, but no other plan has shown the level of commitment and community engagement that we have experienced with Anthem Medicaid. By acknowledging the impact of social determinants of health and the willingness to work as a collaborative partner throughout the state, Anthem Medicaid's programs will not only save money, but they will save lives.
— **Danielle Amrine,** Chief Executive Officer, Welcome House of Northern Kentucky
KY_Hlth2019_Danielle_TST_04

Members who did not finish high school have a second chance to aim for success with our ***no-cost GED prep courses, training, and a practice test*** available in Jump Start. The training covers five subject areas: reading, writing, math, social studies, and science. There is not a standard curriculum, each learning plan is based on the individual's needs. We feature a built-in assessment that creates a customized learning plan for every single student, then adjusts the plan automatically as the student learns. The training starts by the student taking the practice exam for each section relevant to them, from which the results are used to create a personalized plan for each individual, so no two learning plans look the same. Students then follow their training plans and track their progress toward being prepared for the exam in each section they are preparing for. For career development, Members can also use Jump Start to get American Society for Quality (ASQ) certifications and certificates in Business Analysis, Human Resources, and Project Management. They can also search for available jobs by county, skill set, employer, or industry, and Jump Start tracks their search so it can send customized reports and alerts.

GED Assistance for Second-time Test Takers

According to the U.S. Department of Labor's Bureau of Labor Statistics, people who earn a high school diploma or GED are 37.5% less likely to be unemployed than others. Studies show individuals without a diploma or GED are more likely to require public assistance, have health problems, and engage in criminal activity. The GED, a basic requirement for many jobs, also prepares those who earn it for higher education, trade school, and job-specific certifications. The Commonwealth has recognized this and has pledged to support its citizens by covering the cost of taking the GED test for first-time test takers. In full alignment with Commonwealth priorities, Anthem offers Members who took the GED test but did not pass the first time, a second chance

to aim for success with our GED Assistance benefit. If they enroll in our Jump Start program, Anthem ***covers the cost of taking the GED a second time*** for any Member age 19 or older, or who is over the legal age for withdrawal in the school district in which they reside and has not attended school for at least 90 days.

Criminal Record Expungement

A past criminal arrest or conviction can have negative consequences for Members long after their debt to society has been paid. Anthem will pay $40 for the eligibility application and $100 in court fees for criminal record expungement of up to five misdemeanors or $500 for one Class D felony for Members whose circumstances meet the criteria for expungement according to Kentucky State law. This is a one-time benefit per Member, and Anthem makes no guarantee of acceptance by the court.

Anthem's Value-added Services Help Janice Make a Course Correction

Janice, 52, reached out to the Anthem Community Engagement Program to learn more about our criminal record expungement benefit. She is currently enrolled in a medical assistant school and was worried that her past involvement with the justice system would prevent her from getting a job once she graduates. The Community Engagement Navigator helped Janice get in touch with Legal Aid to begin the expungement process. In the course of working with Janice, the Navigator discovered that Janice was also struggling to get to work on time because of unreliable transportation and stepped in with transportation assistance so Janice could maintain her income while she is in school. Janice reported back to the Navigator that she was able to expunge 15 charges from her record, which will help her pass background checks when she begins applying for jobs. She is grateful for the help she got in keeping her current job and for her relationship with the Community Engagement Navigator, and is looking forward to working as a medical assistant.

KY_Hlth2020_Janice_RS_02

Transportation Assistance

At Anthem, we want Members to be active participants in their communities. Access to education, work, healthy food, and many other elements of a healthy life can be hindered by a lack of transportation. For Members who need rides for educational opportunities, job interviews, grocery stores, or other non-Provider community locations or events that support their healthy choices and goals for self-improvement, we will offer an allowance of up to $600 for local transportation services. They can use the funds for bus passes, local ride-share services like Uber or Lyft, county transportation services, or taxis.

Lifeline Phone Benefit

Under the federal Lifeline program, Members can receive a free cell phone, minutes, text messaging, and data to give them access to emergency services, jobs, social services, and health care. The cell phone, minutes, and data are supplied by the federal program. As a VAS, our Members receive unlimited calls to Care Coordinators, Member Liaisons, and Member Services through our toll-free line, as well as an additional 100 bonus minutes during their birth month, and a one-time bonus of 200 minutes at enrollment. This benefit helps maximize independence for Members by making sure they always have a way to contact us when they need our help.

Community Resource Link

Community Resource Link is a web-based tool that puts resources for housing, food, employment, transportation, independent living, and social services at Members' fingertips. Members can access the Community Resource Link directly on our website and through our Member portal. It identifies and describes all currently available local community-based programs, benefits, and services to help Members manage their lives and become aware of what is available to them beyond Medicaid. It links directly to our Health Intech platform (our care

management information system), so our teams can track the resources Members search for and use most.

We monitor activity on Community Resource Link to learn more about the needs and goals of our Members. ***After reviewing the number of searches and keywords searched between July 1, 2018, and May 30, 2019, we refined our community database to better meet Kentuckians' needs. We found that, during that period, 440 users searched for programs, got more information about programs, made a next step to reach out, connected to another site, or took action that indicated an active intention to solve a problem related to SDOH.*** This kind of data tracking helps our Care Managers and Community Engagement Navigators recommend resources and supports Members search for most and find most useful. Community Resource Link is continually updated to reflect the most current available resources.

Promoting Healthy Lifestyles

Our VAS are designed to encourage health and wellness and support preventive care for our Members. We offer all our Members creative, easy-to-access, and easy-to-use benefits and services. Vision benefits are often carved out for adult Members, and based on Anthem's extensive Medicaid experience, we know these Members are often the ones who benefit the most from these types of services. To that end, Anthem is offering vision services for adult Members. Additionally, our new VAS Promoting Healthy Lifestyle offerings assures Members have access to nutritional foods and physical activity opportunities help with weight control, reduce the risk of some chronic diseases, strengthen bones and muscles, improve mental health and mood, and increase chances of living a longer life. With that in mind, we are offering five VAS, four of which are new, to encourage healthy lifestyles among our Members.

Fresh Fruit and Veggies Program

NEW

To address food insecurity, promote healthy eating, and provide us a geographical footprint that can be accessed in rural and metro areas, Members who enroll in the Fresh Fruit and Veggies program will receive an annual rate of $100 per year for the delivery of fresh produce. The benefit supports eligible Members with chronic conditions by helping them change dietary habits.

Home-delivered, Medically Tailored Meals

NEW

One of the best ways to prevent relapse of illness, improve perinatal outcomes, and support care transitions is good nutrition. We will offer up to two weeks of home-delivered, medically tailored meals to eligible Members with food insecurities and the following chronic medical conditions: congestive heart failure, cancer, chronic obstructive pulmonary disease, diabetes, HIV/AIDs, end stage renal disease, BH diagnoses, and pregnant moms with gestational diabetes. Special-diet menus are available for all major health concerns: low-sodium, low-fat, diabetic, gluten-free, vegetarian, kidney-friendly, cancer support, and pureed. Members must have been discharged from a hospital, ER, or SNF in the past 30 days, or transitioned from homelessness into more permanent housing to be eligible for this benefit.

WW® (formerly known as Weight Watchers®) Membership

NEW

Members who are overweight have a higher risk of high blood pressure, heart disease, stroke, diabetes, cancer, osteoarthritis, and back pain. Studies show that body image dictates how people interact with others, how confident they feel, and how well they sleep — all factors that can affect mental and emotional health. Members 18 or older who are diagnosed with obesity and referred by their Care Manager or Provider can receive a WW® voucher that covers the initiation fee and 13 weeks of classes, which may be extended based on the Member's engagement in the program. Members will learn new ways to manage their weight and receive private weigh-ins, helpful tools and tips to help them reach weight goals, and recipes to help them and their families stay healthy. Studies show that individuals have greater short- and long-term success achieving a healthy lifestyle when they have a support network. The WW® program includes regular meetings, learning sessions, group support, and a very effective points system. This benefit, which aligns with Kentucky's empowerment goal for Members, will encourage them to take responsibility for their health and help address the high rates of obesity among the adult population.

Fitness Coach Program

NEW

Fitness, exercise, and better health choices have been shown to have a profound impact on the health of any population. Exercise is also a way for Members to take direct control over their health. Our Fitness Coach program offers over 1,000 videos and online classes, articles, and self-care tools. Our online classes cover exercise training basics, exercises for stress management, exercises for weight loss, and exercising with chronic conditions, to name a few. Eligible Members will receive access to online classes and quarterly newsletters with articles on nutrition, weight management, and self-care.

Healthy Families Program

Our Healthy Families program is a six-month telephonic coaching program designed to help families with overweight or obese children ages 7–17 make healthier food choices and increase their activity levels. After referral from a Care Manager, a registered nurse (RN) engages with Members throughout the program, helping them focus on a family-centric approach to good health and build family and community support. The RN might refer them to our Family Activity Coupon Book as well, using it as an opportunity to educate them about the best menu options at Ruby Tuesday, Quiznos, or Papa John's. The program includes fitness items and web-based resources. For Members who find they enjoy becoming more active, the RN or Care Manager might also make referral to our Fitness Coach program.

VAS to Address Wellness

These VAS are designed to encourage health and wellness and support preventive care for our Members. The VAS, four of which are new offerings, support Members experiencing some of the more prevalent health issues in Kentucky, including tobacco use, diabetes, and other chronic conditions.

Caregiver Toolkit

NEW

Caregivers very frequently require support to maintain their health and well-being and to accomplish their daily activities while caring for others. Our Caregiver Toolkit provides the caregivers of our Members with key information and stress relief items. Materials in the toolkit give caregivers an introduction to and overview of local and health plan

resources to support the Member and caregiver alike. Included in the kit is a notebook for caregivers to support general organization, including an array of forms and tools, and comfort and health promoting items for the caregiver including unscented stress putty, unscented relaxation candles, a pedometer watch, and a Kentucky-specific information packet on key resources.

Smoking Distraction Kit

NEW

When we refer Members to the Quitline, we will ask if they would like to receive a Smoking Distraction Kit as well (Figure C.20.a-6). This kit includes a fidget spinner, gum, mints, and stress ball in a convenient reusable bag. The kit is part of Anthem's approach to helping Members make satisfying substitutions for the oral, tactile, and stress-related habits of smoking, vaping, and using menthol.

Figure C.20.a-6. Smoking Distraction Kit Replaced Unhealthy Habits with Harmless Ones

Healthy Lifestyle Aids

NEW

Based on feedback from our Members and our analysis of their needs, we have expanded our previous offering of hearing aid batteries to include a wide assortment of aids such as monitoring and comfort items to help manage weight, blood pressure, asthma, back pain, fall risk, visual impairment, and breastfeeding. Members can select up to $75 of the following items to help them achieve better health: digital scale, home blood pressure cuff, hearing aid batteries (sizes 10, 13, 312, or 675), peak flow meter, lumbar pillow, electric breast pump, personal fan, and non-slip socks. All of these items help Members actively participate in their care, whether it is by keeping track of weight and blood pressures at home, staying on top of asthma or back pain, or managing work and optimal infant nutrition. These items underscore our determination to make good health accessible to all Kentuckians, regardless of circumstances.

Family Activity Coupon Book

NEW

Sometimes the best way for a family to bond is to share an activity. We offer a Family Activity Coupon Book filled with special discounts for local retailers, restaurants, and entertainment to offset financial concerns and help establish cohesive family units, the foundation of a socially and emotionally healthy population. Some of the Kentucky retailers with whom we have discount agreements are:

- Sam's Club
- Shoe Carnival
- Michael's
- Dick's Sporting Goods
- Claire's
- Family Dollar
- Macy's
- Christopher and Banks
- Famous Footwear
- OshKosh B'gosh
- Lids/Locker Room
- Shoe Carnival
- Hobby Lobby
- Aéropostale
- Learning Express
- Sally Beauty
- H&M
- Stein Mart
- Yankee Candle
- Bed Bath and Beyond

We offer meal discounts for Chuck E. Cheese's, Quiznos, Papa John's, and Ruby Tuesday. Coupons for Barnes & Noble, Redbox, and Audible expand home entertainment options for our Members, while coupons for 1-800-PetMeds, 1-800-Flowers.com, Advance Auto Parts, Harbor Freight, and Sherwin Williams help with making homes better. We also offer discounts on rental

cars and travel through Alamo, Avis, Budget, Enterprise, Hertz, and Payless Car Rental; CheapOair and OneTravel; Red Roof Inn, Wyndham Hotel Group, and InterContinental Hotels.

Sports and School Physicals

School-age Members are eligible for annual physicals to confirm that it is safe for them to participate in extracurricular sports. Numerous studies show the positive effect of extracurricular activities on the behavior and general well-being of children and adolescents, as they acquire social skills, a good work ethic, and time management skills that will serve them for life. Physical activity is also the best antidote to the development of obesity, one of the major health risks for Americans of all ages, and being part of a group can circumvent the feelings of isolation and alienation that can often develop among adolescents. We sponsor this examination (often required by schools and State athletic organizations) to give all school-age Anthem Members in Medicaid the opportunity to be healthy and well, and to help them establish the habits that support health and wellness early in life.

Adult Vision Benefit

Regular vision exams can detect a range of eye conditions as well as indicators of diabetes and hypertension. Early detection and intervention for these conditions as well as corrected vision benefit our Members' overall health as well as their day-to-day functioning. For eligible Members over 21 who have had an eye exam and need prescription eyeglasses, Anthem will pay for one set of frames and non-breakable lenses or $50 toward contact lenses.

VAS to Support Opioid Recovery

Like many states across the country, Kentucky is experiencing an opioid epidemic that is devastating families and communities. To help tackle this complex issue, we are offering four new VAS to connect our Members to services that provide treatment of pain without the use of opioids as part of our strategy to prevent substance abuse.

Mail-order Over the Counter (OTC) Products

NEW

Members may receive up to $25 toward purchasing OTC products through mail order, making it easy and convenient for them to receive the medical supplies and medications products they use most. Making OTC medication products easily accessible and available to our Members promotes self-care and bridges treatment gaps. The Consumer Healthcare Products Association Clinical/Medical Committee found that OTC medication reduces unnecessary use of health care services. With this VAS, Members can more easily obtain some of the most used OTC products including:

- Analgesics (pain relief)
- Cough/cold/decongestants (age limits may apply)
- Medical supplies
- Skin/topical
- Vitamins/minerals

Medicine Safety Kit

NEW

Anthem offers a Medicine Safety Kit (Figure C.20.a-7) to help prevent the misuse of prescription drugs. It includes a lockable medicine box, prescription destroyer gel, childproof prescription caps, and pill case covers that reset when opened, all of which help our Members maintain control over their medications, prevent accidental ingestion and theft of prescription medicines, and encourage conversations about responsible medication use among families.

Figure C.20.a-7. Our Medicine Safety Kit Prevents Misuse

Online Well-being Program

NEW

Anthem is committed to caring for the mind, body, and spirit, because being healthy is about more than just the body. Individuals have greater short-and long-term success achieving a healthy lifestyle when they have access to a support network. This benefit will help Members take an active part in improving their health. Members 13 and older can access our Online Well-being program, an online community designed to help them manage depression, anxiety, stress, chronic pain, sleep disruption, and substance use via a computer, tablet, or mobile app. This program is a suite of self-help resources that incorporates cognitive-behavioral therapy, motivational interviewing, positive psychology, and mindfulness and engages Members using BH videos, games, goal setting, and monitoring.

SUD Recovery Support Program

NEW

Among Anthem's 132,000 Members in Kentucky, 19,042 have been identified as having SUD. Along with assessments and programs designed to diagnose and treat SUD and support Members in recovery, we offer the SUD Recovery Support program as a VAS. This program uses predictive relapse analytics and condition-specific content to engage and encourage Members and aid the recovery from opioid, drug, or alcohol use via smartphone. Care Managers can monitor Member progress, post inspirational content, send secure messages and reminders, and intervene when high-risk location alerts indicate the need. The SUD Recovery Support program can also reduce the social isolation that some in recovery experience as they begin to change their lives. Members check in on the mobile platform daily and have access to peer support groups and messaging, and they can connect with a counselor and keep journals to document and reinforce their recovery.

C.20.b. Direct Access to Care Drives Anthem's Network Development

b. Provide the Contractor's approach to assisting Enrollees to access direct access services and second opinions, and referrals for services not covered by the Contractor.

At Anthem, access to health care services is a top priority. Through our integrated care delivery model, we assist all Members with direct access to care, access to second opinions, and access to referrals for non-Covered Services. Our plan staff and Network Providers are trained in assisting Members to access the direct care we provide. ***And, unlike other Managed Care Organizations,***

our Members have unrestricted access to specialty Providers and do not need PCP engagement or referral to access care from them, unless they are restricted by the Lock-In Program (see our response to section C.22, Special Program Requirements) or their benefit limits have been exhausted.

Assisting Members with Direct Access to Care

In addition to offering unrestricted access to our broad national Network of expertise, our Members across Kentucky have unrestricted access to Anthem's more than 5,000 PCPs, 19,000 specialists, and 110 inpatient hospitals as well as coverage for the following services:

- Ophthalmologists, optometrists, and opticians
- Orthodontists, pediatric and general dentists
- Voluntary family planning resources
- Maternity care for teens
- Immunizations up to age 21
- Sexually transmitted disease screening, evaluation, and treatment
- Tuberculosis screening, evaluation, and treatment
- Testing for HIV, HIV-related conditions, and other communicable diseases as defined by 902 KAR 2:020
- Chiropractic services
- Specialists appropriate for Members with documented Special Health Care Needs (SHCN)
- Routine, preventive, and prenatal care for women
- BH Providers
  - Currently over 2,000 in Network
  - Members can be seen immediately for life-threatening conditions; within six hours for non-life-threatening conditions; within 48 hours at an urgent care facility; and are covered for timely and regular follow-up

At no time do we restrict Member access to or deny coverage for emergency services for PH or BH conditions. Members may also seek care without a referral at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

To further assure our Members can directly access the care from Providers they prefer, we allow Members with complex conditions or SHCN to choose a specialist as their PCP, as appropriate to Member diagnoses and condition. In the event there is not a participating Provider who is available for adequate and timely services, we will arrange for the provision of services through an out-of-Network Provider until a Network Provider is available. If no Network Provider is available to offer a Member a second opinion, we will arrange for the Member to obtain a second opinion from outside our Network. Our staff will quickly identify the closest, most appropriate out-of-Network Provider to meet the Member's needs, then execute a single-case agreement (SCA). SCAs solidify payment terms, authorization requirements, and treatment plans to assure thorough coordination of the Member's care. Once immediate needs are addressed, our Contracting staff will make every attempt to recruit the out-of-Network Provider.

Assisting Members to Request Second Opinions

To help Members get the best care and promote Member choice, we educate our Members about their rights to participate in decisions about their health care, to seek second opinions regarding treatment, and to be informed of all treatment options and alternatives in the Member Handbook

and on the Member website. This information is also covered during outreach and Care Coordination encounters. Through the same channels, we advise Members to tell their PCP if they would like a second opinion, as the PCP can make a recommendation or help them find a Provider qualified to make a good assessment. Our Member Services department will help them find a Provider who can give a second opinion. There are also online resources such as CommonGround (BH education and support) and our Online Well-being program (supportive community and educational materials on BH and SUD), which are offered as a VAS, along with tips for Members on how to engage effectively with Providers to get the information they need to participate in their own care.

Anthem Medicaid is the easiest MCO to work with by far. We can always count on their Provider Relations department to help us answer any questions we have. Anthem Medicaid has also been the most consistent MCO that we've worked with year after year. We look forward to continuing our partnership with Anthem Medicaid.
— **Matt Grammer,** Owner and CEO
Kentucky Counseling Center
KY_Hlth2019_Matt_TST_03

Referrals for Non-Covered Services

While Anthem does not pay for non-Covered Services, we help our Members identify community resources to help Members find these resources. We identify and incorporate non-Covered Services in the care planning process. For Members with unmet needs for non-Covered Services, Care Managers leverage Community Resource Link and our Community Engagement Program to refer Members to appropriate community-based partners that can help them access the resources in their local communities, such as:

- Respite
- Adult day
- Orthodontia for adults
- Hearing aids
- Chiropractor services
- Environmental supports, such as air conditioners

C.20.c. Coordinating Behavioral Health, Developmental and ID Services

c. Describe the Vendor's proposed approach to the following:

i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities.

ii. Coordinating with the Department to establish collaborative agreements with state operated or state contracted psychiatric hospitals and other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use. Describe potential challenges and methods to address such challenges.

iii. Complying with the Mental Health Parity and Addiction Equity Act.

Our approach to coordinating benefits and services is grounded in our commitment to whole-person care strategies that seamlessly integrate PH, BH, and SUD benefits to the extent possible. We are proud to serve 132,000 Kentuckians through our Network of over 28,000 Providers qualified to address diverse and complex health conditions through whole-person care strategies and services that address medical, behavioral, and social needs. Among our membership, significant proportions have complex health challenges:

- 1,285 have intellectual or developmental disabilities (I/DD)

- 19,837 (14.8%) have co-occurring PH and BH conditions

Our Kentucky-focused collaborative care I/DD strategies are informed by our local expertise and supported by the extensive experience of our 16 affiliates who serve more than 73,000 Members with intellectual or developmental disabilities, including co-occurring conditions.

i. Key Relationships Protect Special Populations

i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities.

Frequent communication and strong working relationships through a regular meeting schedule with Kentucky Medicaid is foundational to supporting optimal health and well-being of our Members. We are active in our partnership with DMS and the Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) to assure close coordination and continuity of care for Members with unique and diverse strengths and needs.

Members of our clinical teams and our BH Director participate in monthly regional Transition Meetings and quarterly continuity of care meetings with DBHDID. Our BH Director participates monthly with DBHDID and all MCO Partners. DBHDID meetings are individually held quarterly with Anthem. In quarterly meetings with DMS leadership, we review current trends and updates on programs and identify barriers with partner agencies such as the DBHDID, Department for Community Based Services (DCBS), the Department for Public Health (DPH), with clinical consultation and guidance provided by the Medical Directors.

Anthem's Anthem Training Academy will support the training needs of DBHDID, DCBS, Department of Education, DPH, the Department of Juvenile Justice (DJJ), and other stakeholders with easy access to online and self-directed education and training materials.

Participants like DBHDID staff and stakeholders can complete self-paced training and receive certificates of completion for designated modules as documentation. They also have access to Care Coordination contacts, upcoming meetings and notes, and forms. We monitor the site and update information regularly to keep content relevant to Members' needs and current evidence-based practices and validated clinical tools.

We provide these tools and other resources to assist individuals who may be serving Members the access to training that promotes fully integrated, whole-person care that best serves Members' needs. This training is also available to FQHCs, RHCs, community-based organizations, and Community Mental Health Centers (CMHCs) who are qualified to serve special populations, supporting and promoting their development of integrated delivery models.

Working with DMS, DBHDID, and Advisory Committees

Our history of conducting listening sessions, completing evaluations of placement options for children, and participating in key stakeholder meetings reflects our ongoing, strong working relationship with the Commonwealth.

When we learned of the need for more transparency and communication between Anthem and DMS, we created our *Pulse of the Plan* newsletter which we send to DMS and DBHDID every month.

The newsletter outlines our activities in the community and spotlights new programs, innovations, and quality outcomes in areas such as HEDIS measures or operations.

We began sharing this document with DMS in April 2019 and have expanded to include DBHDID and other departments since then. This document provides recipients with information on ways Anthem is supporting the community, as well as strategies and opportunities DBHDID and DMS can use when working with Members and ways to provide community outreach.

We consistently participate in the Behavioral Health Technical Advisory Committee, which integrates feedback from stakeholders, Providers, and the community on Medicaid policies and programs. That input is also shared with our clinical teams and presented to our Medical Advisory Committee.

Anthem representatives also participate with DMS in the State Interagency Council (SIAC) and the Regional Interagency Council (RIAC) to formulate comprehensive plans for children and families who are engaged in the Commonwealth's system of care.

We collaborate closely with DCBS as well as many community agencies supported by the SIAC and RIAC. One of the benefits of our connections to those agencies is that we are more capably meeting Member needs while we simultaneously ease the administrative burden on Commonwealth employees by preventing duplication of services.

When we are involved in collaborative events and promotions, we listen and respond to the concerns of Providers and community-based partners to optimize the effectiveness of those events for the community.

In quarterly meetings with DMS leadership, we bring information from community events, review current trends and updates on programs, and identify barriers with partner agencies such as the DBHDID, DCBS, DPH, with clinical consultation and guidance provided by the Medical Directors.

Collaboration with DBHDID

As active collaborators with DBHDID, we have quarterly meetings in which we share data and success stories and update our plan for delivering care to the Commonwealth's Members mutually served by these departments. We communicate regularly with DBHDID regarding:

- ***Operating definitions*** for Serious Mental Illness (SMI) and Serious Emotional Disorder (SED). For our 2020 initiatives, we will submit all materials and protocols we use to educate new Members about SMI and how to help children and youth with SED

- ***Certifications*** for community and peer support Providers; training on Trauma-informed Care, suicide prevention, evidence-based practices, and managing comorbidities
- ***Development of hotlines and Crisis services*** in coordination with DMS, DBHDID, and CMHCs to integrate into BH hotlines with internal and external functions
- ***Agreements and regular meetings with psychiatric hospitals and facilities*** that serve Members with co-occurring BH and I/DD
- ***Continuity of care*** for Members discharging from State-administered psychiatric hospitals to assure proper follow-up care provided by CMHCs

Our participation in the Technical Advisory Committees (TACs) promotes strong working relationships with State agencies and committees that benefit our Members. Regular communication and problem-solving through the BH TAC and the I/DD TAC keep us well-informed along with stakeholders, Providers, and other interested parties in the community. Our active collaboration allows us to hear firsthand how we can best manage changes and enhancements to our programs. For example, shared data reports and feedback given to the BH TAC helped us improve Provider communications around copays and changes in the Medicaid benefit.

We have worked closely with the Division of Behavioral Health to support the ***Kentucky Opioid Response Effort,*** supporting hospital systems that instituted bridge clinics for Medication-Assisted Treatment (MAT) for Members, participating in the Bridge Clinic Symposium in 2018, partnering with entities receiving the funding, and promoting those programs and resources among our Members. We have participated in trainings with DBHDID regarding Person Centered Thinking. The feedback from Providers that we received at the 2018 Bridge Clinic Symposium influenced our overall plan for education and outreach regarding opioids.

As a result of our participation in the trainings, we developed strategic partnerships that promote the exchange of ideas and innovations to holistically meet the health needs of Members. For example, we are currently working with the Louisville Metro Department of Public Health and Wellness, the University of Louisville's School of Public Health and Information Sciences, and the Norton Hospital in Louisville to train Providers in BH treatment and recovery protocols as part of a harm reduction pilot program.

ii. Collaborating with the Department on Integrated Care

ii. Coordinating with the Department to establish collaborative agreements with state operated or state contracted psychiatric hospitals and other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use. Describe potential challenges and methods to address such challenges.

We propose to continue our pursuit of collaborative agreements with State-operated or State-contracted facilities and cover inpatient stays in Institutions for Mental Disease (IMD), as defined and permitted by the CMS for Members age 21–64.

We will notify DMS monthly of any Member stay that exceeds 15 days in any given month or 30 days in a SUD IMD facility. In those instances, in accordance with 42 CFR Part 438, we understand we will receive a pro-rated capitation payment for days the Member is not in the IMD and recognize the IMD will be paid at the rate agreed to in their contract with us. At no time will we require a Member to enter an IMD, pursuant to 42 CFR 438.3(e)(2)(ii).

Members with co-occurring BH and I/DD conditions require special consideration in follow-up to a hospital or residential facility admission. We understand the facilities and multiple health systems responsible for these Members have varying cultures, program requirements, and regulations that do not always result in well-coordinated transitions and can have adverse impacts on a Member's health.

Our clinical teams work with both Members and the treating facility Providers to assure coordination of services needed are included in the Member's discharge plan. Effective coordination for these Members is key to improvements in their health outcomes. Our Members can most successfully navigate health systems and manage their health if we provide compassionate, attentive care management and supports prior to their admission to a psychiatric facility and in follow-up upon discharge to their home community.

Members with co-occurring BH and I/DD conditions frequently require access to LTSS and are more likely to face significant challenges regarding housing and other social determinants. When a Member is experiencing unstable housing or food insecurity, basic health care often becomes a lower priority. Our experience has shown that Members with BH, SUD and I/DD diagnoses can lead their most fulfilling lives if our team provides timely supports to address basic needs through person-centered care management services, actively engaging Members throughout transitions in care.

Addressing Challenges of BH and I/DD Care

We support Members living in the least restrictive setting that meets their needs, ideally in the community. Anthem applies stratified level of care guidelines to give Members the most clinically effective and least restrictive services based on their unique needs, goals, and circumstances, up to and including referrals for Home- and Community-based Services (HCBS) Waiver eligibility or nursing facility placement.

We recognize the Member's individualized care continuum may be fluid and understand Members may enter treatment at any level of care and service requirements, sometimes requiring movement between more or less intensive settings. ***At every level of care, our goal is individualized treatment.*** We employ diverse and specific strategies to engage Members with specialized health care needs according to their individual circumstances. For Members with I/DD, we have incorporated specific assessments into care planning. Our Care Managers receive additional training in engagement best practices.

We find the biggest challenges facing individual Members are in coordinating and communicating among treating Providers in order to build an effective care plan across health systems. Addressing these difficulties is where our care management program plays an important role. Our program is designed to identify service needs and gaps in communication between treating Providers — and between Providers and our Members. We acknowledge that Members diagnosed with I/DD may have additional clinical and support needs to consider when applying UM guidelines for treatment.

Our UM team is integrated with our care management program to conduct seamless whole-person coordination of care functions for Members with I/DD co-occurring with PH, SDOH, and BH care needs. We conduct integrated rounds, where we address circumstances leading to admission and plan for discharge from inpatient settings.

Our Care Managers follow up with Members and their caregivers post discharge to address any issues effectively and comprehensively. We also draw upon our experience and lessons learned with our affiliates in developing programs for Members with I/DD our deep understanding of challenges for Kentuckians helps us create, implement, and sustain programs that promote Members' wellness goals.

Our Care Managers have in-depth knowledge of community organizations and resources to support Members at any point along the continuum of care, and their involvement helps us ease facility-to-community transitions. Care Managers conduct discharge planning in concert with hospital personnel, with the emphasis on always supporting resiliency and achieving stability in concert with Member goals.

Care Managers work with Members to develop care plans that span the service delivery systems for PH, BH, and LTSS, and maximize Member independence in the least restrictive setting possible while also facilitating Member ownership of health and well-being. The care plan is dynamic and adapts to the Member's changing preferences and progress, and documents the specific services needed to meet the Member's preferences.

Our policies and procedures involve Members in discussions and decision-making about their care. Through regular contact with our Members, continuous monitoring, and data analytics, our Care Management team identifies Members who may be at risk for facility placement. We monitor Members' complex medical conditions, ER and inpatient admissions, changes in functional capabilities, or caregiver supports, enhancing Care Coordination and management so Members can safely remain in their preferred home environment.

iii. In Compliance with the Mental Health Parity and Addiction Equity Act

iii. Complying with the Mental Health Parity and Addiction Equity Act.

Anthem brings all our health care resources and experience to Members in Medicaid with mental health and substance use issues. Our Prior Authorization, medical necessity criteria, Network policy, and procedures are in compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and 42 CFR Part 438 Subpart K. Criteria for medical necessity determinations for mental health and SUD benefits to any Member, potential Member, or Provider are available on our website and by request, per 42 CFR 438.236(c) and 438.915(a).

We adjust services and Subcontractor relationships as needed to remain in compliance with parity reviews. We also participate in Anthem's Parity Governance Committee, which reports into the Medical Compliance Committee as well as other clinical committees regarding overall parity compliance. Anthem's Parity Governance Committee activity supports our Individual Health Plan efforts and gives us oversight and guidance in sustaining full compliance with the MHPAEA.

We conducted a deep and thorough evaluation of our compliance against benchmark measures of the MHPAEA in 2016. ***We did not discover any deficiencies or find any indications that Anthem's MH or SUD benefits could be experienced by our Members to be less favorable or more restrictive than medical and surgical benefits.***

Our mental health and SUD benefits are comparable to and applied on par with other medical and surgical benefits, both in and out-of-Network. We ensure compliance with the MHPAEA for

any benefits we offer to Members beyond those specified by Medicaid in Kentucky. Medical necessity determinations for mental health or SUD benefits are available to any current or potential Member on request. If there is ever a reason to deny coverage of mental health or SUD benefits, Members are notified in writing of the explanation. Our UM team conducts systematic evaluations to make sure we maintain compliance with all facets of caring for Members with mental health or SUD needs.

C.20.d. Eliminating Provider-preventable Conditions

d. Describe initiatives the Contractor will implement to identify trends in provider-preventable conditions and to educate providers who are identified as possibly needing support in better addressing those conditions

Anthem monitors Provider-preventable conditions as part of our effort to improve patient safety and assure Provider accountability for quality care. Provider-preventable conditions and Health Care Acquired Conditions are medical conditions or complications that a patient develops during a hospital stay, or ambulatory surgical encounter that was not present at admission. As Medicaid is prohibited from paying for additional inpatient days or outpatient services that directly and exclusively result from Provider-preventable conditions, we promote and reinforce clinical practice guidelines for all Providers and expect them to adhere to those guidelines and practices as a matter of course. Our QM team engages with Provider Solutions as PAE levels spike above expected rates for a particular Provider so appropriate interventions and Provider education occur.

Anthem is proud of the work we have done with Providers in the state of Kentucky regarding Provider-preventable conditions. This is demonstrated by our best in class rate of 0.0% for Provider-preventable conditions in 2019.
We take action if Member claims or data indicate a Provider is not within the parameters of their peers on any of the following:

- ER utilization rate
- Readmissions within 30 days of inpatient discharge
- Outpatient procedures performed in hospital setting
- New Member PCP visit within 60 days of assignment
- Frequency of PCP visits
- Follow-up visits at 7 and 30 days after mental health inpatient discharge
- BH-related readmission rate at 30, 60, and 90 days
- Total medical expenses

Under the proposed Contract, we will require all Providers to report preventable conditions associated with claims for Member treatment or payment on a quarterly basis, in accordance with the Commonwealth and 42 CFR 438.3(g). We will report all identified Provider-preventable conditions as specified by the DMS.

Our reimbursement policies detail how Providers should bill Provider-preventable conditions and we do not reimburse Providers for conditions identified as Provider-preventable conditions, per CMS guidance. Our claims system is also configured to deny Provider-preventable conditions.

We have a robust suite of Provider-preventable conditions Tableau dashboards, which are monitored by our QM team on a monthly basis, and our QM team engages with Provider

Solutions if Provider-preventable conditions levels move above expected rates for a particular Provider so appropriate interventions and Provider education occurs. The dashboards our QM team monitors include:

- **Provider-preventable Conditions Volume.** Shows the volume of Provider-preventable conditions by condition (for example, Vascular catheter infection)
- **Provider-preventable Conditions Volume and Rate by Market.** Shows total volume of Provider-preventable conditions by state as well as the rate (Provider-preventable conditions as a % of all utilization)
- **Facility Level Detail by State.** Shows the Provider-preventable conditions volume and rate by facility
- **Facilities with Four or More Provider-preventable Conditions.** Summary of Provider-preventable conditions by facility and type of Provider-preventable conditions for facilities with four or more Provider-preventable conditions
- **Provider-preventable Conditions Count and Rate by Product.** Provider-preventable conditions by product where we have more than one product operating in a state

Additionally, our Payment Integrity team has a suite of post payment investigative analytics to identify Provider claims that would have been denied as a Provider-preventable condition, but the Provider did not bill it with the appropriate Provider-preventable condition modifier. If this occurs, our team always follows up with the Provider to educate them on Provider-preventable conditions and appropriate billing practices.

Identifying Trends in Provider-preventable Conditions

Anthem collaborates with Network Providers and hospitals to identify preventable adverse events and to implement appropriate strategies and technologies to avoid them. Our primary means of identifying trends in Provider-preventable conditions is through claims edits and review of Member complaints, but physicians and UM and care management teams can also refer cases of Provider-preventable conditions to Anthem's QM department. We perform ongoing monitoring to verify compliance with our standards and to look for any action that may reflect substandard conduct and competence. We also review periodic reports when available through sources such as the Office of the Inspector General, Medicare or Medicaid reports, Office of Personnel Management, Commonwealth licensing agencies, and our QM department to identify Providers with disconcerting trends. We review data regarding complaints of both a clinical and non-clinical nature, reports of adverse clinical events and outcomes, and satisfaction data from other internal departments, and any other verified information received from appropriate sources.

In the event we identify a trend with a particular Provider, we reach out to that Provider to offer further education, to reinforce contractual obligations, and to develop a plan for remediation and monitoring. If the trend continues, we move to formal corrective action, which could lead to termination of the Provider from the Network.

High-quality Providers Minimize Risk of Adverse Outcomes

An ounce of prevention is worth a pound of cure. At Anthem, we employ a rigorous credentialing process to assure our Members receive timely, high-quality care from their Providers. We are part of an organization with the most tenure in the state and with Provider relationships cultivated over the past 81 years. All contracted Providers must meet medical

community standards as well as those of Anthem, DMS, and external regulatory and accrediting agencies. The goal of our credentialing process is to provide Members with a selection of physicians and other health care professionals who deliver high-quality, cost-effective health care. If at any point a Provider does not meet Anthem's credentialing criteria (including clinical Anthem Network participation requirements and quality of care standards), the Credentialing Committee — led by our Medical Director — reviews the situation and decides what action to take. Areas identified for improvement are tracked and monitored until the problem is resolved and the Provider's performance is re-evaluated. A timeline for improvement is clearly documented and communicated, and we work with the Provider to remediate issues. If a Provider's continued participation in our Network poses a potential risk to the health or welfare of one or more Members because of issues related to professional conduct and competence, the chair or vice-chair of the Credentialing Committee or our Medical Director (or designee) — after consultation with legal counsel — may terminate the Provider immediately.

Our Provider Manual states, ***"Preventable adverse events should not occur. When these events do occur, Anthem firmly supports the concept that the health plan and its Members should not pay for resultant services."*** We routinely evaluate all physicians, RN practitioners, and physician assistants and share our reviews of Member complaints, reported adverse events, and any other relevant information with these Providers to give them every opportunity to correct practices that may contribute to adverse outcomes. Our QM department incorporates all data into profiles of each care setting, helping us keep a clear picture of when a Provider may need more education, corrective action, or support in giving the best possible care to our Members as well as to other patients in their care.

21. Pharmacy Benefits

Committed to the Future of Kentucky Medicaid

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

C.21. Pharmacy Benefits

C.21.a. Administering Pharmacy Benefits

a. Describe the Contractor's proposed approach to administration of pharmacy benefits and related pharmacy services, including the following in its response:

i. If using a Pharmacy Benefit Manager (PBM), provide a copy of the Subcontract, approach to integration with other services, as well as assuring transparency in pricing and reporting.

ii. Methods to ensure access to covered drugs and adherence to the preferred drug list.

iii. Responsibilities and composition of the P&T Committee.

iv. Proposed DUR Program, including approaches to collaborate with the Department on pharmacy initiatives.

v. Proposed Maximum Allowable Cost (MAC) program.

vi. Approach to operation of a pharmacy call center.

Our fully integrated pharmacy program supports Enrollees' (Members') total physical health and Behavioral Health (BH) needs and includes joint operations, joint clinical meetings and committees, shared data and reporting, shared goals, and pharmacy participation on Care Coordination Teams. Our Pharmacy Director, Andrew Rudd, who has been with us since 2015, works closely with all clinical areas and Anthem's leadership to make sure that pharmacy services meet all applicable federal and Department for Medicaid Services (DMS) requirements.

We will continue to support DMS goals in improved health outcomes by assuring access to high-quality, comprehensive, cost-effective health care services, including pharmacy services that address the top health issues in Kentucky.

i. Pharmacy Benefit Manager Processes

i. If using a Pharmacy Benefit Manager (PBM), provide a copy of the Subcontract, approach to integration with other services, as well as assuring transparency in pricing and reporting.

In collaboration with our affiliate Pharmacy Benefit Manager (PBM), IngenioRx, Inc. (IngenioRx), Anthem Kentucky Managed Care Plan, Inc. (Anthem) brings innovative pharmacy benefit program management strategies to our Kentucky Members. IngenioRx, a subsidiary of our Ultimate Parent Company, Anthem, Inc. has over 24 years of experience managing retail pharmacy benefits and implementing pharmacy programs that have demonstrated success in Medicaid markets with similar populations. ***IngenioRx is a new company and a new name, but the people supporting the business and the programs we offer have not changed and are the same individuals who coordinated prescription drug benefits for our Kentucky Members for the last six years.***

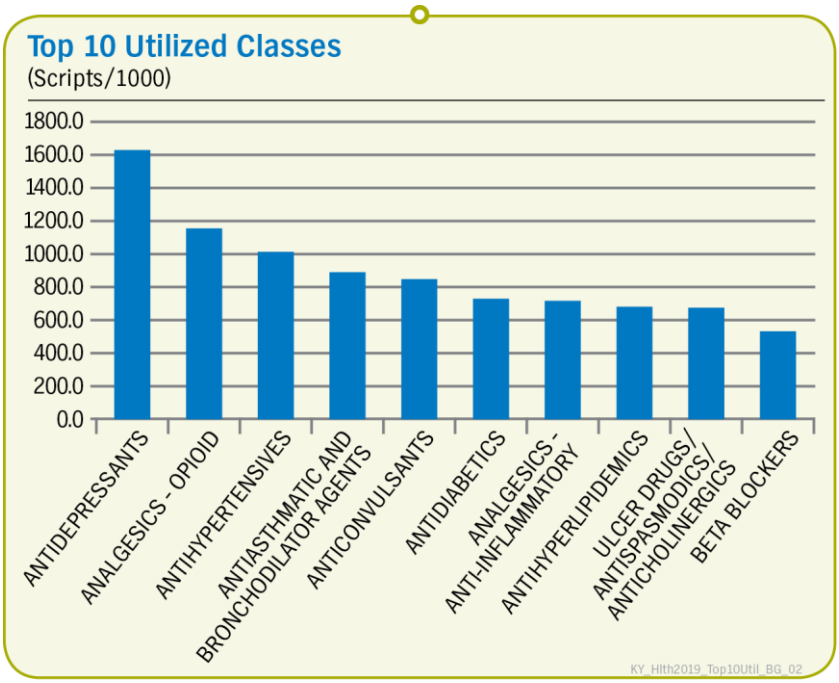
IngenioRx is backed by Anthem's Medicaid experience and national resources, facilitating our PBM's ability to integrate medical and pharmacy benefits effectively. Anthem transitioned administration of the Kentucky pharmacy benefits to IngenioRx on October 1, 2019, as approved by DMS. We had a smooth and seamless transition of approximately 135,000 Members with no significant issues.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

IngenioRx administers and delivers a full suite of pharmacy benefit management services, including:

- Claim adjudication
- Pharmacy Network
- Account management
- 24/7/365 Member Services call center
- Prior Authorizations
- Rebate administration
- Reporting and analytics
- Clinical services, including formulary design and clinical programs

Figure C.21.a-1. Top 10 Categories of Drugs for Anthem's Kentucky Members Based on Utilized Classes



We provide a copy of the subcontract in Attachment C.21.a-1.

We leverage an 81-year organizational history of service to Kentuckians. We continuously analyze our pharmacy data to identify emerging trends to support the goals of DMS in our reporting and analysis.

Our prescription utilization is driven by the top three therapeutic classes of antidepressants, opioids (which include Medication-Assisted Treatment [MAT]), and antihypertensive medications. This mirrors the top Kentucky categories of drugs utilized (Figure C.21.a-1). We see similar patterns in bordering states. We have Clinical Pharmacy Programs to focus on appropriate utilization in these classes.

In addition, we will continue our pharmacy clinical programs that help address gaps in care, polypharmacy, safety issues, and adherence. We use the power of our integrated data to enable our Members to make better decisions, which results in improved health and lower costs.

Our Members have experienced year over year improvements in medication adherence. As a result of our pharmacy clinical programs, we saw a 26% overall improvement in adherence in 2017 and a

CY 2018 – 1Q 2019 Improvement in Medication Adherence

- **19% improved** adherence to HIV medications
- **28% improved** adherence to oral diabetes medications
- **30% improved** adherence to statins
- **30% improved** adherence to calcium channel blockers
- **62% improved** adherence to hydroxyurea
- **32% improved** adherence to novel anticoagulants
- **32% improved** adherence to tamoxifen/ aromatase breast cancer inhibitors
- **22% improved** adherence to thiazides (diuretics) and combination products

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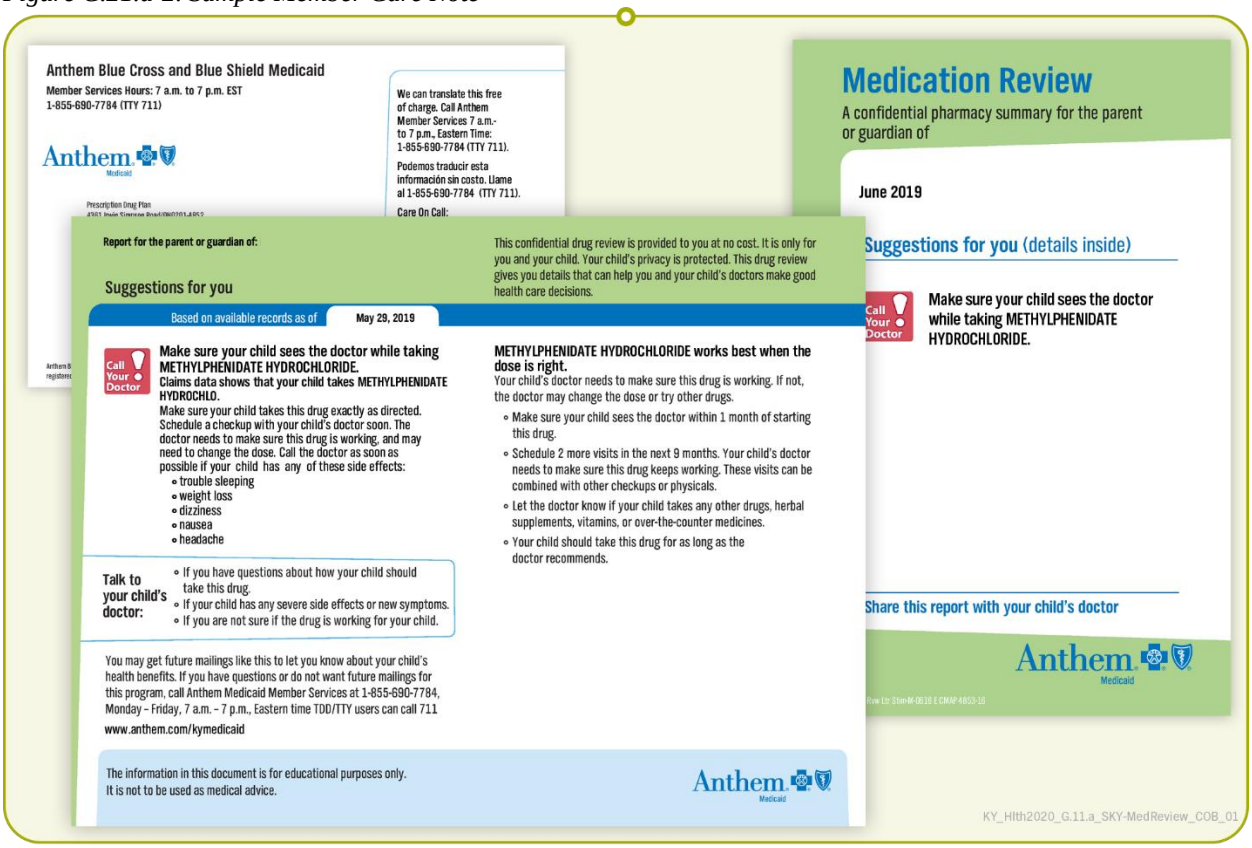
28% overall improvement in medication adherence in 2018. For the first quarter of 2019, we saw a 31% overall improvement in medication adherence.

Medication adherence is important for managing chronic conditions and improving overall long-term health and well-being. By analyzing a Member's prescription claims history, we can identify and help increase medication adherence through a variety of programs addressed in the following sections, and we will continue to develop programs meeting Members' needs by identifying opportunities for improvement and sharing actionable health data.

In addition, we empower our Members to improve their health and engage in their health care through Member Care Notes that educate Members on the importance of adhering to their medications. Figure C.21.a-2 is a sample of a Member Care Note.

Figure C.21.a-2. Sample Member Care Note



We also engage Members through telephonic outreach to those with chronic disease states through our PBM's Clinical Pharmacy Care Center (CPCC), staffed with licensed pharmacists and nationally certified pharmacy technicians.

We are committed to simplifying health care so Providers can focus on health. We have done that by implementing processes to reduce administrative burdens for Providers, like the implementation of Automatic Prior Authorizations (AutoPAs) that can help bypass the need to submit a Prior Authorization (PA) via intelligent and automated logic at Point of Sale and ePA, which allows for electronic submission of a PA and, when criteria is met, automatic approval of a PA.

Seamless PBM Integration with Other Anthem Services

IngenioRx is staffed with the same team that has managed the pharmacy benefits for our Kentucky Members for the last six years — a team with 24 years of experience managing pharmacy benefits in 17 markets where pharmacy benefits are carved-in. They employ an integrated, holistic approach to health care by considering the whole Member view to quickly identify gaps in care, improve health outcomes, and lower overall costs. IngenioRx's integrated and coordinated medical and pharmacy solution provides tighter overall health care cost control and access to actionable data that translates into better clinical management and decision making.

IngenioRx is supported by Anthem, Inc.'s vast Medicaid experience and expertise. This affiliation facilitates our ability to more effectively integrate medical and pharmacy benefits within the same organization by allowing for:

- ***Consistent and aligned strategies and goals*** driving development of many of our pharmacy and medical programs.
- ***Policy alignment*** for continuous focus on managing drugs consistently across both benefits, which helps ensure cost savings rather than cost shifting.
- ***Total cost focus*** on our total health care costs, including medical and pharmacy.

This integration allows for a whole-health view. Through our PBM, we help improve Member health outcomes and reduce total health care costs by integrating our medical and pharmacy programs with a focus on the whole Member. For example, our integrated approach simplifies the PA process for Providers by allowing medical claims to be used during the pharmacy adjudication process to justify the need for a medication without requiring the Provider to submit a PA for clinical review. This makes it easier for Providers and eases medication access for Members.

We also use pharmacy and medical insights to guide our decision making. This allows us to achieve meaningful clinical outcomes, gain critical insight in formulary and clinical decisions, and impact total health costs. Further, we integrate our medical, pharmacy, and lab data to assure coordination of our people, programs, and knowledge.

Medical, Behavioral Health, and Pharmacy Care Integration Matters

Why full integration of medical, behavioral health (BH), and pharmacy care matters:

- Provides seamless experience for Provider and Member
- Enhances coordination with case management to close gaps in care
- Promotes formulary development reflective of membership needs
- Drives cost effectiveness
- Delivers optimal quality outcomes for Kentucky Medicaid Members

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With a combined pharmacy and medical program, we can see the full picture of a Member's health. We use timely, integrated data to identify care gaps earlier, and we share this information with Members and Providers to help them make better, more informed health care decisions. With integration, we continue to coordinate care and leverage actionable data to drive better health outcomes and lower total health care costs.

In addition, IngenioRx pharmacy data integrates seamlessly into our platforms and reporting. Doctors see the full picture of Anthem's Members in the Availity Portal, including robust pharmacy data and analytics, to enable the best medical guidance, eliminate care gaps, and reduce cost shifting between benefits. With a holistic view of Member health, we have visibility into each Member's overall care.

Navigating the fragmented, complex health care system can be difficult. In collaboration with our PBM, we minimize potential Member frustration through a Member-centric focus,

coordinated care, and leading-edge Member engagement and consumerism tools. For example, our Members have access to pharmacy customer service 24/7 with calls answered by a pharmacy expert and fully integrated and enhanced web and mobile app tools.

As a result of transitioning to our PBM, ***we have integrated our Members' pharmacy claims information into our Member Portal and web application*** so Members can easily view their pharmacy claims summary, view all prescriptions, request refills, check the order status of mail order or specialty drugs, and locate a pharmacy without having to sign into a separate application. Members can also send a secure message to our PBM to get answers to pharmacy-related questions and can request refill reminders via email, call, or text messaging.

IngenioRx uses one integrated claims processing system to provide retail, specialty, and home delivery pharmacies with consistent, integrated Member information. This platform brings Member, physician, pharmacist, and drug data together for pharmacy plan analyses and drug utilization review (DUR), assuring the accurate and efficient processing of each claim. It provides flexibility, clinical functionality, administrative accuracy and efficiency, and service capabilities developed and refined over years that cannot be matched by a patchwork of individual system competitors.

While medical and pharmacy claims are adjudicated on separate claims platforms, they are integrated to make sure we maintain accurate maintenance of Member profiles which is essential for our Care Management team. We regularly exchange data with our PBM — such as Member diagnosis data to auto-adjudicate authorizations — and work closely to establish Provider education on submitting appropriate Medicaid IDs on all prescriptions and monitoring protocols to make sure that data is captured consistently. Our integrated approach with IngenioRx uniquely enables us to support whole-person care on behalf of our Members.

IngenioRx integrates with other services in the following ways:

- ***Leader in integrated, connected solutions.*** They focus on improving health outcomes and lowering total health care costs through the power of connected benefits, and they continually strive to improve the experience for our Members and Providers.
- ***Best-in-class holistic specialty drug management.*** They manage across pharmacy and medical benefits and closely analyze both pharmacy and medical drug spend to ensure coordinated care at the right place and the right cost.
- ***Focus on optimizing total cost.*** Whole-health approach, integrated trend insights.
- ***Pushing actionable insights to the exam room.*** Integrating with Provider workflows to enhance the quality of care.
- ***Integrated medical and pharmacy data in a single dashboard.*** Their next generation reporting platform will provide real-time updates on plan performance across medical and pharmacy.
- ***Engaging Providers and Members with actionable insights.*** Through different outreach programs, they can help change Member behaviors and encourage them to close gaps in care, support cost management programs, and stay on track with their medications.
- ***Empowering Members to make better choices.*** 24/7 access to dedicated pharmacy experts.

Assuring Transparency in Pricing and Reporting

Anthem is committed to full transparency and accountability. We maintain an established Subcontractor Oversight program, refined through our six years of serving Kentucky Members and enhanced by national expertise and experience. We continue to enhance this program to make sure we deliver timely, appropriate, and quality care and services. Our material subcontract with IngenioRx includes detailed requirements and service levels and sets clear expectations of how we measure performance and compliance. Anthem will continue to retain ultimate responsibility for adhering to and fully complying with all terms and conditions of our Contract and remain accountable for IngenioRx's performance.

We monitor and evaluate IngenioRx's performance through ongoing collaboration, regular monitoring, and formal auditing processes. We oversee, monitor, supervise, and enforce contract compliance, as well as promote frequent, open, and effective communication that emphasizes the delivery of quality services to Members. Anthem continues to closely monitor the delivery of pharmacy services to make sure they meet or exceed DMS requirements.

We have pricing transparency as a result of our transition to our in-house PBM. We will implement a pass-through pricing model in which there is no difference in the PBM to pharmacy and Managed Care Organization (MCO) to PBM reported payment amounts with no direct or indirect remuneration fees, as required in the Draft Contract. Our PBM provides claims-level detail that provides the basis for comparing the actual amount paid to pharmacies to the amount that the PBM charged the MCO for the transaction. We validate this through the pharmacy encounters reporting, which will show what is paid to the pharmacy.

Given the recent focus on implementing Senate Bill 5 involving pricing transparency, Anthem understands DMS' concerns about PBMs and price transparency. We align and comply with all DMS requests and requirements regarding price transparency.

ii. Ensuring Access to Covered Drugs and Adherence to the Preferred Drug List

ii. Methods to ensure access to covered drugs and adherence to the preferred drug list.

In collaboration with our PBM, we will continue to ensure access to covered drugs via a Preferred Drug List (PDL) that is no more restrictive than the fee-for-service coverage of outpatient drugs. The Anthem PDL is developed under the advisement of the Pharmacy and Therapeutics (P&T) Committee, and all represented therapeutic classes are reviewed at a minimum on an annual basis. Drugs or drug formulations that are new to market are reviewed within 75 days of market availability.

We provide a brand name exception process for prescribers to pursue when brand name products are requested by the prescriber due to medical necessity. The PDL is updated no less than quarterly throughout the year to reflect changes, including the addition of new drugs and changes in the preferred/non-preferred status of a drug.

Our PBM also runs a PDL impact analysis that identifies Members impacted by a formulary change. Our PBM sends a letter to impacted Members advising them of the change in preferred status to the medication that is changing to non-preferred, providing alternative preferred drugs,

and advising them to talk to their doctor to see if they can use a preferred drug instead of one that is not preferred.

Providers are made aware of the PDL in orientation and in the Provider Manual. Our Provider Services department also issues Provider newsletters for important Provider information and topical updates on a variety of topics including pharmacy and the PA process.

Online Searchable Formulary on Secure Provider Portal

Prescribers have easy access to information on our online searchable formulary tool with clear Utilization Management (UM) information on detailed PA criteria. The PDL is available on our Provider website. When there is a change to a drug on the PDL, we will update the PDL on the website and send notifications to prescribers and Members.

Through a login on our Provider website, Providers can access our secure Provider portal and the formulary, including a searchable tool, as well as clinical pharmacy policies. This includes the preferred/non-preferred status, an indication of whether PA is required, and information necessary to initiate a PA request. A hard copy of the PDL is also available upon request of a Member or Provider.

We will also maintain a physician-administered drug list but will allow most injectable drugs under the medical or specialty pharmacy benefit, depending on the physician preference for billing, so that physician offices can avoid the burden of buying and billing. Anthem's proven management information system relies heavily on supporting tables to enable configuration of business rules, data validation rules, and data exchange ability to ensure access to all drugs and adherence to the PDL.

Information for Providers Available Through Their Electronic Health Record

In addition, we have implemented ***Real-time Benefit Check*** where Providers can access real-time, Member-specific prescription drug benefit information at the point of care. It is part of the e-prescribing process and is located within a Provider's electronic health record (EHR) system.

This functionality helps Providers determine prescription coverage more quickly by sharing information about patient drug cost, formulary, and coverage alerts, such as PA, before sending a prescription to the pharmacy. This information can help Providers proactively identify barriers to medication compliance. For example, if a medication requires a PA, alternatives can be discussed before the Member leaves the Provider's office.

Providers will be able to find the following ***Member-specific*** prescription benefit information with their EHR:

- Formulary status of the selected medication
- Formulary alternatives
- Coverage alerts, including PA and step therapy

In addition, Providers can call our Provider Services call center or pharmacy call center for questions regarding covered benefits.

We will continue to work with our PBM to develop, implement, and conduct ongoing educational programs for the Kentucky Medicaid pharmacy Provider community regarding PDL drug changes and distribution.

Prompt Point of Service (POS) Authorizations and Reconfigurations

Our PBM bases PDL configuration on table-driven logic within their claims processing system, using decision-tree logic based on table-driven criteria, to enable accurate and prompt POS authorizations.

The POS system is easily reconfigurable when new drugs and diagnoses are added or removed, or any associated UM criteria is updated. Our PBM structures PA criteria within the POS system with effective dates for the system to apply benefits appropriately based on dates of service. These processes govern the implementation of any code and configuration changes made, including the execution of required testing and documentation tasks.

When criteria are updated, we work with our PBM to identify changes to clinical rules and synchronize the timing of changes to make sure that both formulary and clinical rule changes happen together. Experienced adjudication coders will confirm that the PDL is updated accurately and in compliance with requirements. We incorporate quality assurance checks built into the formulary coding process at multiple points to assure accuracy and our ability to adjust coding promptly when necessary to adhere to the PDL and pharmacy benefit design. We make sure that the real-time, POS process system incorporates updates.

Our PBM verifies claims for formulary compliance, eligibility, drug coverage, plan design, and DUR upon receipt. The system applies hundreds of edits within seconds based on eligibility requirements and benefits and delivers targeted alert messaging to dispensing pharmacists concurrently.

In addition, our PBM currently manages several markets that have a single-state PDL and therefore has the experience to accommodate a single uniform PDL if DMS elects to move in that direction.

Members' Access to Information about Prescription Drug Benefits

We make sure that Members can fully understand their pharmacy benefit and the programs available to assist with appropriate medication use and adherence. We assure all Members have easy access to information, tools, and programs that will address their diverse needs.

Anthem encourages Members to contact us for information about their pharmacy benefit through any of our dedicated Kentucky phone lines or secure online messaging. We also provide multiple resources, such as the Enrollee (Member) Handbook, Enrollee (Member) website, and mobile application that allow Members easy access to coverage information. Members will also have access to our PBM's 24/7 Member Services call center.

Our PBM's 24/7 Member Services call center will have the capabilities required to deliver an enhanced service experience which will include specialized pharmacy-focused employees, and allow for greater opportunities to improve Member engagement, including adherence counseling for identified Members and drug cost- and benefit-specific therapeutic alternatives (for example, retail versus mail service or drug class recommendations) in a single interaction. It will also have expanded integration of enhanced rare disease support for specialty pharmacy users. Nurses and other care team experts will outreach to Members to address gaps in care, manage drug therapy, and minimize unnecessary Emergency Room (ER) or office visit events.

As a result of transitioning to our PBM, we have integrated our Members' pharmacy claims information into our Member Portal and web application so Members can easily view their pharmacy claims summary, view all prescriptions, request refills, check the order status of mail

order or specialty drugs, and locate a pharmacy without having to sign into a separate application. Members can also send a secure message to our PBM to get answers to pharmacy-related questions and can request refill reminders via email, call, or text messaging.

iii. Anthem's Kentucky and National P&T Committees

iii. Responsibilities and composition of the P&T Committee.

National Committee Supports Kentucky Process

The purpose of our national P&T Committee is to clinically review drugs for efficacy, safety, effectiveness, and clinical aspects in comparison to similar drugs within a therapeutic class or used to treat a condition. This includes the review and approval of PA clinical criteria, drug quantity supply limits, and policies and procedures for the development of IngenioRx formularies.

Another responsibility of the committee is the assignment of clinical designations to each single-source brand product under review. These designations are determined through a rigorous review of clinical evidence, the product's clinical attributes, and clinical judgment. The P&T Committee may assign one of four clinical designations:

- Favorable
- Comparable
- Insufficient Evidence
- Unfavorable

The national P&T Committee passes their decisions on these four designations and their clinical comments about the products to assist in further defining their clinical rationale to a second committee known as the Value Assessment Committee. Together, these two committees work as a checks-and-balances system, helping to maintain an outcomes-based drug list/formulary that offers customers access to quality, cost-effective medications.

To ensure that the clinical rationale is properly balanced with financial considerations, the Value Assessment Committee must consider the P&T Committee's clinical designations and review the clinical comments when making decisions. The Value Assessment Committee then determines the tier assignments, or coverage levels, for each of the drugs. In addition to the designations assigned by the P&T Committee, the Value Assessment Committee may also look at financial information (average wholesale price, rebates, ingredient cost, copays and coinsurance, cost of care), market factors, and client impact on determining tiers/levels.

Our national P&T Committee consists of 18 voting members, including 16 physicians and two pharmacists who evaluate safety, efficacy, adverse effects, outcomes, and total pharmacoeconomic value for each drug product reviewed. There are seven voting Value Assessment Committee members.

Voting members are not employed by or otherwise affiliated with our Ultimate Parent Company. The voting members are reviewed every two calendar years to ensure adequate representation by medical specialty and geographical location.

The development of clinical criteria and approval through the P&T Committee and the DUR Board is critical to medication appropriateness and quality of care. The policies are used as a guideline in determining medical necessity for drugs requiring PA or in building POS edits related to those products.

Our PBM bases its clinical criteria and POS edits programs on regular monitoring of industry changes, review of utilization patterns, knowledge of the competitive environment, the introduction of new medications in a class, and the Commonwealth's interest in enhanced monitoring of certain therapeutic classes. Clinical experts design PA, step therapy, and quantity limitation programs after significant research into the therapeutic class, case studies, research of trials, and medication use patterns. The DUR Board reviews the POS and clinical criteria before presentation at the P&T Committee. The P&T Committee reviews all information and makes the final approval, making sure practicing physicians review the program before implementation.

Our PBM uses several resources to gather the most current information regarding FDA-approved indications, dosing, contraindications, and other relevant information to develop clinical criteria. These resources include FDA-approved product labeling, peer-reviewed literature, American Hospital Formulary Service Drug Information®, Truven Health Analytics Inc. DrugPoints® or DrugDex®, and the National Comprehensive Cancer Network Drug & Biologicals Compendium®. The P&T Committee reviews and approves the policies and clinical criteria. Our PBM updates the PA clinical criteria at least annually to include the most current clinical information for use in medical necessity determinations.

Kentucky Pharmacy & Therapeutics Committee

Leveraging Anthem's national P&T Committee, the Kentucky P&T Committee meets at least quarterly throughout the year and makes recommendations to DMS for changes to the drug formulary.

Our Kentucky P&T Committee membership includes the following:

- Kentucky Licensed RPh
- Kentucky Licensed MD
- Health Plan Medical Director
- Clinical Solutions Team (CST) Director (RN)
- Case Management Manager (RN)
- Behavioral Health Director
- Two pharmacist representatives of Anthem's national P&T Committee

The Kentucky P&T Committee is responsible for reviewing all represented therapeutic classes in the PDL annually at a minimum. New drug entrants are reviewed after a minimum of six months post-market entry. Drugs or drug formulations that are new to the market are reviewed within 75 days of market availability, with exceptions made for drugs which the FDA has given priority status. Drugs or drug formulations new to the market will be reviewed for alignment with DMS sponsored clinical criteria, pharmacy-based programs, and other initiatives within the timeframes required.

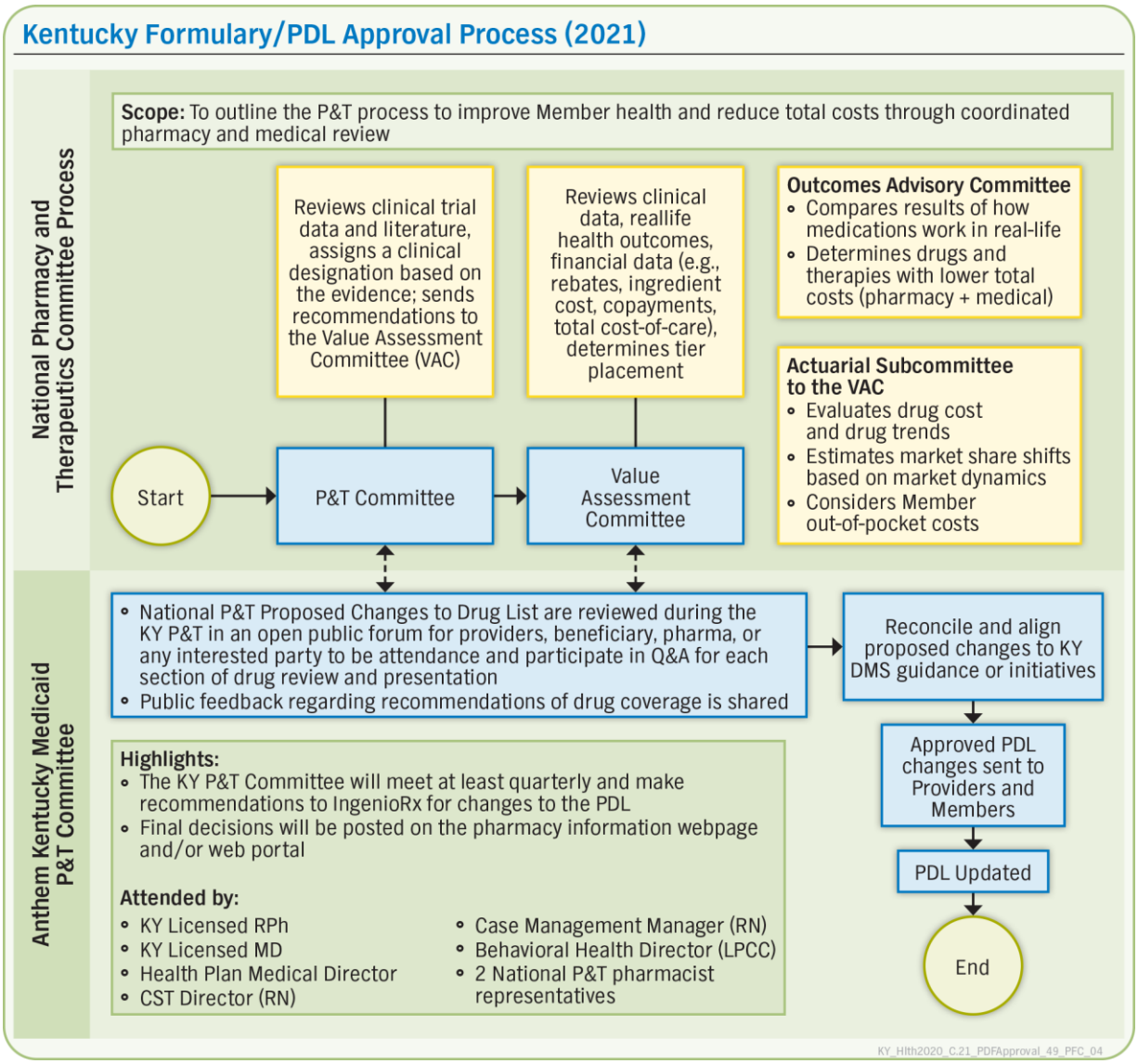
The Kentucky P&T Committee also receives feedback from the public on recommendations in drug coverage. Changes to the PDL proposed by the national P&T Committee are reviewed during the Kentucky P&T Committee meetings in an open public forum for Providers. Members and any interested parties are invited to participate in the forum and Q&As for each section of review.

The Kentucky P&T Committee reports their recommendations on coverage to the national P&T Committee. Public feedback regarding recommendations on drug coverage is shared via the Kentucky P&T review process to the national P&T Committee to reconcile and align proposed changes in the Kentucky PDL. Upon DMS guidance and in coordination with other Kentucky initiatives, approved PDL changes are communicated to Providers and Members.

The PDL will align with DMS sponsored clinical criteria, pharmacy-based programs and other initiatives within specified timeframes. Final decisions will be posted on our pharmacy information webpage and/or web portal.

Figure C.21.a-3 below shows the relationship between the Kentucky P&T Committee and the National P&T Committee. The graphic describes our committee review processes and respective responsibilities and interactions of the two Committees.

Figure C.21.a-3. Anthem Kentucky Formulary/PDL Approval Process of Kentucky P&T Committee and the National P&T Committee



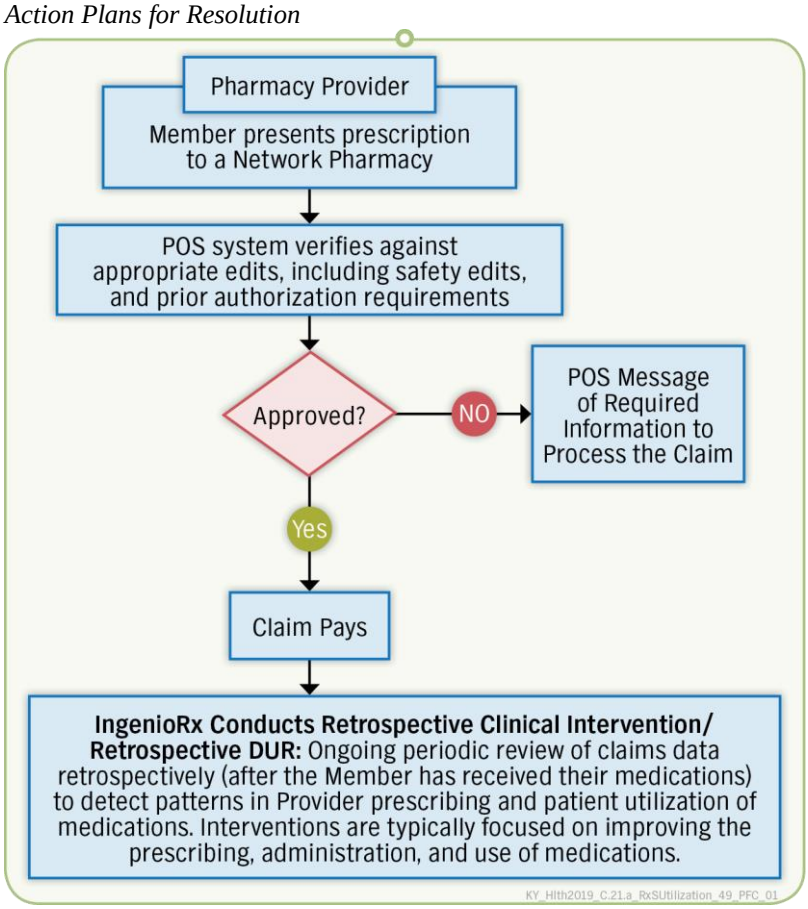
iv. Drug Utilization Review Program

iv. Proposed DUR Program, including approaches to collaborate with the Department on pharmacy initiatives.

Together with IngenioRx, Anthem's comprehensive clinical DUR programs address over- and under-utilization of prescription medications and includes both prospective DUR (ProDUR) and retrospective DUR (RDUR) programs. DUR helps verify that the appropriate drug is dispensed properly and used safely by the Member by applying evidence-based, industry-standard medication regimens that promote the effective use of prescribed medications to improve health outcomes and help us achieve a low-cost trend for prescription drugs.

Figure C.21.a-4 illustrates our workflow from a Member's contact with a pharmacy, though the POS system and claims, and processes leading to retrospective clinical intervention through DUR.

Figure C.21.a-4. Anthem Accomplishes Improvements Through Data Analysis, Identification of Issues, and Development and Execution of Action Plans for Resolution



We operate our DUR program in compliance with the State and federal requirements, including requirements and report on it in the format and timeframes required by DMS. Our program and processes identify potential fraud or abuse of controlled substances by Medicaid Members, health care Providers prescribing drugs to Medicaid Members, and dispensing pharmacies.

DUR program execution is achieved through a cross-functional, interdisciplinary approach that involves coordination of effort across multiple departments and functional areas. We assess program impact through retrospective, Member-level analyses, and cost impact.

Prospective Drug Utilization Review

In addition to utilization review, our Prospective Drug Utilization Review (ProDUR) program includes a standard set of edits in compliance with 42 U.S.C. 1396r–8. Our PBM uses Medi-Span's clinical drug screening logic to generate DUR edits and screening results. These edits

alert the dispensing pharmacy to potential drug therapy problems resulting from therapeutic duplication, drug-disease contraindications, drug-drug interactions (including serious interactions with nonprescription or over-the-counter drugs), incorrect drug dosage or duration of drug treatment, drug-allergy interactions, and clinical abuse or misuse.

Based upon these edits, the dispensing pharmacist will contact the prescriber or Member to discuss contraindications and alternatives. A complete discussion and table of POS ProDUR edits is included in our response to Section C.21.b, Pharmacy Claims Payment Administration.

Retrospective Drug Utilization Review

Our PBM reviews specific RDUR metrics on an ongoing basis such as medication adherence for maintenance drugs, opioid and controlled substance use, and high-risk medications. Our PBM uses these metrics to reach out to Providers to address potential issues if drug therapy regimens may indicate overutilization, underutilization, or drug safety issues. Our PBM also contacts Members directly to address certain medication adherence concerns. We identify and resolve issues that change lives — such as reducing the use of opioids or helping Members with diabetes, hypertension, or other diagnoses better manage their health by allowing Members to switch to a 90-day non-control maintenance medication refill cycle.

IngenioRx designed its programs to close gaps in care and improve adherence by increasing medication refills, especially among Members whose diagnosis puts them at a higher risk of adverse outcomes when drug therapies are not taken consistently or appropriately. The following RDUR programs are currently in place.

Diabetes Medication Management

Through our PBM's CPCC team comprised of pharmacists and pharmacy technicians, our Diabetes Medication Management program helps close gaps in care, optimizes therapies, and facilitates medication adherence for Members with diabetes who are taking more than 10 medications. Member counseling interventions make sure that Members receive the right message at the right time to effect positive changes. With the help from proprietary data analysis tools and our PBM's clinical team of pharmacists and pharmacy technicians, our PBM can assess the Member's medication history. Clinical pharmacists perform a comprehensive review of the Member's profile to identify any medication-related problems or gaps in care. Care gaps include issues such as high hemoglobin A1c values, missing cholesterol-lowering therapy, medication non-adherence, and ensuring appropriate screening tests are performed.

When capturing diabetes adherence data of 80% proportion of days covered (PDC)/medication possession ratio or greater, ***Members who completed a review with our CPCC team observed higher rates of adherence compared to Members who did not complete a review.*** In 2018, Members that received the intervention converted to be adherent (achieving 80% PDC or greater) to drug therapy 52% of the time for Members taking 11–14 medications and 64% of the time for Members taking 15 or more medications, compared to 35% and 52% respectively for the Members that were unable to be reached.

Asthma Medication Management

The Asthma Medication Management program addresses gaps in care and adherence for our asthmatic Members and their Providers. A New Start Education letter is sent to Members that have a new diagnosis of persistent asthma to highlight the importance of medication adherence,

and to provide the Asthma and Allergy Foundation of America four-step approach to controlling asthma and preventing episodes. Through the Asthma Adherence calling program, outreach focuses on the importance of controller medications and addresses adherence barriers.

After outreach and educational efforts with Members in 2018, 20% of participating Members improved their asthma controller medication adherence rate to equal to or greater than 75%. From January through March 2019, 21% of participating Members improved their asthma controller medication adherence rate to equal to or greater than 75%.

Medication Management for Behavioral Health and Substance Use

The BH Medication Management program provides support to promote medication adherence and improve prescriber practices for Members with BH and substance use conditions. It addresses increased concerns about the safe, appropriate, and effective use of psychotropic and controlled substance medications, including opioids. It is a comprehensive program that improves Members' quality of care through more clinically appropriate prescribing, improves Member adherence to appropriate medication treatments, promotes Care Coordination between prescribers, decreases the cost of care, and improves performance on HEDIS® measures.

Between January 2018 through June 2019, ***60% of Members targeted for participation in the BH Medication Management Program had a positive change in behavior*:**

- ***BH polypharmacy.*** In 2018, 67% of the targeted Members discontinued one or more of the multiple medications.
- ***BH child age appropriateness.*** In 2018, 30% of children under age six identified discontinued the inappropriate psychotropic medication. In January through June 2019, 26% of children under age six identified discontinued the inappropriate psychotropic medication.
- ***Antipsychotic adherence.*** In 2018, 67% of Members identified discontinued use of one or more of the multiple psychotropic medications.

In addition to POS claim edits to prevent the dispensing of duplicate therapy with use of psychotropic medications, and PAs for antipsychotic use in children 17 years of age and younger, the Psychotropic Medication Management program is a Provider outreach program that targets Members with multiple prescribers and multiple psychotropic medications to address polypharmacy issues, inappropriate prescribing of psychotropic medications for children under the age of six and adults over the age of 65, and the use of antipsychotics in children when there is no evidence of providing first-line psychosocial care or metabolic monitoring.

We are expanding this program to include additional prescriber messaging on drug-drug interactions and high dose alerts (dosages that are higher than the FDA-approved doses) which include new rules for pediatrics under 18 years of age that will: (1) look at compliance at taking antidepressants; and (2) look at the maximum dose of stimulant medications to prevent exceeding maximum dose.

Controlled Substance Utilization Management (CSUM) Program

Our CSUM program is designed to decrease controlled substance overutilization, by identifying Members receiving multiple controlled substance medications, including opioids, from multiple Providers filled at multiple pharmacies, or combinations of controlled substances that may indicate risk. For example, one intervention identifies Members with three opioid claims from three prescribers and three pharmacies in three months, and another intervention identifies Members with concurrent claims for opioids, benzodiazepines, and muscle relaxant medications.

Our PBM relays the information to prescribing Providers so they can engage patients at risk for adverse events related to misuse.

Our CSUM program reduces fraud, waste, and abuse by addressing drug-seeking behavior and doctor or pharmacy shopping. ***The CSUM program includes similar components as our Ultimate Parent Company's award-winning Medicare Opioid Overutilization Management program, which received an Excellence Award for Care Management Strategies from the Pharmacy Benefit Management Institute.***

Table C.21.a-1 summarizes recent positive outcomes for Members in our CSUM program. We had reductions in the number of claims for each Member, less risk to Members through involvement from multiple opioid prescribers, and fewer concurrent claims with benzodiazepines, and muscle relaxant medications.

Table C.21.a-1. Anthem's CSUM Program Outcomes

	Positive Outcomes
Controlled Substance Utilization Monitoring Program	63% with claims for controlled substances of 10 or more reduced their claims for controlled substances to less than 10 at 180 days post-intervention (2018 through March 2019)
	53% no longer saw three or more prescribers or pharmacies to obtain opioid prescriptions (2018 through March 2019)
	84% with claims for buprenorphine and a concurrent claim for an opioid fill discontinued from the opioid (2018 through March 2019)
	49% reduced their concurrent claims for opioids, benzodiazepines, and muscle relaxant medications (2018 through September 2019)

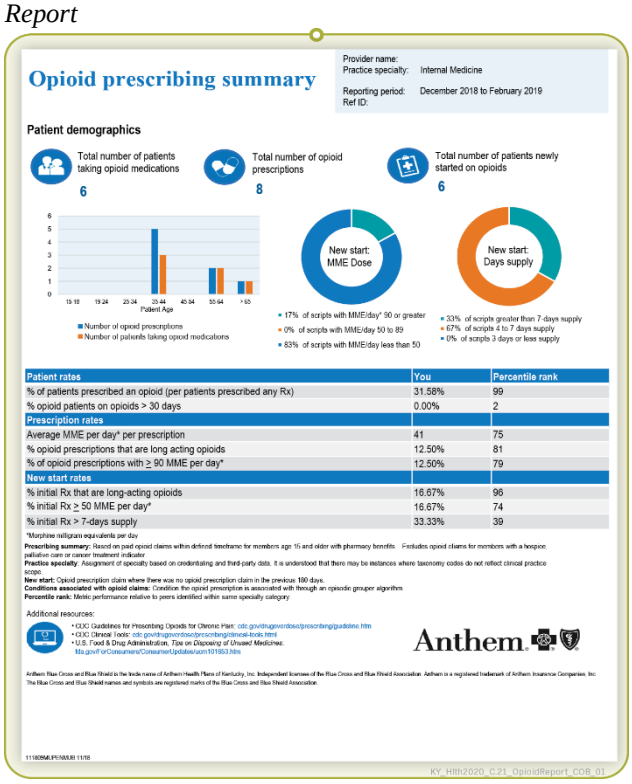
The CSUM program also provides Member education. CSUM's Opioid New Start program identifies Members with new opioid prescriptions and sends them a letter educating them on the safe and appropriate use of opioids and proper storage of them. The letter also encourages the Member to contact his or her prescriber or pharmacist and provides a link for additional tips on safe opioid use.

Opioid Management Program

The recently implemented Opioid Management Program helps reduce the opportunities of misuse of opioid treatment, including the development of opioid use disorders, by targeting outlier Provider opioid prescribing patterns, as well as assisting Members in gaining access to more clinically appropriate treatment. This program assesses physicians' opioid prescribing patterns evaluated against several utilization metrics such as an overall opioid prescription count, percentage of patients that are newly started on opioids, and opioid utilization, and summary of at-risk Members.

Figure C.21.a-5 is a sample Opioid Prescribing Summary report. This report of Providers' opioid prescribing practices compares prescribers to peers in their specialty practice areas. The information is provided to prescribers in the form of a report card to educate on their prescribing patterns and offer Providers multimodal support to reduce opportunities for opioid misuse.

Figure C.21.a-5. Sample Opioid Prescribing Summary Report



Opioid prescribing summary

Provider name:
Practice specialty: Internal Medicine
Reporting period: December 2018 to February 2019
Ref ID:

Patient demographics

Total number of patients taking opioid medications: 6
Total number of opioid prescriptions: 8
Total number of patients newly started on opioids: 6

Patient Age: 19-18, 19-24, 25-34, 35-44, 45-54, 55-64, >65
Number of opioid prescriptions
Number of patients taking opioid medications

New start: MME Dose
- 17% of scripts with MME/day* 90 or greater
- 0% of scripts with MME/day 50 to 89
- 83% of scripts with MME/day less than 50

New start: Days supply
- 33% of scripts greater than 7 days supply
- 67% of scripts 4 to 7 days supply
- 0% of scripts 3 days or less supply

Patient rates	You	Percentile rank
% of patients prescribed an opioid (per patients prescribed any Rx)	31.58%	99
% opioid patients on opioids > 30 days	0.00%	2
Prescription rates		
Average MME per day* per prescription	41	75
% opioid prescriptions that are long acting opioids	12.50%	81
% of opioid prescriptions with ≥ 90 MME per day*	12.50%	79
New start rates		
% initial Rx that are long-acting opioids	16.67%	96
% initial Rx ≥ 50 MME per day*	16.67%	74
% initial Rx > 7-days supply	33.33%	39

*Morphine milligram equivalents per day

Prescribing summary: Based on paid opioid claims within defined timeframe for members age 15 and older with pharmacy benefits. Excludes opioid claims for members with a hospice, palliative care or cancer treatment indicator
Practice specialty: Assignment of specialty based on credentialing and third-party data. It is understood that there may be instances where taxonomy codes do not reflect clinical practice scope.
New start: Opioid prescription claim where there was no opioid prescription claim in the previous 180 days.
Conditions associated with opioid claims: Condition the opioid prescription is associated with through an episodic grouper algorithm
Percentile rank: Metric performance relative to peers identified within same specialty category.

Additional resources:
- CDC Guidelines for Prescribing Opioids for Chronic Pain: cdc.gov/drugoverdose/prescribing/guideline.htm
- CDC Clinical Tools: cdc.gov/drugoverdose/prescribing/clinical-tools.html
- U.S. Food & Drug Administration, *Tips on Disposing of Unused Medicines*: fda.gov/ForConsumers/ConsumerUpdates/ucm101853.htm

Anthem

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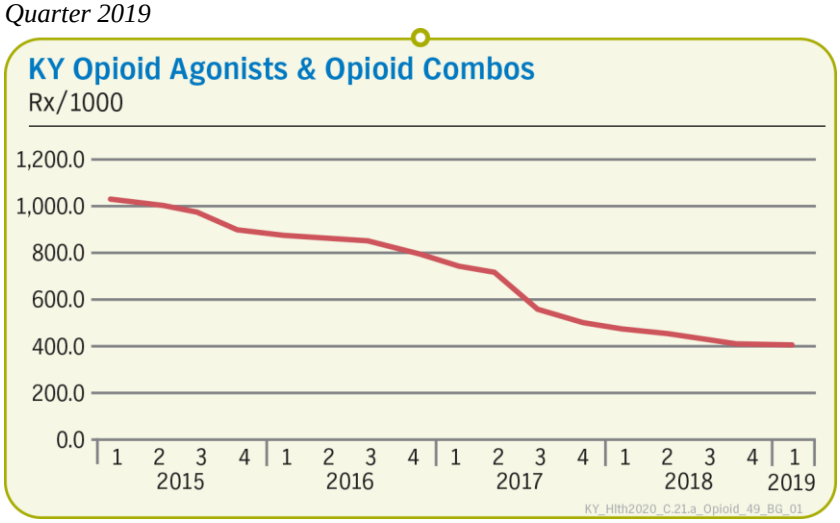
Our PBM also assesses Members' risk of opioid misuse. For those identified as "At Risk" or "High Risk," a clinical pharmacist will outreach to their opioid prescribers telephonically to discuss the opioid medication-related concerns identified and to develop an action plan to reduce opportunities for opioid overutilization and misuse.

We, alongside our Ultimate Parent Company, are committed to taking a leadership role in addressing the opioid epidemic that has severely impacted Kentucky and many other states. Anthem, Inc.'s commitment includes strategies that will lead to the reduction of prescription drug abuse and diversion while ensuring clinically appropriate access to treatment. We are leveraging the expertise Anthem Inc. offers us to address the opioid Crisis in Kentucky.

Our comprehensive approach to managing controlled substance use disorder (SUD) includes retrospective and prospective DUR as well as several programs focused on the identification and reduction of fraud, waste, and abuse (FWA) of these medications. The goal of these programs is to reduce FWA by decreasing drug-seeking behavior, diversion, as well as pharmacy and prescriber shopping. Upon identifying a potential case of FWA, we send prescribers communication that includes a cover letter containing the Members' utilization history and messaging that encourages coordination with other prescribers to promote safe and effective medication use.

Figure C.21.a-6. Opioid Reduction Results for Kentucky Members for 1st Quarter 2019



As a result of our opioid management strategies, we have seen a 53% decrease in opioid prescriptions per 1,000-Member months for our Members in Medicaid in Kentucky in the first quarter of 2019 compared to the same period in 2016, which is represented in Figure C.21.a-6.

Value-added Service: Medicine Safety Kit

As an important method for combatting the opioid Crisis, Anthem offers a Medicine Safety Kit, as a value-added service (VAS), to help prevent the misuse of prescription drugs. The benefit includes a lockable medicine box, prescription destroyer gel, childproof prescription caps, and pill case covers that reset when opened — all of which help our Members maintain control over their medications, help prevent accidental ingestion or stealing of prescription medicines, and encourage conversations about responsible medication use among families.

CY 2018 - 1Q 2019 MedReview Outcomes

- **29% overall improvement** in medication adherence
- **14% increase** in diabetics started on a statin
- **13% increase** in Members started on statin post-MI
- **27% increase** in Members started on a beta blocker post-MI
- **43% decrease** in safety risks for potential drug-drug interactions
- **24% resumption** of Tamoxifen therapy among Members for whom it was appropriate
- **37% resumption** of anticoagulant therapy among Members for whom it was appropriate

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Comprehensive Medication Management

Medication reviews by pharmacists prevent medication duplications, inappropriate or extenuated use, and incorrect dosing, any of which could lead to an unnecessary encounter. Our BH polypharmacy program focuses on outreach to physicians of Members with multiple prescribers and multiple psychotropic medications in the same class, and our Child/Age Appropriateness program addresses inappropriate prescribing in children under six taking psychotropic medications.

Providers in those instances are prompted to confirm that the polypharmacy is appropriate, change the therapy, or consult with a clinical pharmacist to review and discuss medications.

Every month, our PBM faxes Providers MedReview summaries of their Members identified as having a gap in maintenance medication refills, inappropriate polypharmacy, or omission of care for diabetes, asthma, hypercholesterolemia, hypertension, or depression.

Our pharmacy programs support improved HEDIS measures by having a direct impact or indirect impact on many measures. Table C.21.a-2 provides Anthem's recent HEDIS measures for our Members.

Table C.21.a-2. Anthem's HEDIS Measures

Measure	Pharmacy Program Impacting HEDIS Measure	HEDIS 2018	HEDIS 2019	% Positive Change from 2018 to 2019
Follow-up Care for Children Prescribed ADHD Medication — Continuation	BH Medication Management Program (indirectly impacts)	48.15%	60.50%	25.65%
Comprehensive Diabetes Care — HbA1c Control (<8.0%)	Diabetes Polypharmacy Medication Management Program (indirectly impacts)	47.45%	54.65%	15.17%
Comprehensive Diabetes Care — HbA1c Control (<7.0%)	Diabetes Polypharmacy Medication Management Program (indirectly impacts)	34.35%	38.14%	11.03%

Measure	Pharmacy Program Impacting HEDIS Measure	HEDIS 2018	HEDIS 2019	% Positive Change from 2018 to 2019
Statin Therapy for Patients with Diabetes — Adherence	Diabetes Polypharmacy Medication Management Program (directly impacts)	55.12%	61.13%	10.90%
Controlling High Blood Pressure	Hypertension Medication Adherence via Member Care Note and Provider MedReview Notes (indirectly impacts)	58.88%	63.26%	7.44%
Statin Therapy for Patients with Cardiovascular Disease — Statin Adherence 80%–Total	High Cholesterol Medication Adherence via Member Care Note and Provider MedReview Notes (directly impacts)	59.30%	63.29%	6.73%
Medication Management for People with Asthma	Asthma Medication Management Program (directly impacts)	47.86%	50.78%	6.10%

Managing Complex and/or High-Cost Drugs and Compliance with the High-cost Drug Stop Loss Program

Specialty medications are the primary driver of prescription drug spending. Today, specialty drugs account for 50% of total drug costs. Because 57% of specialty drugs are managed on the medical benefit, our PBM looks across both pharmacy and medical benefits to effectively manage total drug utilization and costs.

One important way Anthem helps control complex or high-cost specialty drugs is through the procurement and pricing process of specialty medications. Our specialty pharmacies make every effort to purchase medications directly from manufacturers or from a few preferred distributors and specialty wholesalers to negotiate the best pricing. Their business agreements require these Vendors to adhere to the Prescription Drug Marketing Act, and if required, to provide “chain of title” documentation for the products purchased. They also require their Vendors and suppliers to be licensed by the Federal Drug Administration, Drug Enforcement Administration, State agencies, and as otherwise required by law.

Conversely, specialty fee pricing is developed through a collaboration between IngenioRx and their pharmacy Network Providers to make sure rates comply with established Network contracts. IngenioRx reviews competitiveness by periodic analysis of industry benchmarks. Other avenues to curb high-cost specialty drug spending is through UM programs, such as step therapy, quantity limit, PA, the Oral Oncology Split Fill program, high-performing hemophilia Networks, and our HIV program.

We also comply with the High-Cost Drug Stop Loss Program for Spinraza and Zolgensma, spinal muscular atrophy drugs. When applicable, within 30 days of administration of the pharmaceutical, we will provide an invoice to DMS documenting the amount paid to the Provider including the required criteria as set forth in Attachment D of the RFP. We understand that the Department for Medicaid Services, at its discretion, may choose to carve-out certain drug therapies and/or therapeutic drug classes from managed care to be covered by the fee-for-service pharmacy benefit or the fee-for-service medical benefit.

Collaborating with DMS on Pharmacy Initiatives

Anthem has created a culture of collaboration with DMS. In addition, our Pharmacy Director is actively engaged in the Kentucky Medicaid Pharmacy Director Workgroup as well as other meetings with DMS. We have partnered with DMS to change policies to help address several public health crises, including adoption of rules around opioid utilization that have helped curb inappropriate use.

These rules include:

- ***Limits on Short-acting Opioids.*** Members receiving a prescription for treatment of acute pain are limited to a maximum seven-day supply on their first fill and 14-days' supply within 30 days. Requests for greater than seven days' supply per fill or 14 days' supply within 30 days may be approved if the individual has a diagnosis of cancer-related pain or has a terminal illness. Reduced daily opioid quantity limits to six units per day for many short-acting opioids.
- ***PA on Long-acting Opioids.*** Members with a new prescription must receive a PA on their first fill. Quantity limits also apply to first fills. PA criteria require that the Member has a diagnosis of pain severe enough to necessitate daily, around-the-clock, long-term opioid treatment, has an inadequate response to alternative treatment options, and is not opioid naïve. In addition, the prescriber must consult with the Member regarding risks of opioid therapy and define clear treatment goals. Members with cancer-related pain or terminal illness are approved automatically; they do not need to meet the PA criteria. Reduced daily opioid quantity limits which adhere to the dosing schedule of the opioid (for example, two units per day for an opioid dosed every 12 hours).
- ***Removal of PA for Medications to Treat Opioid Dependence or Opioid Use Disorder.*** As part of our commitment to addressing the opioid use disorder epidemic, we re-evaluated the clinical appropriateness of PAs for medications to treat opioid dependence, including Suboxone, buprenorphine/naloxone sublingual tablets, Bunavail, and Zubsolv. It was determined that the benefits of removing the PA and removing a potential barrier to care outweighed the benefits of a PA.
- ***PA Required on MED.*** PA is required for cumulative opioid morphine equivalent dosing (MED) greater than 90 mg for Medicaid business Therapy duplication edit at POS such that a reject message will alert a pharmacist if there is an indication of duplicate therapy based on claims information.

This collaboration helped us to achieve the 53% decrease in opioid utilization for our Members in Kentucky Medicaid. We also partnered with the Commonwealth to increase access to treatments for the Hepatitis C virus. Anthem will continue to collaborate as a trusted partner with DMS to improve the health of our fellow Kentuckians.

Lock-in Program

If a Member is obtaining prescriptions from numerous physicians or pharmacies without Provider knowledge or is suspected of selling or fraudulently redistributing their medication, Anthem will activate the State's Lock-in program for that Member. The Lock-in program is designed to provide Members with education to identify and reduce improper and/or service overutilization with the support of automated monitoring tools.

Members are notified of this development via certified mail and given 30 days to designate their preferred pharmacy. Providers and the pharmacy are notified of the Member's choice on the 31st day after notification of lock-in. Claims for lock-in Members will only be reimbursed when filled at their designated pharmacy (excluding emergency prescriptions).

We collect and analyze information monthly to identify Members who meet the criteria for being enrolled in our Lock-in program after we have identified a pattern of overutilization of pharmacy and/or nonemergency care.

We use the following data sources to regularly identify all other Members who may be candidates for Lock-in program enrollment:

- Monthly MCO Member Lock-in Report provided to Anthem by the DMS
- Member health claims data
- Monthly pharmacy claims report
- Monthly ER utilization report
- Department for Nonemergency ER code list

Outreach and Education Component of Lock-in Program

During the administration of the Lock-in program, Anthem works closely with Members and their Providers to provide care management and education to reinforce their ability to comply with the requirements of this program. In particular, the Care Manager educates Members, as appropriate, regarding:

- Appropriate pharmacy utilization
- ED utilization
- Risks of the pattern of use of current medications
- Coordination of care among the Member's Providers
- The importance of regular medication renewal
- The importance of complying with Provider visits and established treatment plan
- The availability and process for accessing mental health and substance use services

In summary, Anthem and our PBM will continue to collaborate with DMS on issues affecting Kentucky Members, such as opioid use, diabetes, heart disease, and psychotropic drug use, and will work collaboratively with DMS on related pharmacy initiatives such as the universal policy implementations, the pharmacy Lock-in program, buprenorphine Provider programs, and other initiatives as identified by DMS.

Our Pharmacy Director will continue to be actively engaged in the Kentucky Medicaid Pharmacy Director Workgroup as well as any other meetings with DMS and other contracted MCOs to collaborate on issues, ideas, and innovations for the efficient and economical delivery of quality services to the Members. We submit timely detailed descriptions of our DUR program activities for the Center for Medicare and Medicaid Services (CMS) and Annual DUR Report to DMS. Quarterly written reports of DUR activities are provided to DMS upon request.

Compliance with SUPPORT Act Requirements

Anthem and our PBM comply with all provisions of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. Below, we summarize key safety edits and other provisions.

Safety Edits at Point of Sale. We have implemented safety edits at the POS for duplicate and early fills, quantity limits, dosage limits, and morphine milligram equivalents (MME):

- A PA safety edit for early fills or when Kentucky drug quantity limits are exceeded. The pharmacist at point of sale cannot override the edit and the pharmacist notifies the Provider about the PA requirement.
- A soft-block edit for duplicate therapy which can only be overridden by the pharmacist when the pharmacist, using their professional judgment, determines that dispensing the prescribed medication would not jeopardize the health or safety of the Member.
- A PA safety edit when the daily dose of opioid is greater than or equal to 90mg MME. The pharmacist at point of sale cannot override the edit and the pharmacist notifies the Provider about the PA requirement.
- We also have an edit that limits a new benzodiazepine to a seven-day supply if an opioid prescription is seen in the previous 30 days, as well as a soft edit that sends the pharmacist a message to alert them to the safety concern for concurrently prescribed opioids and antipsychotics.

Retrospective Programs. In addition, in collaboration with our PBM we monitor concurrent prescribing of opioids and benzodiazepines and concurrent prescribing of opioids and antipsychotics. Communications are sent to Providers for Members having overlapping usage of opioids and benzodiazepines as well as opioids and antipsychotics for 45 days.

Our PBM closely monitors the appropriate utilization of antipsychotic medication for children and adolescents through our RDUR. All individual Members 18 years and under require PA for an antipsychotic medication. We report to DMS annually on antipsychotic prescriptions for this population. In addition, our PBM's Behavioral Health Psychotropic Medication Management program monitors and manages the appropriate use of antipsychotic medications. In compliance with the SUPPORT Act, the following programs are currently running to monitor the use of antipsychotics for our child Members:

- ***Appropriate Metabolic Screening.*** Identifies children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and did not have metabolic testing during the measurement year.
- ***Appropriate Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics.*** Identifies Members who filled an antipsychotic medication, but did not receive psychosocial care in the 90 days before or 30 days after filling that prescription.
- ***Child Age Appropriate.*** Monitors inappropriate prescribing for children under age 6 being prescribed antipsychotics, stimulants, and antidepressants as the use of medications outside of clinical guidelines and specifications can lead to increased risk of complications and adverse effects in this population.
- ***Behavioral Health Polypharmacy.*** Monitors for children taking multiple (or duplicate therapy with) antipsychotics or use of multiple psychotropic medications in children (includes antipsychotics and other psychotropic medications).

Fraud, Waste and Abuse (FWA). We have multiple processes in place to retrospectively identify potential fraud and abuse of controlled substances by Members, prescribers, and dispensing pharmacies. These programs are compliant with DMS requirements. We recognize that FWA can manifest under many different circumstances. In collaboration with our PBM, we take a multi-pronged approach to manage FWA — both proactively at the Point of Sale and retrospectively through ongoing targeted interventions and investigations. Our FWA programs

are comprehensive and have a sentinel effect on these types of activities. Our PBM uses proprietary algorithms to review Members' pharmacy claims and to detect patterns suggestive of FWA such as overutilization. The aim of the programs is to reduce FWA by decreasing drug-seeking behavior, diversion, and pharmacy and prescriber shopping.
Our PBM also identifies potential fraud and abuse of controlled substances by prescribers through the Opioid Management Program where prescribers identified as outliers of opioid prescribing are sent a summary of their prescribing practices relative to their peers.

We also monitor potential "pill mills" run by Providers and "doctor shopping" by Members. If we suspect FWA, we refer the Provider or Member to our Payment Integrity Unit (PIU). They perform daily monitoring of claims for potential fraudulent or abusive behavior, and maintain close relationships with law enforcement agents to quickly identify potentially illegal conduct.

Our PBM also routinely audits for incidences of potential fraud and abuse by dispensing pharmacies. A proprietary audit algorithm involves a continuous automated review of the entire claims database, identifying outlier pharmacies and claims, as well as a variety of other audit procedures. Based on the report and proprietary queries, auditors determine if claims require further scrutiny through an on-site audit. For example, if the review indicates a pharmacy's pattern of errors, necessitating a review of a larger amount of prescription documents, they will conduct an on-site audit.

v. Maximum Allowable Cost (MAC) Program

v. Proposed Maximum Allowable Cost (MAC) program.

To determine whether a product is eligible for a MAC price, we consider several factors including bioequivalence, the number of Vendors in the marketplace, and the availability of the product. Claims volume is also taken into consideration.

Our analytical process to establish a MAC is at a product level for generics and multi-source brand products. The analytical process involves a review of marketplace dynamics, product availability, and different pricing sources. Pricing sources may include Medi-Span (or any other similar nationally recognized reference), wholesalers, MAC lists published by CMS, and retail pharmacies.

MAC prices are subject to change as often as weekly based on marketplace trends and dynamics and to meet client commitments. New bioequivalent generic products will be added to the MAC list not more than 30 days after they are readily available from more than two generic Vendors.

We have amended our MAC program in accordance with Senate Bill 5 and the Draft Contract requirements. We are working collaboratively with the other MCOs and DMS to implement these new requirements. Per current guidelines, we will notify DMS no less than 30 days in advance of any proposed change of over 5% in the product reimbursement rates, by National Drug Code (NDC), for a pharmacy Provider licensed in the Commonwealth.

Our generic drug MAC program promotes generic utilization and cost containment. Our program is compliant with all MAC laws and administrative regulations promulgated by the Kentucky Department of Insurance, DMS, or otherwise promulgated by State or federal law.

vi. Pharmacy Call Center

vi. Approach to operation of a pharmacy call center.

We delegate management of the pharmacy call center to our PBM, IngenioRx, as they have the experience and expertise to manage and address pharmacy-related issues and questions from Members, Provider, and prescribers.

Our PBM's ***toll-free pharmacy call center serves as a 24/7/365 resource for both Providers and pharmacists*** to speak to a live representative related to POS claim questions, clinical coverage criteria, and claim resolution and adjudication.

Providers also have access to the PA call center. The PA call center is open from 8 a.m. to 11 p.m. Monday through Friday and 10 a.m. to 2 p.m. on Saturday and Sunday for live support. If a call comes in outside these hours, the Provider can leave a voice message regarding the PA request and will receive a call back within 24 hours. To ensure 24-hour turnaround on PA requests, our staff work off-hours and team members and pharmacists working on Sunday to complete PAs within the allotted time.

Pharmacies can also dispense a 72-hour emergency supply of medications when the pharmacist confirms dispensing the prescribed medication would not jeopardize the health or safety of the Member. If the pharmacy Provider cannot fill a prescription because of a PA requirement, they receive a notification at the POS with specific instructions for resubmitting the claim as an emergency supply with an override code. This allows the pharmacist to dispense a 72-hour emergency supply while we process the authorization request. Pharmacists or prescribers may contact our PBM's pharmacy call center 24/7 for assistance with overrides and emergency fill requests.

We have a quality assurance program and will report monitoring results to DMS every month. We will also have a tracking system that retains information collected on each call that is retrievable using personal information for the individual from whom the call was received and will provide this information to DMS upon request. The pharmacy call center will meet the performance standards set forth under Section 27.2 for the Provider Services call center, as required in the Draft Contract.

Our PBM also offers 24/7/365 Member Call Center support. Our PBM's Member Services call center has the capabilities required to deliver enhanced services that support an efficient and positive experience for Members, with specialized pharmacy-focused employees to engage and interact with Members directly.

We have pharmacy protocols in place to make sure Members will continue to receive the medications they need during an emergency or disaster. Anthem's emergency protocols are well-established and have proven effective in the past in making sure Members continue to receive the medications they need. Following a disaster situation, we may maintain the pharmacy edit suspension to facilitate the ability of Members to replace lost medications. Our PBM's 24/7 Pharmacy and Member Call Centers will be available to Members, Providers, and pharmacies to assist during these events. We work with our PBM to act quickly to waive UM edits and lift "refill too soon" edits and allow the maximum extended day supply if requested and available.

Training for Call Center Staff

New hire training for new pharmacy call center employees last three weeks and includes both classroom and on-the-job training. New hire training for new Member Call Center employees lasts six weeks and also includes a blend of classroom training and live call integration. In addition to learning customer care skills, employees are provided with scenario-based learning through system demonstrations and system simulations that incorporate hands-on role play. The training includes call observation as well as on-the-job training to provide well rounded and production-ready representatives. Furthermore, our PBM offers continuing education to support call center employees as new knowledge or skills are required when processes change or products are enhanced.

C.21.b. Pharmacy Claims Payment Administration

b. Describe the Contractor's pharmacy claims payment administration, including an overview of the Point of Sale (POS) system and processes for complying with dispensing fee requirements.

Our PBM processes, adjudicates, and pays pharmacy claims, including voids and full or partial adjustments via an online, real-time POS system and can process claims on batch electronic media and paper claims submitted directly for processing.

Our PBM uses one integrated claims processing system. A single system provides retail, specialty, and home delivery pharmacies with consistent, integrated Member information.

This single integrated platform provides a uniform level of plan flexibility, clinical functionality, administrative accuracy and efficiency, and service capabilities. The integrated platform brings Member, physician, pharmacist, and drug data together for administrative and DUR edits, ensuring accurate and efficient claims processing.

We account for Member copay requirements, require that Medicaid is the payer of last resort, and identify third-party liability, when applicable.

Anthem will notify DMS in writing no later than one day from the discovery of any POS processing and/or claims adjudication issue that is or has the potential to impact processing time for claims submissions significantly, claims adjudication, claims adjudication accuracy, and/or continuity of Member drug therapy.

Our PBM will reimburse all pharmacies in accordance with the appropriate State and federal prompt pay guidelines and in conjunction with Provider agreements.

In 2019, we paid over two million pharmacy claims for our Kentucky Members.

Online (Electronic) Claims

All participating retail Network pharmacies submit claims electronically through the online, real-time POS system. Our PBM processes more than 99.9% of claims electronically at the POS. Scheduled downtime is kept to a minimum. Typically, four hours of scheduled application maintenance occurs every two months with an additional one hour of system maintenance scheduled on alternate months.

The online POS system allows participating pharmacies to submit prescription drug claims electronically 24/7 and adjudicates these claims in real time. Network pharmacies transmit

claims electronically, following National Council for Prescription Drug Programs (NCPDP) D.0 telecommunication standards.

The POS system applies an Internal Control Number to each claim, denies a claim for a missing or invalid National Provider Identifier (NPI), and alerts a pharmacist when a Member is below the poverty level.

We have established a unique Medicaid-specific Processor Identification (BIN)/Issuer Identification Number (IIN), Processor Control Number (PCN), and Group Number combination for POS pharmacy claims processing, to be sure Medicaid claims are not the same as commercial and/or Medicare Part D business lines. The BIN/IIN, PCN, and Group Number appear on Members' identification cards along with the toll-free phone number for Member assistance and pharmacy Provider assistance.

Our PBM's claims processing system performs eligibility verification, claim adjudication, Provider validation, duplicate claims edits, and DUR edits online in real time. Other edits include Member cost share calculation, incorrect price, expiration date, and claim cost. This single platform POS technology maintains complete Member history and instantly updates plan and eligibility specifications. In doing so, the system monitors for duplicate prescriptions and therapeutic overlaps and screens for early refills.

The online claims processing system runs a series of edits before adjudicating a claim, including the following:

- Member eligibility
- Drug coverage
- Rejection edits for third-party liability and coordination of benefits
- Step therapy, therapy duplication, and other clinical edits, as applicable
- Prospective DUR edits
- Formulary and PDL compliance
- Benefit design edits (quantity, day supply, and refill too soon)

The following are the claims data factors that can be used to screen claims for possible duplication:

- Member identification number
- Date of fill
- NDC/Generic Code Number (GCN)
- NCPDP
- Refill code
- Prescription number

These system edits, applied at the POS, act as an automated management tool to monitor and help ensure compliance with program parameters before a prescription is dispensed to help ensure there are no duplicate prescriptions or overlaps in therapy. These provide a stringent set of online electronic claims verification and authorization edits, combined with extensive pharmacy desk audit and field audit capabilities.

The POS system alerts pharmacists to potential adverse consequences at dispensing — especially important for the safety of our Kentucky Members who may be taking multiple medications. Our ProDUR program applies a series of drug database Vendor-supplied safety rules, in combination with internal proprietary rules, to review prescriptions for Member health and safety concerns. Through the program, we determine whether to send a warning (passive alert), a reject message that requires manual override at POS (soft-block alert), or a reject message that requires Anthem authorization (hard stop reject).

Table C.21.b-1 provides examples of our ProDUR edits.

Table C.21.b-1. Anthem's ProDUR Edits Help Assure Member Health and Safety

Category and Name	Edit Category and Description
Safety	
Drug-Drug Interaction	Checks Members' prescription history for interactions between two or more drugs
Drug-Disease Interaction	Determines if the submitted drug conflicts with Members' health state
Drug-Pregnancy	Identifies contraindications of the new drug claim against those in Members' history (inferred pregnancy based on drug history)
Age Limitations	Identifies age contraindications based on FDA-approved labeling
Gender Edits	Identifies contraindications based on Members' gender
Therapeutic Duplication	Identifies duplication by therapeutic class or ingredient and period
High/Excessive Dosing	Identifies drugs prescribed for use beyond the manufacturer's recommendations for length of therapy or maximum daily dose
Low/Minimum Dosing	Identifies drugs prescribed for use below the manufacturer's recommendations for length of therapy or minimum effective daily dose
Utilization	
Premature Refill	Grants a refill once 90% of the previous supply is used (70% for eye drops); if the timeframe has not passed, requires PA
Underutilization	Identifies potential non-compliance based on previous claim history
Formulary Compliance	
Step Therapy	Requires use of preferred first-line medication before authorization of a non-preferred or second-line agent
Non-formulary	Allows non-formulary use through PA when medically indicated

These alerts provide valuable information to pharmacists to prevent adverse events, support appropriate prescribing, and assist with Member counseling. In addition to Member safety, POS edits identify Providers who demonstrate aberrant prescribing patterns or who are on the federal or State exclusion list. Prescriptions written by excluded Providers will not pay under any circumstances.

The claims processing system also verifies PA requirements through AutoPA. The claims system checks against the Member's prescription profile and medical claim data to determine if the prescription meets PA criteria. If the prescription has AutoPA rules attached and meets criteria, the prescription will process without a PA. AutoPA resulted in a 25% reduction in PA volume in 2019, reducing Provider burden and eliminating delays for the Member.

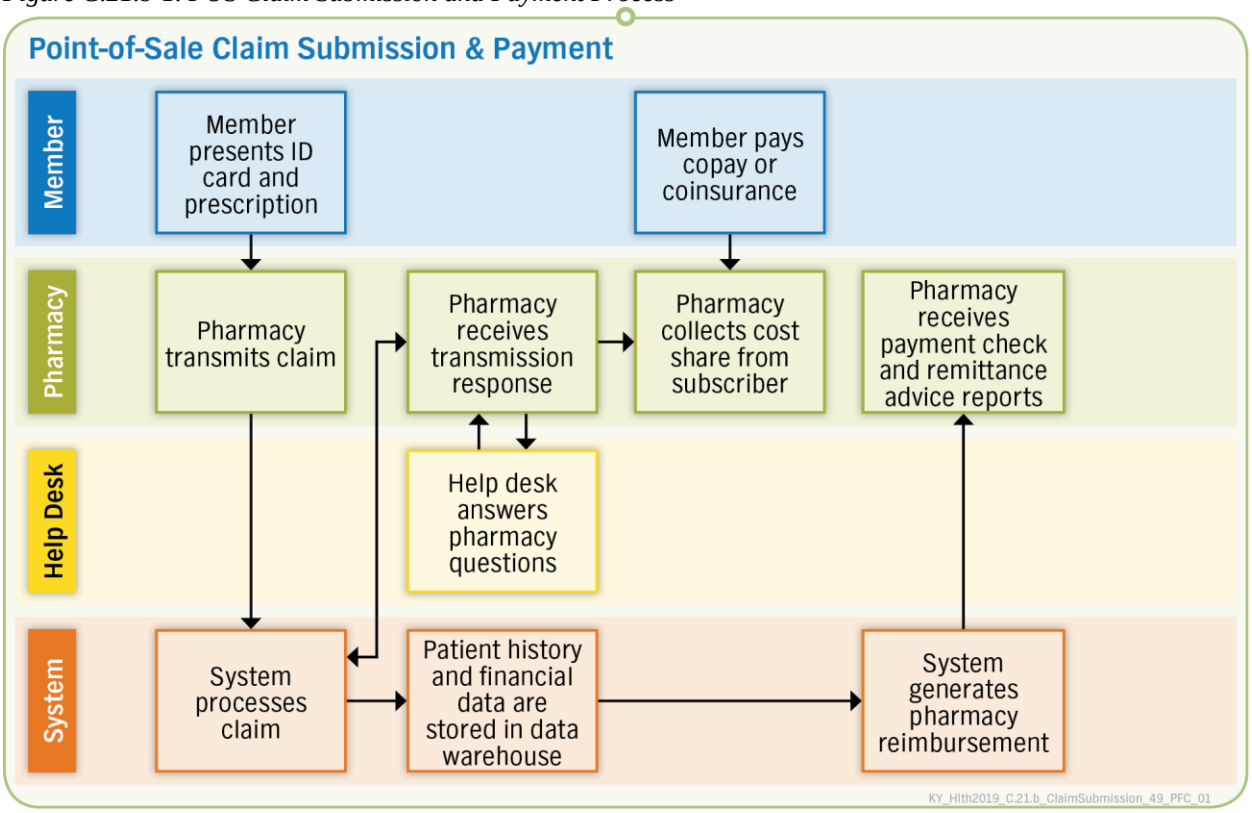
We also support e-Prescribing and ePA. In 2019, almost 72% of claims received were submitted via e-Prescribing and more than 70% of PAs were received via ePA. Our pharmacy service authorization process uses ePA to reduce administrative burden and expedite approvals for Providers and builds upon e-Prescribing processes with which many Providers are already familiar. If all PA criteria is met, the ePA system automatically generates a PA approval. This allows more claims to process in real time because the delay for PA is avoided.

Administrative Simplification
Provider Promise

In addition, through our Real-time Benefit Check, Providers will be able to access real-time, ***Member-specific*** prescription drug benefit information at the point of care to help Providers determine prescription coverage quicker by sharing information about patient drug cost, formulary, and coverage alerts such as PA before sending a prescription to the pharmacy.

Figure C.21.b-1 illustrates Anthem's POS claim submission and payment process.

Figure C.21.b-1. POS Claim Submission and Payment Process



The system can update claims adjudication rules quickly, within the required 30 days, to accommodate State and federal required changes to the pharmacy program.

Paper Claim Process

Paper claims are required to be submitted on the NCPDP Universal Claim Form Version D.0. Our PBM assigns Internal Control Numbers to all batch claims within 24 hours of receipt and processes and adjudicates the claims within 10 business days of receipt. Adjudication of electronic batch claims follows the same processing logic as the POS claims, including the same POS administrative edits to verify eligibility and program design compliance.

The paper claims adjudication process begins when the claim processing facility receives and images the claim. Claim processing facility staff then date stamps the claim with the received date, and sorts and batches the claim. They enter pertinent claims data and the received date into the pharmacy claim system for internal electronic tracking purposes. Claim office managers use electronic reports to monitor paper claims processing and staffing needs.

Claim processors enter claims into the adjudication system within 10 business days of receipt at which time the claims adjudicate. The claims adjudication system then performs a series of edits

automatically against specific plan design parameters on each claim processed. The system rejects ineligible or duplicate claims, and overrides are prevented based on user permission coding levels. The claims adjudication process electronically routes the claim to a separate business function to generate the paper claim reconciliation statements and reimbursement checks.

The process concludes with the Member receiving either reimbursement or documentation on the reason for claim rejection.

Our PBM's Quality Assurance department performs random audits on paper claims regularly, and tracks and analyzes trends. The claim processing center has maintained a paper claims accuracy rate of more than 99% over the last several years.

We will maintain an electronic backup of batch claims for the duration of the Contract.

Pharmacy Claims Review

Our PBM performs monthly and quarterly retrospective DUR of pharmacy claims data to identify potential cases of drug use or misuse, under- and overutilization, and coordination of care issues. We may analyze prescribing patterns reviewing pharmacy claims data.

Because Members who consistently use multiple pharmacies and physicians to obtain multiple medications in a short period may have greater potential for medication use and misuse and incur serious drug interactions, our PBM uses established processes to stratify pharmacy claims data to identify prescribing and usage patterns and trends.

For BH Services, we flag and follow up with Providers who are not following recommended evidence-based psychotropic treatment guidelines and identified as deviating from best practice guidelines. We follow up with those Providers with prescribing alerts, letters, educational materials, and peer-to-peer consultation. Our goal is not to infringe on Providers' decision-making practices, but rather to provide education and training on best practices for prescribing psychotropic medications to support prescriber self-regulation. By accomplishing this, we avoid the need for many external controls such as PAs or limiting access to psychotropic drugs. Education helps Providers make care decisions based on the latest medical evidence.

We then monitor claims data to determine whether the Provider makes changes after intervention. Anthem offers Providers additional interventions (such as medication alerts and peer-to-peer consultation) as needed to review continued prescribing patterns.

Process for Dispensing Fees

We abide by Senate Bill 5 and the Draft Contract requirements regarding reimbursement rates and dispensing fees. Our PBM includes dispensing fees in reimbursement rates. For prescriptions that are dispensed, our PBM complies with current dispensing fee requirements, including the payment of an additional dispensing fee of $2.00 without reduction of any kind or for any reason, above the contracted dispensing fee remitted to pharmacies for POS/retail claims.

Per current guidelines, we will notify DMS no less than 30 days in advance of any proposed change of over 5% in the product reimbursement rates, by NDC, for a pharmacy Provider licensed in the Commonwealth. We acknowledge that should DMS disallow the proposed change, our PBM will be required to reprocess all affected claims.

We acknowledge that DMS may set, create, approve, or change the reimbursement rates at any time and, similar to implementation of Senate Bill 5, will work collaboratively with DMS and other MCOs as needed to implement and comply with the changes.

C.21.c. Rebate Claiming Process

c. Describe the Contractor's processes and procedures to provide timely, accurate and complete data to support the Department's rebate claiming process and ensure the Department maintains current rebates levels.

We know that encounter data must be linked to and integrated seamlessly with DMS systems to allow the Commonwealth to make data-informed program and budget decisions. Anthem's encounter team works with IngenioRx's encounters team to validate data on encounter claims to ensure accurate and timely payments in accordance with the required service level agreements. Data validation and financial reconciliation for completeness and accuracy is executed on the encounter claim files prior to and after submission to DMS.

IngenioRx has file transfer processes and edits in place to make sure that we provide all of the data elements specified by DMS' Encounter Data Management Manual and Encounter Submission Companion Guide documents. This includes working with the DMS encounters team as well as any of the DMS drug rebate Vendors to support the rebate claiming process and to assist DMS in working with rebate Vendors.

Our focus for encounters will be to do as much work as possible on the front end to create encounter data submissions to DMS that are complete and accurate the first time. This includes incorporation of edits and checks to capture specific diagnosis codes that are tied to risk adjustment.

Since transitioning to IngenioRx, we have had a pharmacy encounter acceptance rate of over 99.9%. The improvement in the acceptance rate is a result of the following improvements implemented by IngenioRx:

- Modification of their encounters oversight and monitoring process, which allows them to trend and proactivity identify issues/areas of concerns.
- Closely tracking completeness, accuracy, and timeliness and increasing controls by presenting findings at governance and tactical meetings with various business partners (including Anthem and the Anthem encounters team).
- Additional controls added by implementing an automated file submission validation to prevent data quality errors.
- Implementation of a portfolio execution lead who will work to build outside relationships with the initiative to work with upstream partners to determine processes needed that will improve encounters performance. (Example: working to determine how PA's impact encounters).

We will continue to provide utilization information as required by DMS, including the total number of units of each dosage form dispensed or administered, strength, date of service (date dispensed or administered), paid date (actual date claim was paid), and NDC of the covered outpatient drug, and the amount paid. We will also continue to submit this NDC-level information on drugs, biologics, and other Provider-administered products as directed by DMS, including drug codes (for example J-Code/Q-Code/A-Code), units, and conversions consistent with federal and DMS requirements.

Anthem provides timely, validated pharmacy encounter data, including NDC and J-Codes, in a format as requested by the DMS drug rebate Vendor for the rebate claiming process. We will report timely drug utilization data that is necessary for DMS to bill manufacturers for rebates no later than 45 days or as required by DMS after the end of each quarterly rebate period. We will transmit the file according to DMS specifications and will fully cooperate to ensure file transmissions are complete, accurate, and delivered by specified deadlines.

We apply service-specific edits to all incoming pharmacy claim records regardless of whether on paper or electronic and regardless of Provider type. Finally, we will verify that all fields contain accurate and complete information and follow the submission requirements specified by DMS or its Drug Rebate Vendor.

As fully discussed in response to C.7, Encounter Data, our encounter data process combines claims and claims adjustment data processed since the last submission with encounter claim data from our Subcontractors and loads the data into our Encounter Management System (EMS). Controls validate that all retrieved claims and Subcontractor encounter claim records load properly for subsequent processing.

Analysts work to correct the problems and then include the record in the next encounter submission to the Commonwealth. We closely manage the remediation of pended claims and work to resolve issues quickly to meet submission deadlines. For medical and pharmacy encounter data, we use an analytics business intelligence dashboard to track our compliance with contractual requirements for encounter data. Our encounters team maintains a comprehensive schedule of system processes, review tasks, and submission dates required for pharmacy encounter data.

We will continue to support and assist DMS in resolving drug rebate disputes with the manufacturer. When there is a dispute between DMS and the drug manufacturer regarding federal drug rebates, Anthem assists DMS in dispute resolution by providing information regarding claims and Provider details. If requested, we provide claim-level detail to manufacturers to assist in dispute resolutions and will assist DMS in resolving drug rebate disputes with the manufacturer.

C.21.d. 340B Transactions

d. Describe the Contractor's processes and procedures to provide data and support Department-based efforts and initiatives for 340B transactions.

We understand that it is important to identify drugs purchased through the 340B program to avoid duplicate discounts. Therefore, IngenioRx's contracts with pharmacies require the pharmacies to submit the clarification code SCC20 or BCD08 to identify their 340B-purchased drugs. This enables DMS to identify 340B claims and exclude them from manufacturer rebate invoicing and allows our POS claims processing system to identify 340B claims in real time, as well as prospectively and retrospectively.

We use claim-level identification in NCPDP format to support DMS-based efforts and initiatives for 340B claim identification at a claim-level of detail.

We do not reimburse a 340B entity for pharmacy-dispensed drugs at a rate lower than that paid for the same drug to pharmacies similar in prescription volume that are not 340B entities.

We do not assess any fee, charge-back, or other adjustment upon the 340B entity on the basis that the 340B entity participates in the program. We also do not discriminate against a 340B entity in a manner that prevents or interferes with the Member's choice to receive such drugs from the 340B entity.

Anthem provides accurate, validated pharmacy encounter data in the format requested by DMS or its Drug Rebate Vendor for the rebate claiming process, described in C.21.c, Rebate Claiming Process. We have an exclusion process to extract and exclude 340B drugs from rebate summaries as they are not available for rebate and to avoid duplicate discounts.

We will also continue to assist DMS in resolving 340B disputes from manufacturers or covered entities and remain open and willing to collaborate with DMS on additional initiatives related to 340B transactions.

C.21.e. Pharmacy Prior Authorization Process

e. Describe the Contractor's pharmacy Prior Authorization process, including the following as part of the response:

i. Transparency in communicating the conditions for coverage to providers.

ii. Required credentials for staff reviewing, approving and denying prior authorization requests.

iii. Use of pharmacy and/or medical claims history to adjudicate prior authorization requests.

Anthem's PA process is compliant with HIPAA and NCPDP D.0 standards. To deliver the flexibility necessary to meet the needs of all Providers, we offer multiple options for submitting pharmacy PA requests: Providers can submit PAs via fax, phone, or electronically (ePA) via the web or the Provider's EHR to our PBM at no charge. Providers may also use DMS' universal PA form to submit PA requests.

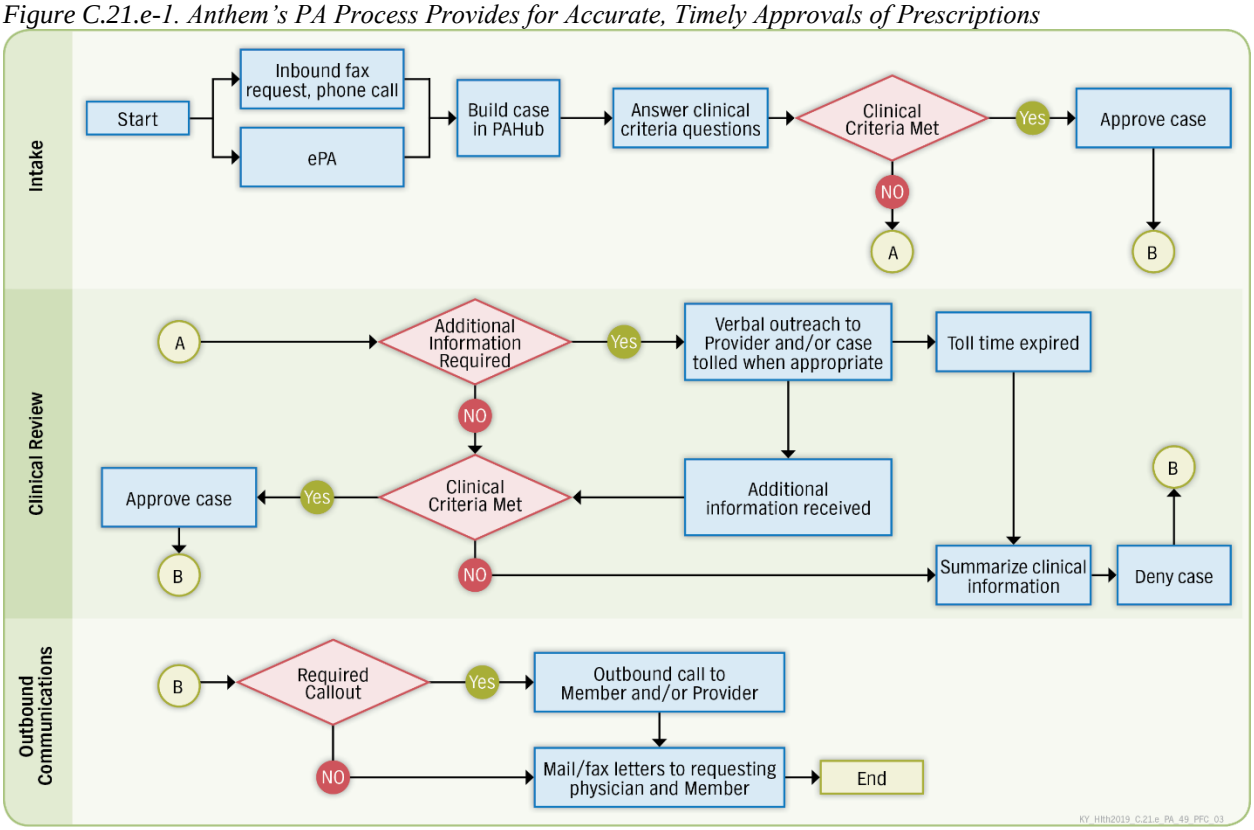
Prior Authorization System

The PA system uses decision-tree logic to support swift authorization approvals using the appropriate clinical criteria. If the decision-tree logic does not approve an authorization, a manual review of the request is conducted to make the authorization decision. To help make a prompt response to each authorization request, the PA team has real-time access to information about the Member's eligibility, medication history, diagnosis information from medical claims, and the formulary and PDL benefit design. Decisions are made within 24 hours of receipt of all information.

We also have processes to reduce administrative burdens for Providers, like AutoPAs that can help bypass the need to submit a PA via intelligent and automated logic at Point of Sale, and ePA which allows for electronic submission of a PA and automatic approval of a PA when clinical criteria is met.

Figure C.21.e-1 illustrates our PA process.

Figure C.21.e-1. Anthem's PA Process Provides for Accurate, Timely Approvals of Prescriptions



To evaluate the consistency of management and timeliness of the review process, we continuously monitor exceptions and apply inter-rater reliability to evaluate consistency amongst clinical reviewers.

Anthem understands that emergencies arise. If the pharmacy Provider cannot fill a prescription because of a PA requirement, they receive a notification at the POS with specific instructions for resubmitting the claim as an emergency supply, including an override code, so the emergency supply can be dispensed until authorization is complete. The pharmacist can provide a 72-hour emergency supply of medications when it is safe and effective to do so. The dispensing pharmacist uses professional judgment to confirm that dispensing the prescribed medication would not jeopardize the health or safety of the Member. Pharmacists or prescribers can also contact our PBM's pharmacy services call center 24/7 for assistance with overrides and emergency fill requests.

We document all PA activities and decisions in our online pharmacy care management system and make it available for review at DMS' request.

Grievances and Appeals

The PA process includes procedures for Member Appeals and Grievances in accordance with Section 24.2 and Section 27.10 of the Draft Contract.

As described in our response to Section C.14, Enrollee Grievances and Appeals, Anthem will continue to comply with all requirements related to the handling of Grievances and Appeals in 42 CFR 438 subpart F, 907 KAR 17:010, and other applicable CMS and DMS requirements.

Anthem makes submitting a Grievance or Appeal simple and convenient for Members.

Members, their caregivers, or a Provider authorized by the Member can submit a Grievance (at any time) or an Appeal (within 30 calendar days of the date on the denial notice) in a variety of ways, including contacting Member Services, in person, or in writing by mail, email, or fax. Anthem will also accept a Member Appeal beyond the 30-day time frame if there is a good cause why the Member was unable to file an Appeal more quickly, such as in the case of an extended hospitalization. Figure C.21.e-2 provides a high-level overview of our Grievance process and our standard Appeals process is shown in Figure C.21.e-3.

Figure C.21.e-2. High-level Overview of Our Grievance Process

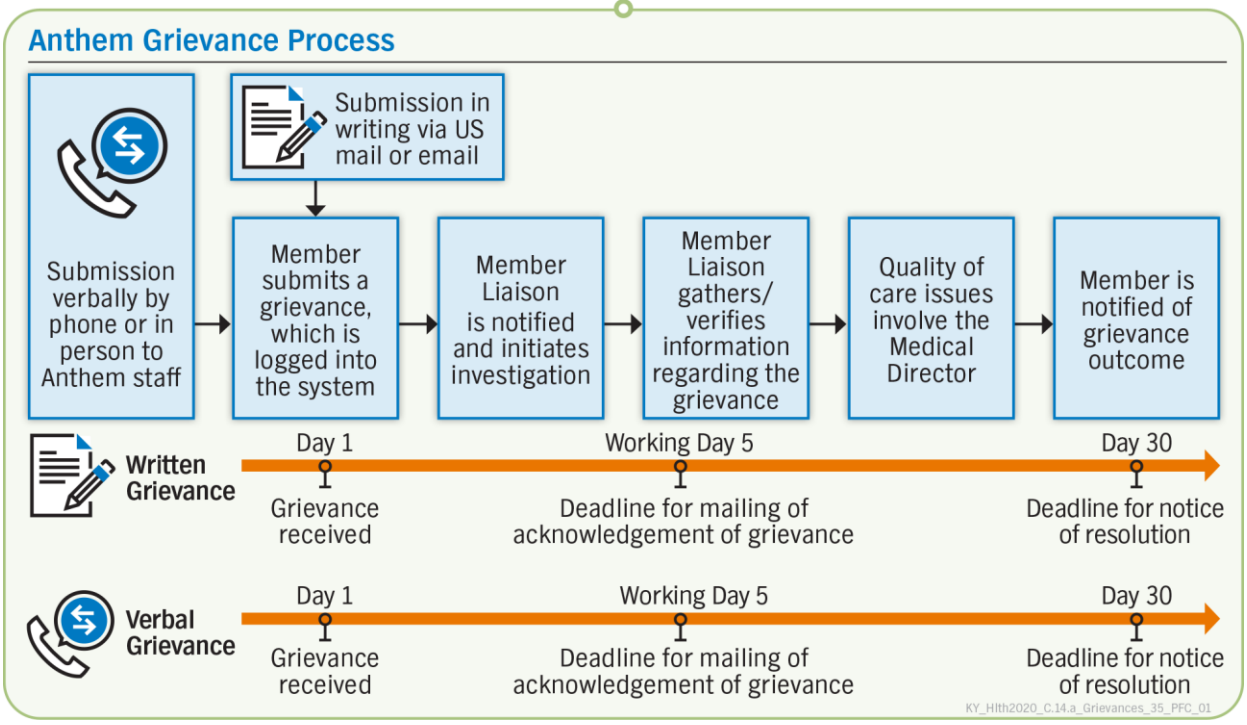
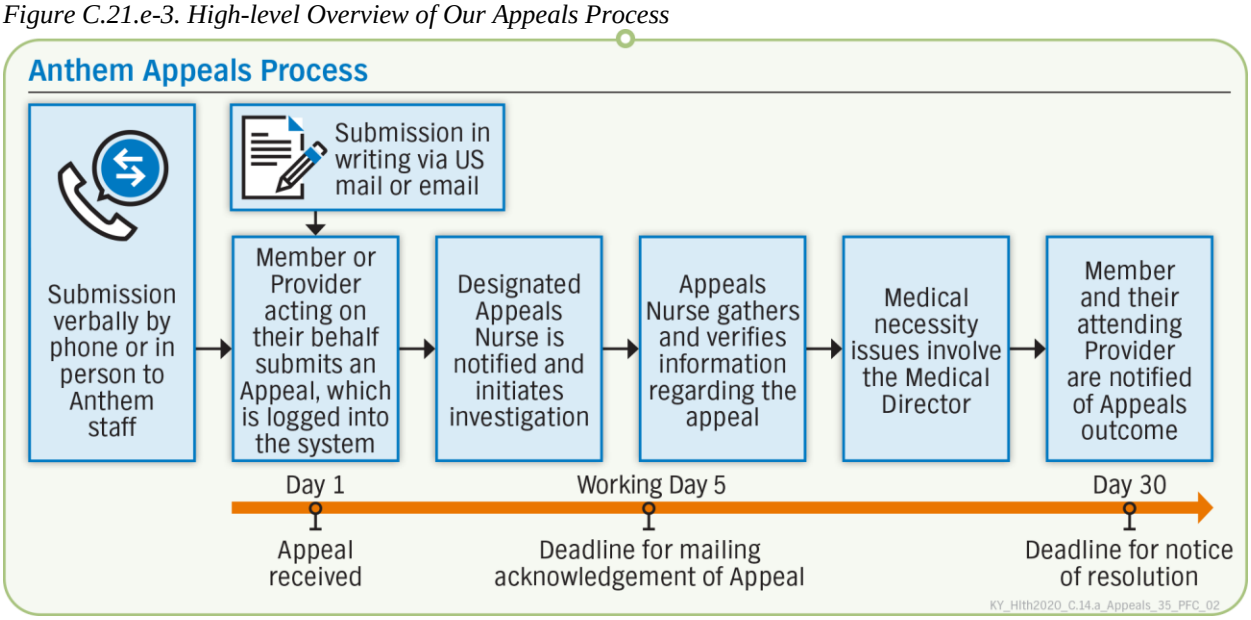


Figure C.21.e-3. High-level Overview of Our Appeals Process



Upon exhaustion of our Appeal processes, we fully inform Anthem Members who are not satisfied with our Appeal resolution about the availability of a State Fair Hearing within the Appeals resolution letter and through Member resources such as the Enrollee Handbook, and our website. For those who are not satisfied with our Appeal resolution and choose to pursue a State Fair Hearing, we inform them that they may request a State Fair Hearing within 120 calendar days of our date of notice. We cooperate fully with the State Fair Hearing processes and decisions.

Anthem makes sure Members understand their right to file a Grievance, Appeal, and of the State Fair Hearing process. We inform Members by providing easy-to-understand and accessible written materials that comply with contractual requirements for written Member communications. For example, we provide information about Grievances, Appeals, and State Fair Hearings, including the Ombudsman program, in our new Enrollee welcome packet, Member Handbook, and on our Enrollee website.

i. Transparency in Communicating with Providers

i. Transparency in communicating the conditions for coverage to Providers.

We make every effort to be transparent about the conditions for coverage. In addition to the communications to Providers regarding approval or denial of PA submissions, we also make sure that Providers are aware of the PDL and PA criteria.

Transparency Regarding the Preferred Drug List and Member Benefits

Providers are made aware of the PDL in orientation and in the Provider Manual. Our Provider Services department also issues Provider newsletters for important Provider information and topical updates on a variety of topics including pharmacy and the PA process.

In addition, the ***online, searchable PDL*** is available on the Provider website and includes the PDL status of preferred or non-preferred, as well as if a PA is required. The PDL is also available in hard copy upon request. In addition to the PDL and pharmacy considerations for

coverage and utilization limits, we include current and clearly defined PA requirements on the Provider webpage.

PA criteria and information is also available electronically. Everything necessary to initiate a PA request is also available on the Provider website, along with the universal PA form if the Provider opts to use it. When updates are made to the PDL, we update the Provider website so they have access to current information regarding drug coverage, and if PA is required, we send out a fax communication alerting them to the PDL change. In addition, if a PA is denied, a peer-to-peer review is available upon request.

As part of our ***Real-time Benefit Check***, Providers will be able to find the following ***Member-specific*** prescription benefit information with their EHR:

- Formulary status of the selected medication
- Formulary alternatives
- Coverage alerts, including PA and step therapy

This capability allows Providers to have easy access to formulary and PA information. We also have educational programs for the Kentucky Medicaid pharmacy Provider community that include education on PDL and PA processes and procedures.

There is also transparency in the ***ePA process*** that Provider use allows Providers to initiate PA requests and track their status, helping Members get medications they need in a timely way. The ePA programming logic identifies the Member, determines if the prescription requires a PA, and presents the criteria to the Provider in real time. The PA criteria question set has decision-tree logic to present only the questions required to determine medical necessity. Once Providers answer all required questions, they submit the responses for medical necessity determination. When appropriate, the Provider receives automatic approval. The ability to receive automatic approvals with ePA expedites the process, reduces administrative burdens and fosters a positive Member and Provider experience. ***In 2019, we received almost 39,000 PAs of which more than 70% came in via ePA.***

In addition, we will continue to support AutoPA through the POS claims processing system. AutoPA uses intelligent and automated logic that reviews integrated medical and pharmacy data against drug-specific PA criteria. Our pharmacy claims processing system imports the Member's diagnosis from our medical claims system to approve PAs seamlessly when a medical necessity determination requires an appropriate diagnosis. If the medication meets medical necessity, the claim continues through the adjudication process without a hard stop denial, which would require the Provider to submit a PA. This functionality eliminates the need for the Provider to submit a traditional PA request, making this process efficient and less burdensome for the Provider and eliminating service delays for the Member. ***In 2019, the use of integrated claims data and AutoPA resulted in a 25% reduction in PA volume for our Providers.***

We monitor and evaluate IngenioRx's performance through ongoing collaboration, regular monitoring, and formal auditing processes. We oversee, monitor, supervise, and enforce contract compliance, as well as promote frequent, open, and effective communication that emphasizes the delivery of quality services to Members. Anthem continues to closely monitor the delivery of pharmacy services to make sure they meet or exceed DMS requirements.

Communicating Prior Authorization Outcomes

Our PBM generates and distributes PA denial letters to Members and Providers and communicates PA outcome decisions quickly and clearly. Our PA program complies with the requirements of section 1927(d)(5) of the Social Security Act by processing all PA requests within 24 hours of receipt of all information and communicating the outcome of PA request within 24 hours. ***In 2019, PA decisions for our Kentucky Members were made in less than 3 hours, well within the 24-hour requirement.***

When the PA request satisfies criteria, our PBM approves the PA request for the medication, faxes the approval letter to the prescriber, and mails the approval letter to the Member. When our PBM approves a PA request, the PA authorization override with a specified timeframe is automatically loaded into the claims adjudications system, and we pay the claim when processing is complete. Once an override exists in the claims system, adjudication for the specific drug occurs within seconds. In addition, if the PA was submitted electronically and all criteria are met, the Provider receives an auto-approval.

If the information submitted for the PA request does not satisfy the criteria, our PBM sends a fax to the Provider indicating that the PA has been denied. Our PBM mails both the Member and Provider a letter explaining the specific reason for the denial within 24 hours. The denial letter also outlines the Appeals procedure and State Fair Hearing process. If a PA is denied, a physician can also request a peer-to-peer review. To evaluate the consistency of management and timeliness of the review process, we continuously monitor exceptions and apply inter-rater reliability to evaluate consistency amongst clinical reviewers.

ii. Staff Credentials

ii. Required credentials for staff reviewing, approving and denying prior authorization requests.

As stated earlier, AutoPA edits allow for a Provider to bypass the need to submit a traditional PA request when the POS system logic identifies that PA criteria is met. In addition, if a PA is submitted via our ePA process and meets all criteria, the Provider receives an automated approval.

If, however, a PA review is needed, the request is sent to the PA team, which consists of interns, nurses, pharmacy technicians, pharmacists, and Medical Directors. PAs can be started and approved by the call center technicians. Both licensed nurses and pharmacists are also part of the review and approval process.

Although pharmacy PA denials may be made by a registered pharmacist or physician, our current policy is that negative determinations will only be made by a Medical Director.

If a PA is denied, a physician peer-to-peer review is available upon request.

iii. Reviewing Pharmacy Claims History

iii. Use of pharmacy and/or medical claims history to adjudicate prior authorization requests.

To facilitate a prompt response to each authorization request, our PBM's PA team has real-time access to information about Members' eligibility, medication history, diagnosis information from medical claims, and the formulary and PDL benefit design. They use this information when reviewing the PA request against the PA criteria.

This is also true if a Provider submits a PA via the ePA process. As discussed previously in Section C.21.e.i, ePA allows Providers to initiate PA requests and track their status, thereby helping Members get the medications they need timely. The ePA programming logic identifies the Member, determines if the prescription requires a PA, and presents the criteria to the Provider in real time. The PA criteria question set has decision-tree logic to present only the questions required to determine medical necessity. Once Providers answer all required questions, they submit the responses for medical necessity determination. When appropriate, the Provider receives automatic approval. The ability to receive automatic approvals with ePA expedites the process. With more than 70% of PAs received via ePA in 2019, we are able to reduce administrative burden and foster a positive Member and Provider experience.

In addition, we will continue to support AutoPA through the POS claims processing system. AutoPA uses intelligent and automated logic that reviews integrated medical and pharmacy data against drug-specific PA criteria. Our pharmacy claims processing system imports the Member's diagnosis from our medical claims system to approve PAs seamlessly when a medical necessity determination requires an appropriate diagnosis. If the medication meets medical necessity, the claim continues through the adjudication process without a hard stop denial, which would require the Provider to submit a PA. This functionality eliminates the need for the Provider to submit a traditional PA request, making this process efficient and less burdensome for the Provider and eliminating service delays for the Member. ***In 2019, the use of integrated claims data and AutoPA resulted in a 25% reduction in PA volume for our Providers.***

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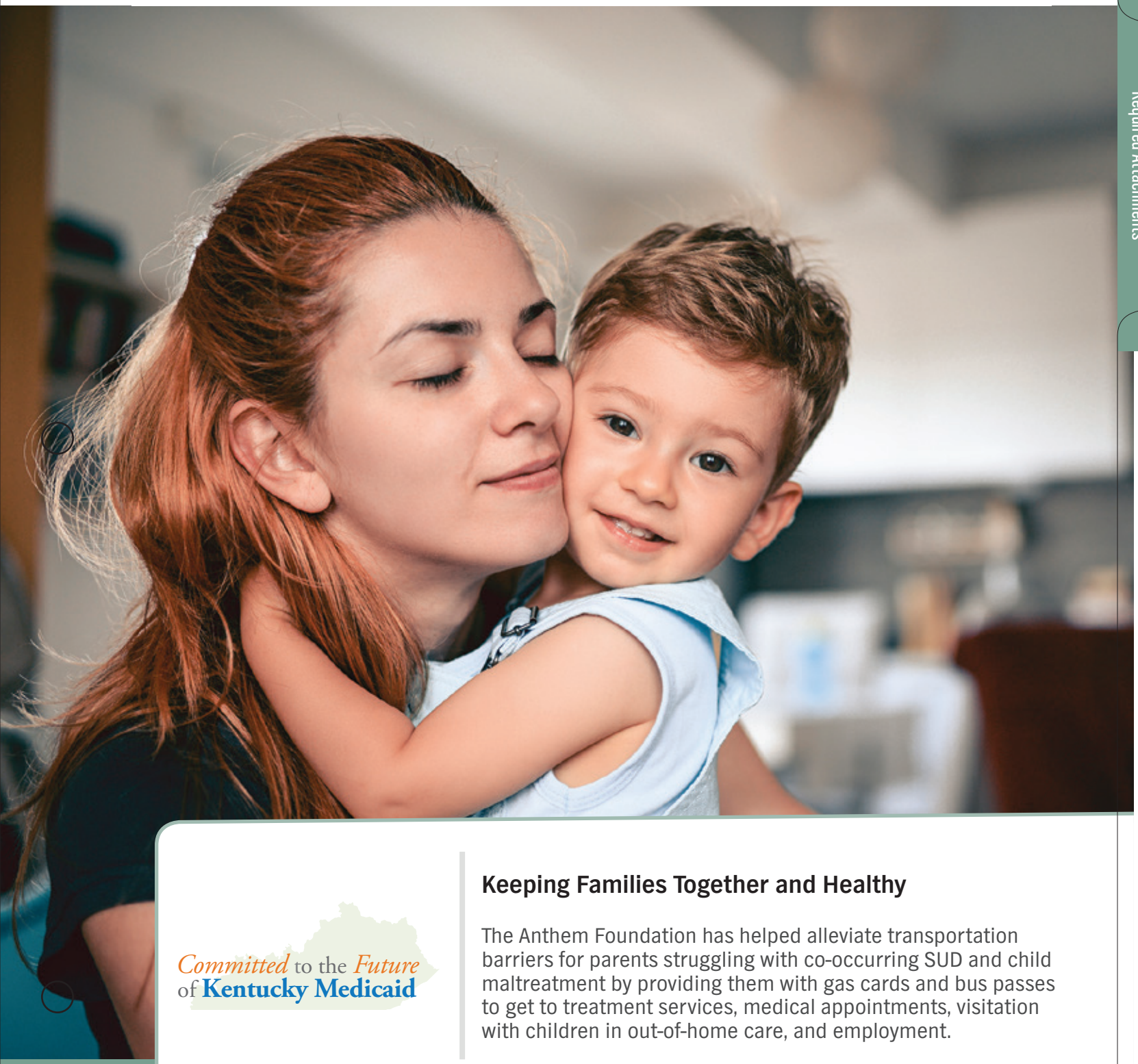
Anthem Medicaid

C.21. Pharmacy Benefits Required Attachments



Committed to the *Future* of **Kentucky Medicaid**

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

Anthem Medicaid

Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.21.a-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.21.a-1 includes the following:

- Attachment C.21.a-1a. MOU to the MASA Between the Plan and IngenioRx
- Attachment C.21.a-1b. Contract Between IngenioRx and CVS

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Anthem Medicaid

22. Special Program Requirements

Committed to the Future of Kentucky Medicaid

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

C.22. Special Program Requirements

C.22.a. Educating Members and Providers About Special Program Services

Describe the Contractor's approach to meeting the Department's expectations and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices." The approach should address the following:

a. Approach to ensuring Enrollees and Providers are aware of special program services.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) has more than six years of experience serving the Medicaid program in the Commonwealth with more than 132,000 Enrollees (Members). In this time, we have developed a deep understanding of the challenges and issues our Members in all eight Commonwealth Regions face to achieve and maintain good health outcomes. We are committed to making sure our Members and Providers are fully aware of services available through designated special programs, the requirements for these programs, and how to access them as appropriate, including:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services and EPSDT special services
- Dental services
- Emergency, urgent, and post-stabilization care, including out-of-Network emergency care
- Voluntary family planning
- Maternity care
- Non-emergency Medical Transportation (NEMT)
- Pediatric interface school-based services
- Pediatric sexual abuse examinations
- The Lock-In program

Our targeted outreach and communications are designed to keep Members and Providers informed and connected about special services. We use multiple communication vehicles to see that our messages are best suited to the communication style Members and Providers prefer.

Making Sure Members Are Aware of Special Program Services

Engaged and informed Members are more likely to connect with care and services, which can lead to improved health and quality of life. Special program services education is an important component of our Member engagement and outreach efforts.

We inform Members of special program services requirements and related services through the Member Handbook, Member Newsletters, and Member blogs, as well as during interaction with our Customer Care Representatives and the Care Management team. We send a new Member welcome packet through the mail, in addition to a welcome phone call, to provide comprehensive information about services and benefits at our Members' fingertips within five Business Days after we are notified of their enrollment. Members also have access to these materials on our Member website with smartphone capability and mobile access. We adapt all our Member materials to consider Kentucky's cultural diversity, languages spoken at home, disability access needs, health literacy, and educational level.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Customer Care Representatives Support Member Awareness of Special Services and Member Self-management

Members and families contact the Member Services call center for assistance to understand their benefits, locate Providers, and access services provided by Vendors such as DentaQuest or by the Commonwealth, such as NEMT. Our Customer Care Representatives are available to answer Members' questions, refer them to materials that explain covered benefits, locate Providers, connect them to Vendors, and direct them to the Kentucky Transportation Cabinet, Office of Transportation Delivery. Members who need additional help accessing special programs, such as EPSDT or maternity care services, are connected to the Care Management team.

Care Management Team Helps Members With Complex Needs Understand Special Program Services

The Care Management team is available to help all Members who need extra help understanding and accessing special program services, whether they are engaged in care management or not. For Members not already engaged in care management, a Care Manager assists them with access to services; if a Member appears to need, could benefit from, or requests care management, the Care Manager completes a Member Needs Assessment to identify any specialized health care needs or other indicators for care management enrollment. If the Member is already engaged with a Care Manager, the need for special program services is usually identified during the assessment and person-centered care planning. The Care Manager works with the Member to identify how they will most easily access the services, the Provider, and the scope of the benefit. Members and their families may contact the assigned Care Manager for help accessing these services as needed.

Making Sure Providers Are Aware of Special Program Services

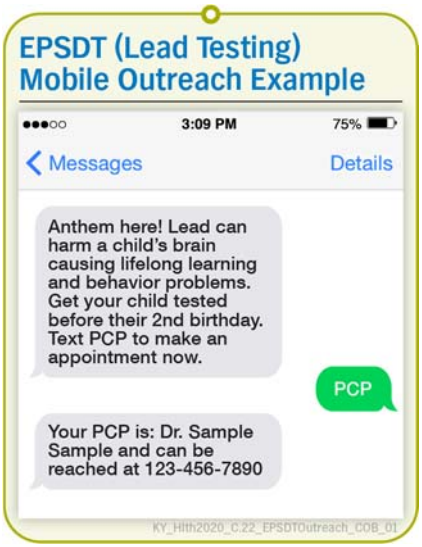
We inform Providers of special program services during Provider training, in the Provider Handbook, alerts posted on the Provider portal, and through fax blasts to convey time-sensitive communications. We also develop and disseminate toolkits and slideshow presentations on key and emerging topics, such as EPSDT and Trauma-informed Care, to convey critical information that can be access by Providers on demand. Anthem conducts initial training for newly contracted Providers and Provider groups, in addition to ongoing training through our Anthem Training Academy in large-group settings, via webinars, or in-person, as appropriate, to comply with the Department for Medicaid Services (DMS) programs, guidelines, and requirements.

Network Relations Consultants serve as an ongoing resource to give Providers technical assistance on special program services. Providers' office staffs may contact our Utilization Management (UM) team or Care Management team when they need information about a Member's access to specific services such as EPSDT. They may contact DentaQuest directly for help with dental benefits for their assigned Members.

Coordinated Strategies: Our Outreach to Members and Providers

Outreach Strategy Example 1: EPSDT

Figure C.22.a-1. HealthCrowd Text Messages Remind Families about EPSDT Visits



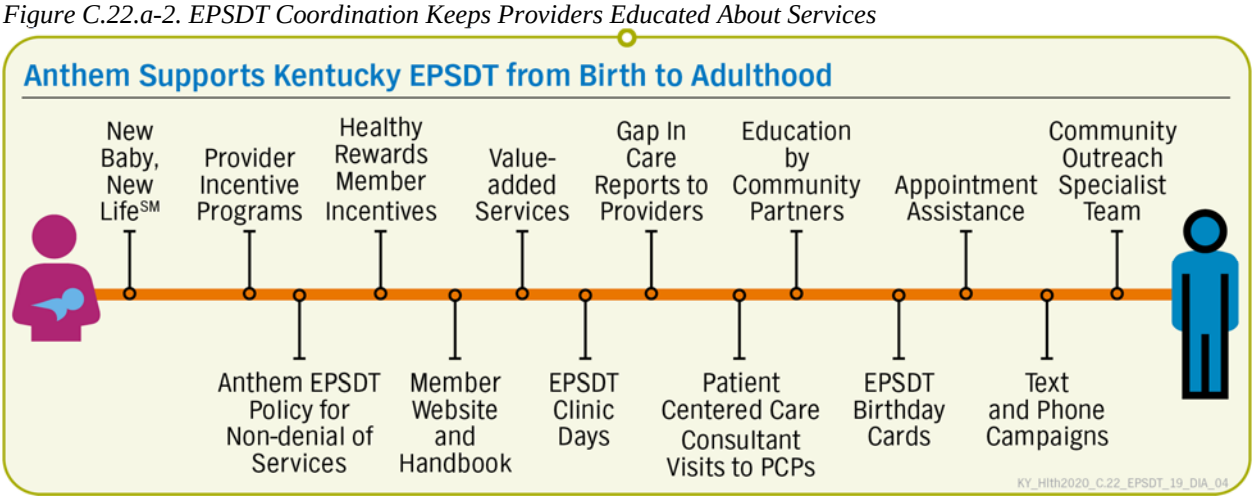
- ***Member Outreach.*** Pending approval from DMS, all Members will receive comprehensive information about EPSDT access and services in our Member Handbook and, pending DMS approval, in their Quick Start Guide. Information will describe EPSDT program-covered screenings, diagnostic and preventive services and treatment, special services, and when EPSDT services will be covered out-of-state. Members may access additional help understanding and accessing EPSDT benefits by calling the Member Services call center or speaking to their Care Manager for children and youth engaged in care management. We also use our HealthCrowd text messaging service to send EPSDT service reminders to families as shown in Figure C.22.a-1.
- ***General Provider Outreach.*** Anthem educates Providers about the EPSDT program. This training includes periodicity requirements for screenings, the required components of initial and periodic health assessments, and EPSDT coverage even when a service may not be covered under the Kentucky Medicaid State Plan. This training includes services that exceed benefit levels, amounts, frequencies, or duration otherwise allowed. We advise Providers that no service for a Medicaid-covered child will be denied, reduced, or terminated before it is reviewed in accordance with our EPSDT policy. EPSDT-related documents and trainings available through our Provider portal include:
  - EPSDT Provider Toolkit
  - Improving EPSDT Services for Members presentation
  - Provider administration of EPSDT Screenings and Special Services for Kentucky Medicaid Members guidance
- ***Targeted Provider Outreach.*** We designate two field-based Quality Management (QM) Practice Consultants to conduct targeted EPSDT education with high-volume Primary Care Providers (PCPs) who serve 500 or more Members, and run reports such as bi-annual claims reports to identify all PCPs with 100 or more EPSDT claims per month to audit the charts of Members under the age of 21 for timely periodicity screenings. ***We conduct focused feedback and education with Providers delivering EPSDT services where audit findings disclose average screening rates below 80% to improve their performance with EPSDT screening outcomes.*** Our Network Relations Consultants also serve as an ongoing resource to give Providers technical assistance on the critical components of EPSDT screenings, and processes and tools necessary to improve outcomes.

We performed a recent audit on EPSDT compliance and discovered that some Providers were not coding the visits correctly. As a result, we are initiating an educational campaign for PCPs about coding with the appropriate modifiers for EPSDT-related services.

EPSDT Coordination Services for Providers

Our QM Practice Consultants inform PCPs about our EPSDT coordination services, which are available to any interested Provider at no cost. EPSDT coordination supports the PCP's office personnel by identifying, contacting, coordinating, and providing follow-up visits for children who are behind on their EPSDT screenings and immunizations. We identify Members who have gaps in care and facilitate follow-up by the PCP. Coordinators also help connect Members to transportation for EPSDT services. We direct Providers to our designated EPSDT Coordinator when they have specific questions regarding the services our Members need. Figure C.22.a-2 illustrates our coordinated approach.

Figure C.22.a-2. EPSDT Coordination Keeps Providers Educated About Services



Innovative EPSDT Outreach Through Collaboration with Community Partners

We also work with our community partners to keep Members and their families informed about EPSDT requirements and special program services. For example, we leverage the following partners:

- ***Local Health Departments.*** We collaborate with local health departments to identify opportunities to provide education on the importance and availability of EPSDT. Local health departments include this information on their websites as well as where to access these valuable services. Members can also schedule checkups at their local health department.
- ***Enrollment Application Assisters (Assisters).*** Assisters work for local organizations that contract with the Commonwealth to help Kentucky residents apply for health insurance. We provide them with information about the special program service resources and requirements, including those related to EPSDT, to support people who enroll in Medicaid. Anthem will continue to engage with Enrollment Application Assisters to make sure they provide the most up-to-date information to our Members.

- ***Network Providers.*** Our current goal is to partner with PCP offices to hold EPSDT Clinic Days in 2020. On those days, practices may opt to dedicate blocks of appointments for our Members to close gaps in preventive care, including immunizations. To prepare for EPSDT Clinic Days, we telephone Members who have high no-show rates and gaps in care to connect them to the practice for an appointment. We are taking steps to expand EPSDT Clinic Days in 2020 and are looking for additional community partners to participate.

Outreach Strategy Example 2: Transportation

Members

Members are informed about Medicaid-covered transportation services upon enrollment through the Anthem Member Handbook and other Member education materials. Our Care Managers consider Anthem Members' needs for medical and nonmedical support services, including transportation, and will advise new and established Members with transportation needs about the availability of these services.

Anthem educates Members actively participating in our Empowerment program about transportation assistance available to support those working toward self-improvement goals.

Through Anthem's Transportation Assistance value-added service (VAS), Members receive up to a $600 allowance for bus passes, local ride share services, county transportation services, or taxi services to help them secure transportation to activities like attending college courses or job skills training and visiting their local Women, Infants, and Children (WIC) office or food pantry. We know that lack of reliable transportation can be one of the primary social determinant of health barriers that prevent Members from taking these kind of positive steps in their lives.

Providers

Through outreach and education, we see that our Providers are well informed about the NEMT and emergency transportation options available to Members. Our Provider Relations team gives new Providers information about NEMT, non-emergency, and emergency ambulance transportation service access during orientation. We direct Providers to the Commonwealth's medical transportation webpage for complete information. We have information about Member transportation benefits in our Provider Manual as well.

Outreach Strategy Example 3: Dental Care

Anthem has a coordinated strategy to foster Members' and Providers' awareness of dental services. We partner with DentaQuest to provide new Members and Providers with information about accessing dental care in addition to the use of our standard Member and Provider outreach and educational materials. Our Provider portal has a link to DentaQuest's oral health library with sections that offer comprehensive information on adult and pediatric oral health, oral health and diabetes, and general oral health. We further educate all Providers about the importance of dental and whole-person care for our Members in the Provider Handbook and during Provider orientations.

We recently introduced a series of new health promotion campaigns which address oral health. For example, we developed a package of oral health-related promotional materials that are used

on our Member blog, Provider portal and distributed for display by our PCPs, local schools, and in other community settings. These include promotional materials about:

- Adult and child dental benefits beyond what you expect
- Reminders to brush and floss your child's teeth every day
- Tips for better brushing and how to keep your mouth healthy
- Dental health-related word search and fill-in-the-blank games

Our oral health Vendor, DentaQuest, partners with community stakeholders to identify additional outreach possibilities for overall oral health awareness and Member education. In 2018, DentaQuest presented at the annual meetings of the Kentucky Oral Health Coalition, Kentucky Primary Care Association, and Kentucky Dental Association. DentaQuest's Advisory Committee meets quarterly and provides a forum to consider oral health educational opportunities, among other topics.

- **Dental Hygienist Association and Dental Mobile Services.**
  - We promoted access to EPSDT dental and other special program services at the Dental Hygienist Association Annual Screening day with targeted outreach in the event's service area. We also sponsored association-run Community Service Days, such as the one held in June 2019 at the Shawnee Christian Healthcare Center in Louisville. This free dental care day offered oral cancer screenings, prophylaxes, fluoride varnish treatments, sealants, radiographs, oral health education sessions, oral hygiene instructions, and restorative services.
  - We identify Members with gaps in oral health care for outreach.

We are also in discussions with other health plans in Kentucky to collaborate on short- and long-term goals to make this information available through community-based organizations.

DentaQuest's Support for Oral Health Initiatives in Kentucky

Our dental partner, DentaQuest, is fully committed to the oral health of Kentuckians. DentaQuest's Foundation has given more than $500,000 to various initiatives across the Commonwealth in the last three-and-a-half years to promote the benefits of oral health care and dental services. Examples of their grant projects are provided in Table C.22.a-1.

Table C.22.a-1. DentaQuest Foundation Grants in Kentucky to Promote Oral Health Care

Organization	Project Title	Funding
Kentucky Primary Care Association, Inc.	• Kentucky Primary Care Association National Oral Health Innovation and Integration Network (NOHIIN) 2018-2019: Proposal to participate in NOHIIN to further education, outreach, and access to oral health • 2017/18 NOHIIN Renewal • Kentucky Oral Health Integration in Primary Care	Grant 1: $15,600 Grant 2: $21,200 Grant 3: $20,000
Kentucky Youth Advocates	• Kentucky: Mobilization, Youth Engagement, and a Map • A Matrix, a Map, and a Blueprint: A Strategic Approach to Oral Health in Kentucky	Grant 1: $100,000 Grant 2: $149,770
Appalachia Funders Network c/o MACED	• Central Appalachian Oral Health Summit	Grant 1: $12,960

School-based Member Outreach Strategies for Dental Health

DentaQuest has significant experience coordinating services for school-based dental programs and plans to bring its best practices from other states to Kentucky. With DentaQuest, our goal is to engage regional health departments to facilitate and support school-based dental services. This collaboration assures seamless coordination of care with one of our key Subcontractors. As a part of our program, we will provide children, staff, and parents/caregivers with:

- Oral health education and information about our dental program
- Oral health kits with toothbrushes and other oral health-related items
- Colorful "What/When" and similar posters such as the example in Figure C.22.a-3 that explain, for example, the American Academy of Pediatric Dentistry's periodicity schedule for children to be hung in schools for parents and caregivers to review
- Dental health word finds and other games
- Materials to send home to parents and caregivers

We are currently focusing on eastern Kentucky and non-profit Family Resource and Youth Service Centers (FRYSCs) for dental health promotions, especially to improve oral health for young children. Anthem has a longstanding relationship with FRYSCs and has partnered with them and sponsored events to support health-related promotions for children and their families.

Figure C.22.a-3. Promoting Good Oral Health in Schools

Outreach Strategy Example 4: Maternity Services

Our coordinated strategy to make our Members and Providers aware of maternity services is multipronged. We keep ***Maternal Child Services: OB Care Management*** program material on our Provider portal so that Providers are informed and can always access information about our ***New Baby, New Life***[SM] Maternal Child Services program and OB care management for women with high-risk pregnancies or who would benefit from tobacco cessation support in pregnancy, prior preterm pregnancy programs, breastfeeding support, maternity care support, and family planning.

We promote Members' awareness of special maternity services and programs, too. With our early identification strategies, Anthem proactively contacts newly pregnant Members to promote better health and the delivery of healthy, full-term babies, reduce NICU admissions and lengths of stay, and identify and refer Members to treatment for postpartum depression. Our Member Handbook provides comprehensive information to new Members and is an ongoing resource on services we provide to support Members during and immediately following a pregnancy. This includes information about local public health resources such as Health Access Nurturing

Development Services (HANDS), Head Start to promote child development, and the Kentucky WIC Program for supplemental nutrition for women who are pregnant, breastfeeding, or postpartum and their children under age five. We also promote prenatal care in our Member education material as in Figure C.22.a-4.

Figure C.22.a-4. Member Promotional Outreach on Seeking Maternity or Postpartum Care

We use our ***Maternity HEDIS® Attestation*** tool, available to all Providers through Availity, to support early identification of pregnant Members. The easy-to-use notification links to Health Intech, our care management information system, and triggers outbound calls for risk screening and enrollment in appropriate prenatal care management or Care Coordination services. Health Intech includes HEDIS alerts to remind Providers to schedule timely appointments with pregnant Members.

Early identification of pregnancy and risk factors and Member education are the tenets of our ***New Baby, New Life*** program. Members can call our 24/7 nurse hotline to speak with an experienced nurse for pregnancy-related questions, emotional support, and help following their Provider's care plan. We also offer pregnant Members access to automated maternal health education by phone, ***HealthCrowd*** text messaging for those opting to use this service, or smartphone app through ***My Advocate™*** to:

- Learn about pregnancy and postpartum care, including a resource guide about postpartum depression, well-childcare, dental care, immunizations, healthy living tips, and more
- Reach their Nurse Care Manager if they have questions or an issue arises
- Get answers to questions at any time

Based on our ability to identify newly pregnant Members, we conduct early and comprehensive education that emphasizes the schedule for and importance of early and continuous maternity care. We send newly pregnant Members a comprehensive guide titled "Pregnancy and Beyond Resource Guide" that includes:

- An introduction letter welcoming them to the New Baby, New Life program
  - Two self-care booklets with information on having a healthy pregnancy and caring for a newborn
  - Information on rewards and how to enroll to receive them

Our efforts have made a difference in our prenatal and postpartum care (PPC) HEDIS outcomes as evidenced by more Members receiving timely prenatal and postpartum care. Between 2018 and 2019, we experienced a **greater than 8% increase** in our PPC HEDIS rate.
KY_Hlth2019_C.22.a_PPC_COB_03

We also provide outreach and support during pregnancy for Members with opioid use disorder through our 180 Health Partners program. We do this to decrease the prevalence and severity

of infants born with Neonatal Abstinence Syndrome (NAS). We can also refer parents who give birth to babies with special health care needs to organizations such as Family Voices of Kentucky, which serves as the Family-to-family Health Info Center.

Value-added Services for Maternity Care

We will further promote early and continuous engagement in maternity care for Members who are pregnant or postpartum with appropriate incentives through our new VAS, including:

- ***Free Baby Shower Gift.*** Pregnant Members receive a free stroller organizer as a baby shower gift. A stroller organizer provides extra space for storing baby essentials such as extra diapers, snacks, and toys.
- ***Breastfeeding Support Kit.*** Our breastfeeding support kit includes an infant support nursing pillow, washable nursing pads, nursing cover, and educational brochures such as Breastfeeding Facts & Myths and How to Breastfeed.
- ***Safe Sleep Kit.*** Our safe sleep kit includes a swaddle sleep sack, pacifier, and educational materials such as infant sleep guidelines, and helps educate Members about the importance of establishing good sleeping habits and a safe sleeping environment.

Outreach Strategy Example 5: Medicaid Lock-In Program

New Anthem Network Providers are informed about the Lock-In program through our Provider orientation and educational materials. Providers are also informed via letter when one of their Members has been identified as a candidate for our Lock-In program. When a Member's service utilization justifies restricting their receipt of health care services to one PCP, one controlled substance prescriber, one pharmacy, and/or one hospital for non-emergency care, we notify Members in writing of:

- The reason for enrollment in the Lock-In program
- A description of the Lock-In program
- The effective date and length of the Lock-In period
- The Member's designated Providers
- Contact information for information about our Lock-In program
- How the Member can appeal enrollment in our Lock-In program

We work with Members if they request to be reassigned to a different Provider during the Lock-In period. A Care Manager educates Members in the Lock-In program, as applicable, about appropriate pharmacy and Emergency Room (ER) utilization, risks of the use risk pattern of their current medications, and the importance of regular medication renewal and complying with Provider visits and treatment plans. Members are also advised about the role their assigned physicians have to coordinate their care and the process for accessing mental health and substance use services.

Lock-In notification letters to Providers of Members newly enrolled in the Lock-In program include the following information:

- Reason for the Member's enrollment in the Lock-In program
- Names of the Member's designated Provider(s)
- Effective date and length of the Lock-In period
- Provider's management responsibilities, including how to refer the Member to a specialist using the Lock-In Provider referral form
- Summary of the Lock-In program and what this means for the Member

Our pharmacy Providers receive this information through their pharmacy claims system. We advise Providers to use the Kentucky Health-Net website to check Medicaid eligibility and Lock-In status prior to rendering non-emergency services to Members. See our response to Section C.22.d, Effective Lock-In Management Program, for more detail.

Summary of Our Approach to Educating Members and Providers about Special Program Services

We work with Members and Providers to make sure they are informed of all available resources and streamline access to special services so they can reach their goals of better health. We will carry on in our efforts to support DMS by supporting Members on a path to better health, making sure both Members and Providers know about the special program services available through Medicaid and how to access them. We encourage our Members to take an active role as participants in and consumers of health care with ongoing, multipronged educational and outreach strategies. We will continue to give Providers the tools and training they need to effectively and efficiently coordinate special programs for our Members and collaborate with community organizations that have a role in coordinating access to special program services.

C.22.b. Reviewing Medical Necessity for Special Program Services to Protect Access, Prevent Inappropriate Utilization

b. Description of medical necessity review process.

We know how important it is for individuals to have care available when and where they need it, and we are committed to making sure that our Kentucky Members experience a professional, prompt, and seamless medical necessity review process for access special program services. Our medical necessity criteria comply with federal and DMS UM standards for services provided to all Medicaid and Kentucky CHIP Members. Prior to adopting UM guidelines, we assure relevance to our enrolled populations through review and approval by our Medical Advisory Committee (MAC) and Quality Improvement Committee (QIC). This process includes input from local Providers experienced serving our Members across the Commonwealth. We also incorporate individual specific needs and disparities, such as disproportionate levels of food insecurity or food deserts that may have an impact on care needs, when considering medical necessity. Please refer to Section C.10, Utilization Management, for more detail on our Prior Authorization (PA) processes. We will make medical necessity criteria available by mail, fax, or email upon request. Providers may also contact our Medical Director, Behavioral Health (BH) Director, or UM staff for assistance using our Pre-Certification Lookup Tool (PLUTO) to determine medical necessity requirements for services. Members or potential Members may request our guidelines by contacting Member Services.

Pathways for Medical Necessity Review

Our medical necessity review process results in determinations that have taken into consideration whether the request:

- Is medical in nature
- Is for a covered benefit
- Is for a generally recognized medical practice or treatment
- Is safe
- Is effective and evidence-based

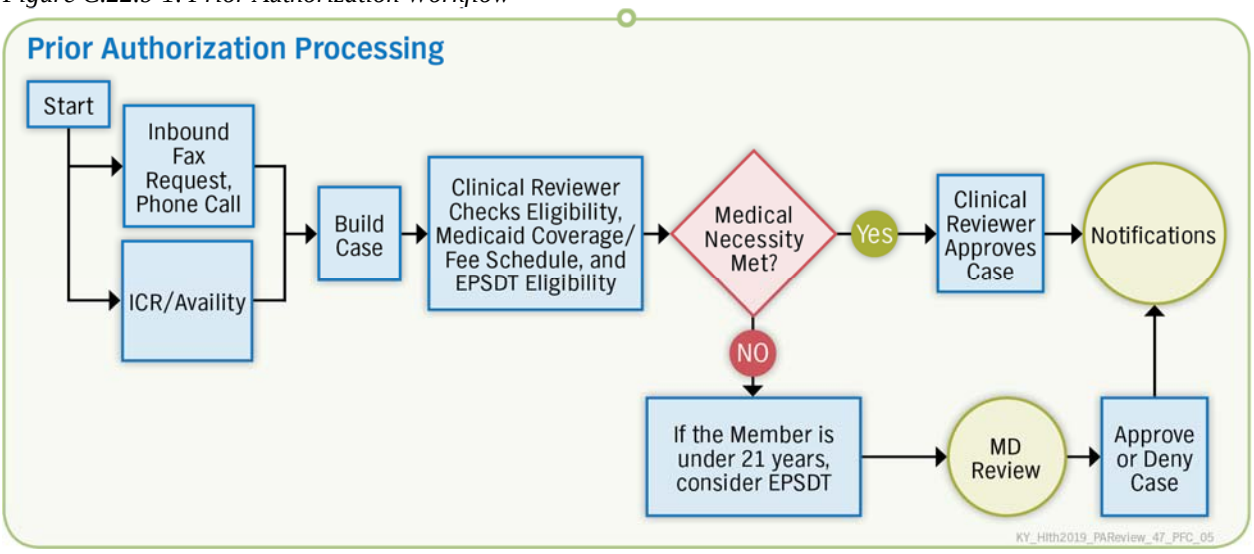
- Is the least costly effective option
- Will correct or ameliorate health conditions
- Should apply other criteria for services where standardized criteria do not exist

Medical Necessity Criteria and EPSDT

Providers and UM clinical reviewers consider Members' home environments, individual circumstances, and the local delivery system in determining medical necessity for EPSDT services requiring authorization. We do not impose limits on the amount, duration, or scope of EPSDT services. We will cover services not specifically included under the benefit package but required by the child's PCP based on the results of an EPSDT screening as specified in Section 1905(a) of the Social Security Act, as long as the service meets the DMS medical necessity criteria. We will defer to a child's PCP, or a treating Provider in consultation with the PCP, when identifying the services a child needs to correct or ameliorate an illness, condition, developmental delay, or other issue identified during screening.

Except where required by DMS, we will limit PAs to inpatient medical or psychiatric services. Our workflow for processing PAs is shown in Figure C.22.b-1. These services will be authorized by the UM Clinician, in conjunction with the child's Provider, Care Manager, and an Anthem Medical Director. Authorization is used to verify that no other equally effective services are available on an outpatient or in-home basis, and we closely coordinate across community-based, outpatient, and inpatient Providers, as well as the child, family, schools, and other agencies or programs to support timely discharge to home or a lower level of care.

Figure C.22.b-1. Prior Authorization Workflow



Preventing Incentives That Could Deny, Limit, or Discontinue Medically Necessary Services

Our UM policies and review processes will make sure Covered Services are medically necessary and not arbitrarily or inappropriately approved, denied, or reduced in number, duration, or scope because of a diagnosis, type of illness, or condition. Anthem will use inter-rater reliability (IRR) methods to demonstrate how we apply criteria consistently across clinicians and for our Medicaid population reviews as well. We will adhere to these additional processes that are critical to assuring coverage of medically necessary services:

- Adhering to specific NCQA processes
- Following evidenced-based criteria
- Proactively contacting the requesting Provider to gather additional information
- Consulting with the CCT to make sure decisions consider a Member's assessed needs, living situation, and other factors that may impact the need for a service

Consistent with federal and State regulations, ***we do not reward UM employees, delegated entities, or individuals who conduct UM activities for issuing denials of coverage or basing decisions about hiring, promoting, or terminating practitioners or other staff on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits***. Compensation is not tied to denials, limitations, or discontinuation of medically necessary Covered Services to any Member in accordance with regulations. Only a Kentucky-licensed Anthem Medical Director can make determinations to deny, reduce, limit, or stop Covered Services, clinical Appeals, or expedited resolution of a clinical Appeal. Only a BH peer reviewer or a Kentucky-licensed psychiatrist with appropriate clinical expertise can make adverse determinations for BH Services.

Assuring the Integrity of the Anthem UM Process

Anthem and our affiliate health plans across the nation have established, proven authorization processes for any medically necessary service that will be leveraged to assist our UM Clinicians and Providers. Anthem's approach to assuring the integrity of our UM decision-making is multi-layered and integrated throughout our program and services. It begins with training and educating new staff, is reinforced in our policies and established UM processes, and includes Providers in the process. We assure the consistent application of review criteria in our staff training program; annual IRR audits; and additional oversight, reporting, and resources from Anthem's national Performance Improvement and Enhancement program.

Staff Licensing and Training

Our UM program is thoughtfully designed and developed to demonstrate quality every day, through our programs, practices, and people. Our UM staff are Kentucky-licensed nurses or licensed BH clinicians in good standing. UM staff are led by our Kentucky-based, Utilization Management Director, Victoria Meska. Upon hire, we identify and remedy any potential conflict of interest situations such as:

- Personal or working relationships with practitioners, Members, or institutions involved in the review process
- Financial interests or investments in direct conflict with any part of the review process
- Secondary employment with any entities involved in the review process
- Receipt of any gifts, gratuities, or entertainment offered to reviewers as an incentive for a requested outcome

Anthem staff are required to self-disclose this information annually and if they start a secondary job. We also require all Anthem staff to complete Ethics and Compliance training upon hire and annually thereafter. This training includes a segment on Living with Integrity and an attestation regarding compensation. By completing the full Ethics and Compliance training, staff agree to the terms of this statement. Our policies and procedures require that any clinical reviewer identified as having a conflict of interest or receiving any incentive that may affect review decisions be terminated. All Anthem UM staff will have completed this training requirement prior to implementation.

C.22.c. Engaging Members on EPSDT, Dental, Transportation, and Other Special Program Services

c. Outreach methods to engage Enrollees.

Anthem places a priority on proactively engaging with all Members, including those in priority populations who have frequent health care utilization and Members at lower-risk and in good health. We communicate with Members upon enrollment to inform them about Medicaid Covered Services and how to access them, and to support preventive and clinical care needs as with Members with specialized health care needs.

We begin outreach at the point of a Member's enrollment by sending a welcome packet and Member ID card. Then we continue outreach with a welcome call where a Customer Care Representative invites Members to complete the Health Risk Assessment (HRA), a screening tool to identify their physical and/or BH status, special health care or community service needs, and their need for care management services. We inform Members of an incentive for the completion of the HRA to help make sure they complete it so we can begin coordinating their care in the most appropriate way.

We determine the appropriate timing and format of Member engagement for special program services tailored to each individual's health care needs, including condition-specific pathways. We rely on outreach by using:

- Mail
- Telephone
- Text messaging and email via HealthCrowd
- My Advocate healthy pregnancy app and text messaging tool
- Face-to-face Member and family engagement in the home, community, and facility settings
- Member incentive programs

Multifaceted Member Engagement

Anthem conducts Member outreach early and often using a variety of standard outreach methods to support Member engagement shown in Table C.22.c-1. All Member engagement materials are available in culturally appropriate language, alternative formats, or through oral interpretation to better help Members understand the information.

Table C.22.c-1. Multifaceted Outreach for Successful Member Engagement

Outreach Method	Description
New Member Welcome Call	New Members receive interactive voice response (IVR) welcome calls that includes an IVR HRA option, as well as the option to transfer to a Customer Care Representative at any time during the call for help completing the HRA, arranging an initial visit with a PCP, or for any other assistance.
New Member Welcome Packet	Notification in the new Member welcome packet describes the need to complete the initial HRA available through an online tool or through direct contact with our staff, and the Healthy Rewards incentive available for completing the HRA. It includes information on how to complete the HRA and who to contact to qualify for the incentive.
Online and Texting	The HRA tool is available online on the Member website. Members are notified of the option to complete the HRA online in our new Member welcome packet.
Live Outbound Calls	Outreach Care Specialists on our Care Management team call identified Members who have not completed the HRA, including those in a priority population or otherwise identified as high-risk through data analysis, or from internal or external referrals.

Outreach Method	Description
Locate and Engage Visits	Members who cannot be reached by any other method are prioritized for locate and engage services by our Community Engagement Navigators. Navigators work collaboratively with Providers and community partners who may have had recent contact with hard-to-reach Members. They provide in-person outreach to Members experiencing homelessness or who have other high-risk factors identified from prior claims history; Admission, Discharge, Transfer (ADT) alerts; or from internal and external referrals.

The Member's Care Manager engages with Members enrolled in care management, including chronic condition management and complex care management, to make sure they have access to special program services, informing them how to access these services, connecting them to Providers and programs, and partnering in the coordination of their care through the development of a person-centered care plan. For example, a Care Manager will conduct outreach with women who have been identified with a high-risk pregnancy about participating in our ***New Baby, New Life*** Maternal Child Services program and other pregnancy-related interventions.

Targeted Approaches and Programs for Member Outreach

Anthem conducts targeted Member outreach to build awareness about special programs services as shown in Table C.22.c-2.

Table C.22.c-2. Targeted Member Outreach and Activities to Address Special Program Services

Program/Service	Description
EPSDT	• Promotion of the Healthy Rewards incentives program for well-child visits in the first 15 months of life, annual well-child visits, timely childhood immunizations, adolescent screenings, completion of initial health needs screening • Annual postcards to inform Members of required screenings and immunizations based on age
Dental Care	• Distribution of dental care educational posters and oral health kits in schools to remind and educate Members about getting dental care • DentaQuest oral health education events in schools
Maternity Care	• Care management for women with high-risk pregnancies • Outreach for enrollment in New Baby, New Life Maternal Child Services program • Enrollment in My Advocate to engage via text messaging, web, telephone and smartphone apps; initiates high-risk OB screening
School-based Services	• Outreach to schools to participate on the Member's Individualized Education Plan (IEP) team; promotion of good oral health and the importance of dental checkups

Engaging With Hard-to-Reach Members

We take extra steps to engage new and established high-risk or high-needs Members who are difficult to reach to be sure they have the information they need to benefit from health care services, including special program services. We understand the Members who are hard to reach have a higher risk for adverse outcomes and take extra steps to locate and communicate with them.

We refresh Member-specific contact information monthly through our ***Continuous Case Finding*** process by using continuously updated data sources, including the Commonwealth's enrollment file data, claims and pharmacy data, UM data, the Daily Census reports, data obtained from referrals, Providers, caregivers, self-referrals, the results of the HRA, Member Needs Assessment, and reassessments. Our Member Services and Care Management teams regularly capture Members' most up-to-date contact information from these resources and confirm the Members' preferred methods of communication. These efforts also help to identify whether a Member who is hard to reach requires special program services such as EPSDT, a preventive dental exam, maternity care, or transportation.

Our Community Engagement Navigators help us locate and engage our Members, facilitate access to the health care system, and eliminate barriers through outreach, education, direct services, and advocacy. They also link Members to care management resources when appropriate. The navigators will work collaboratively with Providers and community partners who may have had recent contact with hard-to-reach Members. Community Engagement Navigators receive specialized training on motivational interviewing, social determinants of health (SDOH), health equity, and cultural competence to help them better engage with Members while proactively addressing their needs and facilitate the best approach to connecting them with resources.

Community Engagement Navigators follow a personalized outreach plan for Members they have difficulty reaching to locate, engage, and make health care more accessible for them. They also notify PCPs and encourage them to support our outreach efforts. We put hard-to-reach Members on a "watch list" so we can monitor their authorizations, requests, admissions, and claims for new information (for example, residing in a homeless shelter) that would make engagement possible.

In addition, our community-based ***Outreach Care Specialists*** will work with community partners who serve some of our most vulnerable populations. We help them meet the everyday needs of Kentuckians by supporting their programs and providing in-demand items, such as items such as hygiene kits, blankets, cold weather gear, and bags to hold belongings, that may be very useful for individuals experiencing homelessness or housing instability.

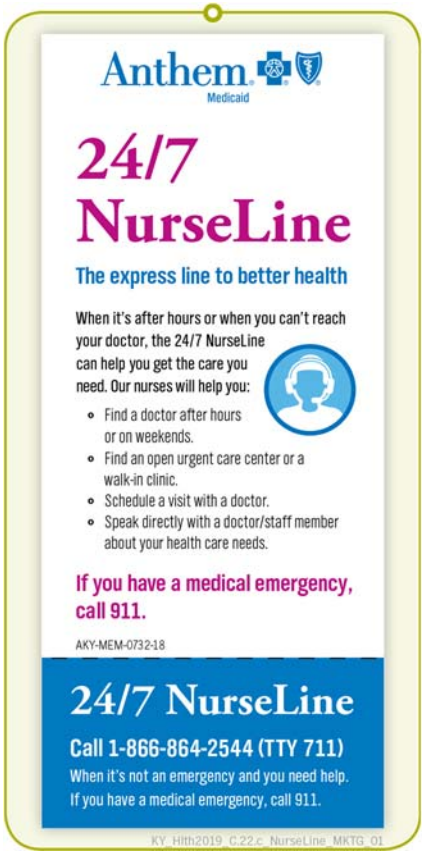
To further facilitate contacting hard-to-reach Members, Anthem is supported by the ***Homeless Management Information Systems*** (HMIS) program, which collects Member-level data and information on housing and support services to individuals and families experiencing homelessness. People experiencing homelessness often do not have a phone or access to a stable mailing location, so our usual methods of communication (phone and letter) will not work. As an HMIS user, we will be able to use the "client tracker" – a valuable application that helps locate Members by viewing where they receive services in the community. The HMIS program enables identification and engagement with homeless Members, which results in better Care Coordination and connections to housing services Providers. HMIS also provides names and contact information for service organizations and Providers currently working with our Members, facilitating timely connection and coordinated care planning. Data available through HMIS will facilitate Member identification, Care Coordination, and referral to health and SDOH resources. Our Anthem affiliate in Florida has been implementing the HMIS program across its coverage area, and Miami-Dade County has been able to identify and successfully engage 1,297 homeless Members in the last five years, with 451 (35%) now in housing.

Engagement with Members Who Need Targeted Outreach

Anthem engages with Members who have been identified or referred for targeted outreach triggered by an assessment or significant event such as the loss of stable housing or change of primary caregiver. These communications support Members' needs, including the following special program services:

- ***Post-discharge Outreach.*** Members are most vulnerable to a readmission and poor outcomes within 30 days of a facility discharge. We identify those with a facility stay prior to discharge and arrange a Care Manager visit just prior to or within three days post-discharge for an assessment. Informed by this assessment, we verify that Members are connected with appropriate services based on their needs. We take this opportunity to inform Members about available resources, identify immediate needs, and help them schedule follow-up appointments, review medications, refer them to other Anthem programs such as chronic condition management or wellness initiatives, and ease their transition home. Sometimes Members need assistance accessing transportation and other non-clinical supports which our Care Managers help to arrange. Care Managers will continue with weekly outreach for the first 30 days post-discharge.
- ***24/7 Nurse Hotline Follow-up.*** Members who use the 24/7 nurse hotline receive a follow-up call from one of our Care Managers to assess their condition and support them if they require additional health care services as shown in Figure C.22.c-1. This outreach gives us another opportunity to verify if the Member is up-to-date on their EPSDT services, including dental visits, needs to be referred to one of Anthem's programs, or is experiencing SDOH barriers to accessing health care services.

Figure C.22.c-1. Care Managers Outreach Members Who Call Our 24/7 Nurse Hotline



- ***Behavioral Health Services Hotline Follow-up.*** When a Member contacts our BH Services Hotline, a BH Care Manager follows up with them to make sure their immediate needs are being met and are connected to a BH Provider for follow-up care, such as for opioid treatment. The Care Manager works with the Member to assist in appointment searches, collaborate with Providers, provide additional referrals for services, and provide explanations of potential VAS the Member may be eligible to receive.
- ***Care Management and Care Coordination.*** We assign Members who identified as high-risk for access to care barriers or poor health outcomes to our care management program to promote the use of evidence-based care and achieve better health and well-being. Special program services are among the supports we address during Care Coordination for Members who have been identified for care management. For example, Members who need high-risk OB care management are connected to a multidisciplinary care team to receive services from a social worker, nutritionist, BH clinician, Peer Support Specialist, and a Community Engagement Navigator to make sure their needs are being met throughout their pregnancy and during the postpartum period. Details about our OB Care Management program are described in our response to Section C.30.1, Use Case 1.

Member Incentives Outreach to Encourage Healthy Behaviors

We encourage and support Members to engage in healthy behaviors, such as seeking wellness visits and preventive services, through our Healthy Rewards program. Incentives are effective tools to improve healthy behaviors, and our program supports immunizations and well-child visits. The following ***EPSDT-related activities*** will earn Member incentives through Healthy Rewards:

- Well-child visits in the first 15 months of life
- Annual well-child visits (ages three and older)
- Childhood immunizations before age two
- Human papillomavirus (HPV) vaccination
- Initial health needs screening completion

We also encourage Members in our ***New Baby, New Life program*** to visit their PCPs or OB/GYN at least seven times during their pregnancy to qualify for a free crib or car seat, and a gift card when they schedule on-time prenatal and postpartum checkups.

We make sure Members are aware of Healthy Rewards program benefits by including this information in Member materials and on our website, and by making sure Providers and the Care Management team are informed about the program to encourage Member engagement. Our goal is not to simply provide health care, but to support "whole-person health." We have built our teams to see that we have the capacity to engage with Members on a meaningful and personal level. In doing so, we will continue to provide regular and focused outreach to keep them informed about health care services, including special program requirements and services. These strategically designed Member incentives will help towards achieving the Commonwealth's goal of promoting child health, development, and wellness; and maternity care.

Rewarding Members for Healthy Behaviors

We're helping our Members get and stay healthy every day with our Healthy Rewards program. Each time a Member finishes a new healthy activity and lets us know, we will add dollars to their Healthy Rewards card. Things like taking a quick health risk assessment, refilling important medication, getting important checkups and screenings, and a whole lot more may earn them Healthy Rewards.

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Summary of Outreach Methods to Engage Members

Our employees work hard to help the people who choose Anthem as their health plan. We have a proven track record, both nationally and in Kentucky, of engaging with Members by applying regular and focused outreach to keep them informed about health care services, including special program services. To fulfill the goals of Kentucky's Medicaid program, we will continue to engage in this way with Members on EPSDT, dental and transportation services, maternity care, and other services as described in Section 32.0 of the Draft Contract.

C.22.d. Effective Lock-In Program Management

d. Approach to identify, enroll and encourage compliance with Lock-In programs.

Anthem adheres to the Commonwealth's Lock-In program requirements as a part of its overall approach to Payment Integrity. We work with Members, prescribers, pharmacies, PCPs, controlled drug prescribers, and hospitals for non-emergent care as appropriate to control over-utilization of services and safeguard Member health. We do this through our Lock-In program, using early identification and ongoing screening, monitoring, and Member outreach activities to identify and engage with each Member on necessary services and supports. Our Lock-In program

is designed to provide Members with education to identify and reduce improper or service over-utilization with the support of automated monitoring tools.

We enrolled about 500 Kentucky Members in Medicaid into our Lock-In program in both 2015 and 2016; our Lock-In program experienced estimated prevention of inappropriate utilization as reported to the Commonwealth of $4.7 million in 2015 and $7.7 million in 2016. More recently, the number of Kentucky Members in the Lock-In program has remained consistent between February 2018 and January 2019, with between 58 and 68 Members enrolled per quarter.

Identifying Members for Lock-In Program Enrollment

We collect and analyze information monthly to identify Members who meet criteria for enrollment in our Lock-In program when we have identified a pattern of over-utilization of medical and pharmacy claims data.

New Members under a prior MCO's Lock-In program, where the restriction period is still in effect, are also enrolled in Anthem's Lock-In program. We identify these new Members in the monthly MCO Member Lock-In Report from DMS.

We use the following data sources to regularly identify all other Members who may be candidates for Lock-In program enrollment:

- Monthly MCO Member Lock-In Report provided to Anthem by DMS
- Member health claims data
- Monthly pharmacy claims report
- Monthly ER utilization report
- DMS for non-emergency ER code list

We initiate our Lock-In program when Members meet any of the following criteria in two consecutive 180-calendar day periods:

- Received services from at least five different Providers
- Received at least 10 different prescription drugs
- Received prescriptions from at least three different pharmacies
- Had at least four hospital ER visits for a non-emergency medical condition

Certain Members will be exempt from the Lock-In program, such as those residing in a facility or personal care home, under age 18, receiving services through a waiver program, in hospice, experiencing homelessness, or in treatment for a life-threatening medical condition. Members engaged with BH will be reviewed by their BH Nurse before Lock-In program enrollment to confirm whether it would present an obstacle to treatment. If the Member has a BH Medical Home, the BH Nurse considers whether that also addresses their physical needs. Our Medical Director reviews all Lock-In referrals, considering whether the program would be in their best interest.

Enrolling Members in the Lock-In Program

When a Member is newly identified as meeting one or more of the criteria for Lock-In, a designated Care Manager reviews their utilization data and all supporting documentation. The Care Manager will determine if the Member's utilization of Providers, prescriptions, pharmacies, and ER meets the requirements for restriction(s) and recommend Lock-In or appropriate supportive services such as care management, chronic condition management, or other available clinical programs.

If the Care Manager concludes the Member's utilization of services merits restriction, the following steps occur:

- The Care Manager prepares a written summary of the specific reason(s) for a restriction, including claims data and any supportive documentation, as well as the corresponding criteria for restriction.
- The Care Manager presents the summary with all supporting documents and completed Lock-In determination form to the Lock-In review group, including Anthem's Medical Director and Pharmacy Director. This review group meets monthly to review and make determinations regarding new and annual Lock-In recommendations.
- If the Medical Director decides not to place the Member in the Lock-In program, the Member will be referred to appropriate supportive services such as care management, chronic condition management, or other available clinical programs.
- If the Medical Director recommends placing the Member in the Lock-In program, the Care Manager will call the Member to notify them of this decision and to educate them about the program. They will engage with the Member to learn their reasons for over-utilization of services and take a collaborative approach to care planning that includes family and social supports, to help the Member develop more appropriate uses of health care services.
- The Member will also receive written notification. We mail an initial placement Lock-In letter no later than 30 days prior to the effective Lock-In date. The Member's notice includes:
  - The reason for enrollment in the Lock-In program
  - A description of the Lock-In program
  - The effective date of Lock-In program enrollment
  - Identification of Member's designated Provider(s)
  - Contact information for writing or phoning for information related to the Lock-In program
  - How to appeal the decision for Lock-In program enrollment, including available telephone outreach to assist Members who decide to file an appeal

We have not experienced any Member Appeals to Lock-In program enrollment in more than six years of operating in the Kentucky Medicaid program.

The Lock-In program period is effective for 24 months. Members may request a change of a designated Provider one time within the 24-month Lock-In period or for good cause.

Helping Members Comply With the Lock-In Program

During the administration of our Lock-In program, Anthem works closely with Members and their Providers to provide care management and education to reinforce their ability to comply with program requirements. In particular, the Care Manager educates and collaborates with Members regarding, for example:

- Appropriate pharmacy utilization
- ER utilization
- Use risk patterns of current medications
- Coordination of care among the Member's Providers
- The importance of regular medication renewal
- The importance of complying with Provider visits and established treatment plan
- The availability and process for accessing mental health and substance use services

We also use local Care Coordination resources to work with Members who do not respond or adhere to the Lock-In program requirements, including Community Engagement Navigators who

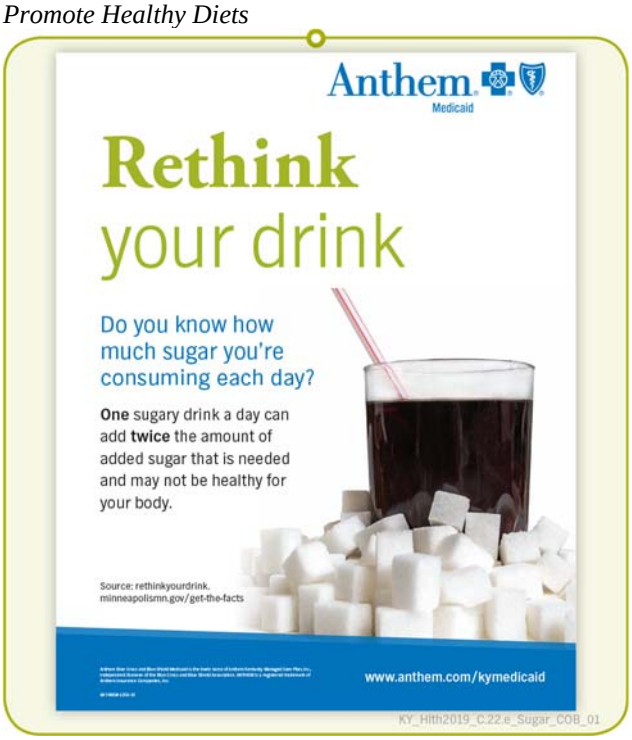
are certified Community Health Workers (CHWs) and Peer Support Specialists as appropriate. We also refer Members with mental health or substance use disorder (SUD) to our Peer Support program; Peer Support Specialists offer them emotional support, share knowledge, and provide practical assistance with a recovery orientation. Our Peer Support Specialists work closely with the Care Manager and Member to set Lock-In program goals.

C.22.e Coordination with Other Special Service Providers

e. Approach to coordination, including referral and follow-up with other service providers, like Women, Infants, and Children (WIC), Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery.

Anthem uses a Population Health Management (PHM) model to coordination of care and resources to address our Members' PH, BH, and social needs. With our model, we have created several unique teams and positions, including a team of Population Health Consultants; a team of Community Engagement Navigators, including a Public Health Liaison and a Housing Coordinator; and a team of Community Outreach Representatives, each designed to target various functions within the PHM model. Community Engagement Navigators are responsible for engaging with Members to remove barriers to health and address unmet social needs. They act as a liaison between referral sources and Anthem, making sure Members are aware of, referred to, and follow-up with other special service Providers.

Figure C.22.e-1. Posters for Other Service Providers Promote Healthy Diets



Anthem remains focused on building strong partnerships with all special service Providers to better serve the unique needs of our Members and local communities. We offer sponsorships for their programs which need ongoing support, and continue to participate in their events to provide information on Anthem's coverage, services, and VAS. We already offer health promotions on topics relevant to their target populations, such as "Wash Your Hands" and "Rethink Your Drink" (shown in Figure C.22.e-1) to teach germ prevention and nutrition.

We are continuously developing additional health materials based on feedback from service Providers. For example, we will be developing additional wellness collaterals and materials, such as an anti-bullying campaign, and specialized staff trainings for Department for Community Based Services (DCBS) workers about the services Anthem provides to our Members. We participate in DCBS community resource fairs and serve as an ongoing resource for ad-hoc needs. We also provide training to DCBS workers and foster families on stress management. Our Public Health Coordinators and Community Engagement Navigators will continue to refer Members to these important community resources through these service Providers, and will work to make sure they reciprocate and refer our Members to us whenever they identify an Anthem Member in Medicaid with medical, BH, or social needs.

> In 2018 and 2019, we gave grants to the Family Resource and Youth Service Centers (FRYSCs) totaling **$20,000** for schools serving low-income families. The funds were used in part to support an annual Victory Over Violence conference and the FRYSC annual conference, where we provided information on our coverage, services, and value-added services.
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Our Public Health Manager will be responsible for coordination with local public health agencies and community partners, connecting public health initiatives to our care management workflows and referral programs. They will help address access to services, and work to improve collaboration and coordination of public health services and Anthem's care management program. Our Community Engagement Navigators assist Care Managers in connecting Members to SDOH resources, which may include the WIC program, Head Start, First Steps, and other Kentucky social service agencies and initiatives. Anthem maintains a collaborative approach to promote better outcomes for our Members. Our efforts to collaborate with special service Providers realize continuity of care, efficiency, stability, and savings.

Coordination with the Women, Infants, and Children Program

Our Customer Care Representatives, Public Health Consultants, and Community Engagement Navigators are available to assist Members telephonically and face-to-face in accessing WIC services, as appropriate. We also inform Providers how to access WIC assistance for Members. We provide information about accessing the WIC program and contacting a WIC representative in our Member Handbook, and can help Members obtain medical information from their Provider if WIC requests it. For example, WIC agencies may ask for information on nutrition-related metabolic disease, diabetes, low birth weight, failure to thrive, prematurity, AIDS, allergy, or intolerance that affects nutritional status, anemia, and infants of mothers diagnosed with SUD or with a developmental delay.

Our Customer Care Representatives can also provide information about the WIC program, and will refer Members who indicate they need additional support to the Care Management team for follow-up. For Members in care management, their Care Manager will identify their needs, including services such as WIC, through an HRA or a Member Needs Assessment. They may also learn about a Member's need for WIC program benefits upon referral by their Provider.

Our goal is to develop a deeper relationship with WIC offices and become a resource for WIC when providing supportive services to our Members. Community Engagement Navigators are available to meet with Anthem Members at WIC offices to provide in-person SDOH resources and connect them to care management support. Anthem Community Liaisons and Public Health Consultants are also available to collaborate with WIC on health promotions and health

education events to engage the community in learning about the WIC program. Outreach staff can also be available to provide education on Anthem programs and value-added services for WIC staff. We will look for opportunities to develop information-sharing protocols that will foster increased Care Coordination with WIC and other public health entities.

Coordination with Head Start and Early Head Start

We refer families to needed services available from Kentucky's 31 local agencies that hold Head Start and Early Head Start grants, and to identify Members who need Head Start or Early Head Start services during an HRA or Member Needs Assessments. Head Start agencies are natural health care partners to help us address Members' medical needs and SDOH. Our Public Health Manager and Coordinators, and Community Engagement Navigators will collaborate with Head Start to effectively coordinate and meet the needs of our Members.

We support Head Start's health coordinators and each of our Members' Head Start Care Managers with information to make referrals to us when they identify Members needing well-child preventive care, dental, and other medical services. ***Our Public Health Manager will be available to work with Members and families and partner with Head Start to facilitate early identification of health care issues, supporting our efforts to deliver EPSDT services.*** Head Start reinforces our Member outreach by advising families to see their PCPs for screenings and health services, including EPSDT. They also help families navigate the health care system to meet their children's needs. They further work with us to help connect children with special health care needs to appropriate medical services and eliminate barriers to care.

We will also begin conducting community-based health outreach and education at Head Start sites. We will identify a staff member to serve as a liaison between Anthem and Head Start, systematically identify Members who should be referred to Head Start or who enroll with Anthem and are already receiving Head Start services, and explore methods for having Head Start share intake information on our Members with us and the Members' PCP.

Coordination with First Steps

First Steps' mission aligns with Anthem's to assist Members and their families who need individualized home and community-based service coordination, assessments and evaluation, and interventions to enhance their child's growth and development.

Our Public Health Manager, assisted by Public Health Consultants, will coordinate with First Steps to connect our Members up to age three with developmental disabilities or delays with their community-based interventions. They will educate families and Providers about First Steps and connect First Steps' initiatives to our care management workflows and referral programs. Public Health Consultants can track Members who receive First Steps services through referrals and from assessments. They will coordinate with the First Steps Service Coordinator when we receive a referral request from a PCP, family member, or other source for First Steps program services. For example, early interventions may be arranged with physical, occupational or speech therapists, audiologists, psychologists, nutritionists, or other Providers. They also coordinate with First Steps by identifying Network Providers who are active, early intervention First Steps Providers to render Covered Services.

As mentioned earlier, we support Members who enroll with First Steps by participating in the development of the Individualized Family Service Plan (IFSP) on their needs to make sure qualified children receive timely referrals for initiation of services to qualified Providers based on the Member's medical, behavioral and social history. The child's IFSP is incorporated into their care plan to share information across Providers, avoid service duplication, and monitor their quality of care for our Covered Services.

Anthem's Members in First Steps may be assigned a Care Manager on request or referral by their Provider. When this occurs, the Care Manager assists the Member by communicating with the First Steps program to coordinate early interventions.

Coordination with School-based Services

We identify Members with disabilities who have an IEP or are receiving school-based health services during their initial and ongoing assessments; this is our first step for coordinating Member care with schools. Our team of Public Health Consultants will regularly contact schools that provide health services covered by Medicaid to coordinate efforts, share information, monitor our Member's access to IEP-related services, plus any other medical or BH Services in the school setting, and prevent duplication of services.

When a Member has an IEP, our UM team may request a copy to facilitate authorization of medically necessary services during school breaks, after school, and during summer vacation periods. In addition, they will address EPSDT requirements during school-based Care Coordination, which includes the Member's need for eyeglasses and dental services.

We will also continue to partner with FRYSCs statewide and at the local level to strengthen opportunities for coordination between our staff and those who deliver school-based services.

Coordination with the Office of Transportation Delivery

Anthem partners with Transportation Delivery to facilitate easy access to NEMT services for qualified Members in Medicaid, and to provide feedback when Members experience barriers to NEMT transportation. We cooperate with Transportation Delivery to provide Members with the latest information on NEMT services when there are changes to the program. Our Customer Care Representatives help coordinate NEMT services for Members who need assistance scheduling rides to Provider appointments or other service locations.

Summary of Coordination with Other Special Service Providers

Anthem strengthens the Medicaid program in Kentucky and improves our Member health outcomes by taking a collaborative approach with its Provider Network and other special service Providers. We are stronger together with a common mission to provide whole-person care. Our Public Health Liaison, Community Engagement Navigators, and Care Managers, as appropriate, will continue to make referrals to the important community resources provided by these organizations, and will partner and communicate with them regularly to increase their interest in reciprocating and referring our Members to us whenever possible.

We remain steadfast in our commitment to partnering with all special service Providers who serve our Members, including WIC, Head Start and Early Head Start, First Steps, school-based services, DCBS, and Transportation Delivery to promote and arrange access to reliable, high-quality health care.

Coordination and Education of Special Program Services

Anthem has more than six years of experience serving the Medicaid program in the Commonwealth and has developed an understanding of the challenges and issues our Members face to achieve and maintain good health outcomes. We are committed to making sure our Members and Providers are fully aware of services available through designated special programs, the requirements for these programs, and how to access them. Through outreach and education, Anthem will continue to strive for increased Member engagement and awareness of Kentucky special program services.

Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

23. Behavioral Health Services

C.23. Behavioral Health Services

C.23.a. Comprehensive Description of Our Behavioral Health Services

a. Provide a comprehensive description of the Contractor's proposed Behavioral Health Services, including the following:

i. Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity.

ii. Process for monitoring and evaluating compliance with access and care standards.

iii. Proposed innovations to develop and maintain network adequacy and access.

iv. Process for follow-up after hospitalization for Behavioral Health Services within the required timeframes.

v. Process for ensuring continuity of care upon discharge from a Psychiatric Hospital.

Our Approach to Behavioral Health Services

Anthem Kentucky Managed Care Plan, Inc.'s (Anthem's) Behavioral Health (BH) program is driven by our commitment to whole-person, integrated care; supporting Providers in developing the skills they need to best serve our membership; and using data-driven program design. We leverage the depth of our BH programs as a key component within our comprehensive approach to Population Health Management. At Anthem, we support over 7.2 million Enrollees (Members) in Medicaid with BH disorders in 23 markets[1]. In 22 markets, we offer 6.9 million Members fully integrated physical health (PH) and BH benefits. Anthem has over 24 years of experience managing integrated mental health (MH) and substance use disorder (SUD) services.

In Kentucky, we serve 132,000 Kentuckians through our Network of over 28,000 unique Providers, in over 8,500 locations qualified to address diverse and complex health conditions through whole-person care strategies and services that address medical, behavioral, and social needs. We serve many complex individuals within our Kentucky membership:

- 19,837 (14.8%) have co-occurring PH and BH conditions
- 17,459 (12.9%) have serious mental illnesses (SMI)
- 13,480 (10%) have unique identified substance use or MH conditions
- 1,422 have serious emotional disturbances (SED)
- 1,285 have intellectual disabilities or developmental disabilities

Figure C.23.a-1 illustrates the different components that we incorporate to our overall BH Services integrated whole-person approach. In Kentucky, as elsewhere, our BH Services are rooted in a whole-person approach incorporating the principles of recovery and resiliency.

[1] Not all Anthem Medicaid Markets include the management of Behavioral Health Services; that is why this number differs from the other "Anthem Affiliate" numbers listed.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

We coordinate Members' psychosocial, physical, behavioral, social, and health care needs and provide supports to address social determinants that improve overall health outcomes.

Figure C.23.a-1. Anthem's Whole-person Approach

We provide direct support to Members through our integrated clinical teams and Community Engagement Navigators. By partnering together, we are able to make sure that community-based organizations and programs that focus on improving care, provide social determinants of health (SDOH) resources for our Members with psychosocial and BH needs. We have also invested in Kentucky communities that support our Members, recognizing the key role of community supports for our Members. ***Anthem Kentucky health plans (Medicaid, commercial, and Medicare) have invested $1.7 million in communities across the Commonwealth, supporting non-profit organizations such as God's Pantry Food Bank, Welcome House, and Dress for Success.***

Our Community Engagement Navigators help us facilitate access to community-based resources and services to eliminate social determinant barriers that may impede a Member's ability to access care and a path to increased self-sufficiency, such as transportation to job interviews, assistance obtaining legal documents and IDs, and housing applications.

New Clothes and Eyeglasses Help Our Member Focus on Recovery

Nate, a 26-year-old homeless male with substance use disorder (SUD), was receiving treatment in a residential facility when Lila, one of our BH Care Managers, first reached out to him. During her first meeting with Nate, Lila learned that he had only one pair of pants and had broken his eyeglasses. Lila located and delivered clothing to Nate and was able to obtain new eyeglasses for him prior to the usual 12-month waiting period. The new wardrobe and eyeglasses lifted Nate's spirits and he shared with Lisa that he was committed to sobriety. Lila continued to stay in touch with Nate and provide assistance in basic needs throughout his residential treatment. Nate was discharged to outpatient services and continues to get help from Lila with services and support that help him in recovery. He receives Vivitrol injectable medications each month and continues to meet with Lila for help on his individual goals.

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Our BH team also has strong working relationships with community-based service organizations and knowledge of community resources and social services. They work closely within the community to make sure that Members can obtain social supports and community resources when needed. We know these services eliminate barriers to social determinants that may impede a Member's ability to access care and a path to increased self-sufficiency.

Nate's story illustrates the impact of our integrated multidisciplinary care team (MDT) and Community Engagement Navigators for one individual in facilitating his access to community-based resources. Care Managers help Members with diverse issues such as transportation to job interviews, assistance obtaining legal documents and IDs, accessing sober living, and housing applications.

Anthem Does Not Delegate Any Provision of BH Services to Another Entity

i. Current or planned delegation to delegate all or part of the provision of Behavioral Health Services to another entity.

We directly administer, coordinate, and manage all BH functions as a core part of our organization, using unified reporting structures without use of a separate business unit or a Subcontractor. At Anthem, we are dedicated to helping our Members work toward BH recovery, receive timely access to services at the lowest level of care appropriate, and empower their independence and dignity.

As part of our overall integrated care management model, we proactively identify and address each Member's unique needs, strengths, and goals in consultation with the Member's Care Manager, supports, and treating Providers. Our Clinical team has a comprehensive knowledge of Kentucky benefits and service delivery models and works closely with the Provider and hospital communities to facilitate Member-centered communication, treatment goals, and care planning. ***Our BH team, led by our BH Director, David Crowley, is comprised of qualified MH professionals with an accumulated 80 years of BH experience working in Kentucky.*** This expertise spans age and disease continuums that include SMI and SED, as well as SUD. BH Care Managers have personal front-line experience working with Institutions for Mental Disease (IMD), State Hospitals, inpatient psychiatric units, Psychiatric Residential Treatment Facilities, substance use facilities, and a wide array of outpatient community MH resources. This first-hand experience enables Anthem Care Managers to meet Members where they are physically, emotionally, and socially.

When we identify hospitalized Members with chronic or complex co-occurring conditions who require more intensive or integrated Care Coordination, our Care Managers increase the intensity of interventions in the Member's care plan. The Care Manager may conduct an in-person visit with the Member at the inpatient setting, or with Providers, family members, or others involved in the Member's care with appropriate consents.

We conduct integrated rounds that include discussion of a Member's treatment and identification of supports to promote safe discharge. This coordinated approach assures Members receive ***the right care, at the right time***, ***at the right place*** to address all their health care needs. Our integrated care model is also supported by our clinical system, Health Intech, a care management information platform which enables data-sharing, interoperability, and full visibility of the Member record for all medical and BH clinical review and care management activities.

In January 2020, we began our campaign to ***End the Stigma.*** Our commitment to inclusion and diversity is comprehensive. In our thinking and our actions, diversity informs and influences nearly every decision we make and impacts every interaction with our employees and those we serve. Anthem and the National Alliance on Mental Illness have a long history of working together as partners at the national, State, and local levels to improve opportunities for people with MH conditions and the communities in which we live.

We focus training for all employees who interact with Members on integrated, multidisciplinary clinical strategies that best address the primary and comorbid behavioral and PH conditions of our Members. They receive in-depth training on Medicaid benefits and services, community resources,

our integrated care management approach, and the Department for Medicaid Services (DMS) requirements. Our comprehensive initial and ongoing training for BH Services Hotline Representatives, Care Managers, claims processing staff, and Customer Care Representatives describes the scope of BH benefits and our program for coordinating these services within Kentucky.

We use a comprehensive approach with our assessment tools, training, and systems support to provide services that Members need to meet their goals and help them to address social determinants and other barriers to health such as stable housing, educational attainment, and employment.

In alignment with ***nationally recognized thought leaders such as Michael Smull at Support Development Associates,*** we incorporate person-centered practices in our integrated screening and assessment tools, service planning, Care Coordination, integrated clinical rounds, and monitoring processes. This person-centered practice manifests in all our models that support overall population health, Covered Services, and Utilization Management (UM) processes. Our MDT is fully integrated and visibly woven throughout function areas including, but not limited to: Covered Services, UM, Population Health, Quality Management (QM) and Health Outcomes, Provider Services, and Members with Special Health Care Needs.

In ***2020, we are training all employees who interact and engage with our Members on Mental Health First Aid***. Mental Health First Aid training teaches participants how to recognize and respond to mental illness and SUD. Once certified, our Mental Health First Aid trainers will also be available to provide this training to Provider practices and stakeholders in the community, including train-the-trainer sessions, building the capability of Providers and communities to respond effectively to individuals in BH Crisis. We will work with our community and State partners to provide trainings to a wide variety of audiences in regional areas throughout the state, including families/caregivers, community outreach health workers, clergy, law enforcement, schools, and court system staff.

Self-paced Educational and Self-management Resources for Members

Online resources are available to our Members to learn self-management tools and techniques to support their recovery and learn about the risks of opioid misuse. These resources include the following online learning platforms:

- **CommonGround.** An online learning program that focuses on depression, anxiety, managing chronic pain, drug and alcohol recovery, and improving sleep.
- **Online Well-being Program.** This value-added service (VAS) includes a dynamic and personalized website that offers clinically proven applications to help with MH challenges through tailored wellness resources.
- **"What's Up with Opioids?"** An e-toolkit in partnership with the National Urban League as part of our larger opioid strategy. It is designed to help people, especially young adults, learn about opioid misuse and addiction prevention.

Monitoring and Evaluation Compliance with Access Standards

ii. Process for monitoring and evaluating compliance with access and care standards.

We monitor our Network to confirm compliance with contractual requirements including DMS access standards, NCQA, and Managed Behavioral Healthcare Organization (MBHO) standards related to access to care and quality of services. Based on an analysis of current and future needs, including anticipated enrollment, we create and implement work plans that identify specific

Network monitoring and development needs. ***Our 24/7/365 BH Services Hotline provides our Members and Providers direct access to trained experts and clinicians in guiding and educating Members on how to access services and benefits in a timely and expeditious manner.*** BH Services Hotline Representatives are able to use their expertise of the Kentucky Medicaid benefits and services to respond and route callers to the appropriate clinical services. The BH Services Hotline also provides Members direct access to Crisis assistance and clinicians who can connect them with local Providers, mobile Crisis resources, and emergency services.

Monitoring Compliance in Access Standards

Anthem informs and educates Providers about compliance with appointment access and availability requirements through our Anthem Training Academy (Academy), Network Relations Consultants interacting with Providers, Provider newsletters, Provider Manual, and Provider agreements, which specify Provider access requirements.

Our methods for monitoring and evaluating access to BH care are summarized in Table C.23.a-1. In addition to annual Provider surveys regarding access and availability, our surveys and evaluations of Member experience and satisfaction are devised to help us monitor compliance with access standards. We supplement our broader surveys with practice-specific survey tools to directly address the standards and collect information about other key measures of Members' experience with their Providers.

Table C.23.a-1. How Anthem Monitors and Evaluates Access to BH Care

Methods for Monitoring and Evaluating Access to Behavioral Health Care
Annual practice-specific Member satisfaction surveys directly related to these accessibility standards
Office site audits of available appointments executed in a manner that protects the confidentiality of Member and non-Member information
Annual Provider Access and Availability Survey
Organization-wide measurement of Member satisfaction with access through overall surveys or specific access questions that directly address these standards
Analysis of complaint and Appeal data related to Network adequacy
Using information generated by our Interactive Analytic Insights platform and HEDIS® Data Warehouse on utilization and clinical indicators, including trended and comparable data, access to care, demand for services, and quality of services
Collaboration by our regionally focused Provider Services and QM departments to monitor and verify compliance using multiple methods, including: • Ongoing assessment of Network access • Review of analytical reports to determine Network gaps • Ongoing monitoring of Network access and Provider compliance with access standards through surveys and Member complaints
Using GeoAccess® network mapping analysis to monitor Network adequacy by our Provider Services and QM departments — expanding to include specialty Provider types such as MAT

Monitoring Compliance with Behavioral Health Care Standards

Anthem has a commitment to quality, demonstrated by our infrastructure which provides us ready access to data to monitor compliance with DMS' and Anthem's BH care standards and to identify areas for improvement. Kentucky staff from our Clinical, Provider Services, and QM teams work together to closely monitor adherence to care standards by our Providers who diagnose and treat Members with BH problems.

We routinely assess our performance related to BH goals and conduct systematic QM activities to monitor and improve BH care using HEDIS and other quality measures. Our Medical Policy and Technology Assessments Committee and Medical Advisory Committee (MAC) review indicators such as follow-up after hospitalization, effectiveness of efforts to prevent inpatient readmissions, adequacy of BH outpatient treatment in preventing inpatient psychiatric utilization, and access to treatment for SUDs.

Demonstrating our commitment to quality and excellence in BH Services, Anthem holds MBHO accreditation from NCQA. NCQA-accredited organizations must demonstrate that they follow evidence-based practices for providing high-quality care across multiple standards. This external validation of excellence emphasizes Care Coordination, complex care management, and data exchange between health plans and BH organizations. Efforts and activities of our Kentucky teams are supported by specialists from our MBHO committee.

BRINGING PROVEN SOLUTIONS to the KENTUCKY MEDICAID PROGRAM

Since we obtained MBHO accreditation, we have strengthened our understanding of BH quality standards and expectations. This has allowed us to increase our focus on BH Services and Providers regarding operations, quality of care, HEDIS, and other activities in the following ways:

- Increased sharing of BH best practices and strategies across all 23 Medicaid plans, bringing increased awareness of programming, actionable data, and resources
- Increased coordination of care and collaboration between BH and PH teams
- Consistency in BH Member and Provider experience surveys in order to better analyze measures and trend results more accurately
- Increased schedule of formal audits for NCQA/MBHO compliance
- Greater access to processes, resources, best practices related to utilization trending, and general knowledge

We integrate BH Services into our Quality Assurance and Performance Improvement (QAPI) program. Our BH, SUD, and medical services functions are integrated and include oversight by Medical Directors and our Integrated Health Care Management; Information Technology Claims, Predictive Modeling, and QM teams. We include BH Providers in our MAC, QM Committee, and all BH-focused Performance Improvement Project workgroups.

Monitoring Performance in Value-based Payment Programs

We currently operate three BH value-based payment (VBP) programs in Kentucky. VBP arrangements are an important extension of BH quality support to align key BH quality measures across hospitals, PCPs, and BH Providers, including follow-up after hospitalization and initiation and engagement of BH and SUD treatment. These programs help drive compliance with care standards through annual incentive payments for performance on certain BH quality measures.

The ***BH Facility Incentive Program (BHFIP)*** incents BH inpatient facilities to improve quality of care and service to Members. Facilities that meet specified quality, service, and utilization performance targets receive incentive payments annually. Program goals for BHFIP include improvement in inpatient BH quality indicators, post-discharge follow-up, Member outcomes, and increased collaboration with community Providers. Clinical outcomes that measure progress toward goals are seven-day and 30-day post-discharge follow-up rates and 30-day and 60-day readmission rates. Currently, one BH inpatient facility in Kentucky is participating in BHFIP.

The ***BH Quality Incentive Program (BHQIP)*** incents participating Community Mental Health Centers (CMHCs) and high-volume BH professional groups to improve coordination of Members' PH and BH needs, as well as the quality of care provided to those with BH conditions. Quality measures and utilization performance targets for BHQIP practices include reduction in non-emergent BH-related Emergency Room (ER) visits and 30-day BH inpatient readmission rates, with plans to expand to include quality measures related to opioid dependency. Currently, 14 CMHCs in Kentucky are participating in BHQIP.

The ***Integrated Care Quality Improvement Program (ICQIP)***, initiated in 2020, is an incentive program for Providers in our Provider Quality Incentive Program (PQIP) and outpatient BH Providers (CMHCs, individual BH specialists, and high-volume BH groups) participating in the BHQIP. PQIP incentivizes PCPs to undertake systemic improvements that affect both health care outcomes and cost trends. The ICQIP provides incentives to PH and BH Providers who partner to deliver integrated, high-quality care and service to Members.

We track the performance of Providers participating in our incentive programs. Our Network Relations Consultants, in collaboration with our Care Delivery Transformation Consultant, meet with Providers and facilities that are not achieving performance targets to evaluate their performance and recommend strategies for closing gaps in care and improving quality.

Monitoring Integration in Behavioral Health and Primary Care

Our process for monitoring the integration of PH and BH care involves systematically tracking PH and BH outcomes for Members receiving integrated care services. We conduct reviews and analysis of data that includes, but is not limited to:

- Quality improvement data
- HEDIS data (including depression screening and follow-up, antidepressant medication management, depression response, and use of opioid measures)
- Utilization data (including ER and inpatient utilization)
- Clinical outcomes in BH
- SUD services
- Timely access to services
- Quality medical records review
- CAHPS® surveys of Members' experience

Our findings and follow-up is incorporated into our QAPI program, with a current focus on BH measures selected for inclusion in the Kentucky Outcomes Measures and Health Care Effectiveness Data and Information Set.

Expanding Access to Opioid Treatment Services

As part of our strategic commitment to address the opioid epidemic, ***Anthem set a goal to double the number of Members who receive BH Services as part of Medication-Assisted Treatment (MAT) for opioid use disorder (OUD) by the end of 2019***. We support Members and Providers with holistic resources and tools for enhanced Member engagement and prescribing practices that balance effective treatment with prevention of addiction. ***With respect to the Kentucky market, we have exceeded that goal with an 87% improvement from baseline.***

To further our goals, we continually seek opportunities to improve access to the full range of MAT services through our contracts with Opioid Treatment Programs, office-based MAT

programs, CMHCs, and Federally Qualified Health Centers (FQHCs) that provide MAT. We also support Members by expanding telehealth psychiatry and addictions treatment options in rural areas. ***We currently contract with over 700 MAT Providers across Kentucky.***

Our innovative strategies to expand access to BH Services include PCP education and training (including harm reduction strategies and Screening, Brief Intervention, and Referral to Treatment [SBIRT]), and evidence-based practices for MAT. We have developed partnerships with academic centers and other organizations throughout Kentucky, including:

- Louisville Metro Department of Public Health and Wellness (LMPHW)
- University of West Virginia's MAT
- Project ECHO® (Extension for Community Healthcare Outcomes)
- University of Kentucky
- University of Louisville
- 180 Health Partners
- Bright Heart Health
- CleanSlate

We also leverage non-traditional BH Providers such as Peer Support Specialists and Community Health Workers (CHWs) to help extend the treatment team supporting Members receiving MAT. We have six Anthem employees who are certified CHWs that conduct outreach and provide services to Members across Kentucky.

We brought the use of ***Project ECHO***, a collaborative model of medical education and Care Coordination that supports clinicians with evidence-based guidelines and tools to provide better care to more people where they live. Project ECHO's Opioid Addiction Treatment increases access to specialty treatment in rural and underserved areas by providing no-cost training in opioid addiction to Providers, PCPs, and front-line clinicians, giving them the knowledge and support they need to manage Members with opioid conditions. The program offers addiction treatment training, including management of naloxone/buprenorphine (such as Suboxone), injectable naltrexone (such as Vivitrol), and access to a virtual learning community for treatment guidelines, tools, and Member resources. We are leveraging our national experience by connecting the University of West Virginia with Kentucky Providers of various specialty clinics to expand and support MAT programs and services.

Hospital-based services are also a vital partner in improving SUD recovery and treatment. We have partnered with key SUD sub-acute hospitals to promote relapse prevention, engagement in treatment, and increase motivation follow-up post-discharge from services. We have embedded BH Care Management staff to allow for effective treatment planning and provide education regarding recovery and relapse goals outlined in discharge plans. Additionally, we were an early MCO adopter in Kentucky to embrace the efforts to increase access to SUD services through the lifting of the IMD exclusion pursuant to changes in our January 1, 2018 contract. We were able to go live on April 1, 2018, without implementation delays and assured claims payment execution.

Supporting Opioid Providers Through Education and Training Resources

We have partnered with the LMPHW, the University of Louisville School Of Public Health and Information Sciences, and Norton's Hospital System in downtown Louisville to pilot ***a Harm Reduction Provider Education program***. This program is specifically designed to decrease the incidence of serious comorbid health conditions related to intravenous drug use. This program is focused on providing hospital medical staff with tools to improve their ability to provide care to people who use drugs, navigate the complicated relationships that often develop between medical

staff and people who use drugs, and reduce burnout due to compassion fatigue and vicarious trauma. Increasing the efficacy of harm reduction efforts and reducing stigma surrounding SUD are two major goals outlined in LMPHW's "Coming Together for Hope, Healing, and Recovery" — a report and two-year action plan to address Louisville's substance use problem.

Our partnership with the University of Kentucky brings forward a pilot program named ***KY START*** (Statewide Treatment and Addiction Resource Training). The KY START program represents an effort to meet the growing demand for an in-depth opioid addiction continuing professional development training program for health care Providers. This pilot program will be used to improve training for health care professionals to act as the direct line of care for Members with SUD, increasing patient access to Narcan®, long-acting naltrexone (LAN) MAT, and additional MH and SUD resources.

This training supports the initiation of overdose prevention and LAN MAT within a primary care practice over nine months. It seeks to initiate and/or improve screening and referral for opioid-dependent Members in 8–10 practices. It provides education on Narcan to a minimum of 100 Members and/or families through these clinics. The KY START program team and participating practices will collaborate to develop a toolkit, based on best practices, for integrating education on Narcan and LAN MAT in primary care practices throughout Kentucky for future dissemination.

PCPs are often the first Providers to recognize a BH issue such as depression or anxiety. We offer training, tools, and reimbursement to assist in properly identifying Members with MH/SUD needs, as well as connecting Members to appropriate services and supports. For example, we provide training and tools that support SBIRT, an evidence-based practice that identifies potential or actual BH needs including depression and substance use concerns.

Monitoring Quality of Care in Behavioral Health Services

The scope of Anthem's QM program encompasses the full spectrum of clinical and BH Services as well as non-clinical services provided to our Members. Our QM team investigates all potential quality of care issues, including Provider preventable conditions. We also identify quality of care concerns when conducting utilization reviews; performing Care Coordination with Members; reviewing or trending Provider complaints or Member Grievances and Appeals; and monitoring physician practice activities.

The QM team works with external and internal stakeholders to gather input on the QM program. External partners include practitioners and Providers, State agency partners, External Quality Review Organizations, community partners, and other associated State and federal government entities. Internal customers include, but are not limited to, our Member Services, UM, Disease Management, Health Promotions, Provider Services/Network Management, Credentialing, Compliance, and national Clinical Quality teams.

Our QM program is designed to integrate all functional areas in the decisions that affect the quality and safety of care and services provided to our Members. The program provides for the ongoing review of the entire scope of care, assuring that all demographic groups, races, ethnicities, special needs populations, care settings, and types of services are addressed.

The QM program has the organizational infrastructure necessary to provide effective monitoring, reporting, and analysis, and to act on opportunities to improve clinical care and services. Upon receipt of an identified or potential quality of care issue, all relevant information is entered into

our Quality of Care Event Tracking System, and an Anthem reviewer thoroughly investigates the issue, gathers information (such as medical records, claims and authorizations history, Member communication logs, or medical management files), and obtains any necessary consents for release of information.

We identify the root cause of the problem and develop an action plan to address that cause. If a trend is identified as it relates to quality of care issues, it is reported up through our Quality Management Committee (QMC). Reporting to our Board of Directors and national Quality Improvement Committee (QIC), our Anthem Kentucky QMC Committee establishes strategic direction to monitor, support, and provide the framework for interdepartmental collaboration on QM/QI activities.

Our Medical Director chairs our QMC and has primary responsibility for our quality program, with participation from our BH Medical Director, numerous health plan leaders, PH and BH Providers serving our Members, DMS representation, and Member representation for the new Contract. The QMC meets on at least a quarterly basis to assure the direction of the quality program, monitor and support implementations, promote adherence to federal, State, and regulatory requirements, and assure the performance of the responsibilities required by DMS.

Our QMC oversees multiple specialized committees and advisory groups. Leadership from each functional area is responsible for analyzing and reporting performance, operational activities, and outcomes on a quarterly basis. With transparency and accountability as core tenets, this structure will continually improve results across our health plan in alignment with DMS' quality standards. The QMC guides development, implementation, and approval of our QAPI program. Key QMC responsibilities pertaining to BH Services include: (1) reviewing and approving of Anthem's annual QM Program Description, Work Plan, and Program Evaluation; (2) reviewing HEDIS and CAHPS data and action plans for improvement; and (3) measuring compliance medical and BH practice guidelines.

Advisory committees and workgroups report to the QMC to inform our QM/QI program. These include our UM Committee; MAC; and clinical integrated workgroups, such as our Network Strategy Workgroup. These committees and workgroups drive performance improvement, review UM trends, and evaluate clinical strategies.

Supplemental Monitoring and Provider Follow-up

Anthem contracts with Alliant Health Solutions to supplement our efforts to monitor Provider compliance with applicable health care policies and to identify instances of incorrect billing and/or medically unnecessary or inappropriate services. Using proprietary software, Alliant Health Solutions conducts roster review, desktop audits, claims patterns and trend analysis, statistical summaries, and comparative data reporting to support Provider education and prevent and reduce risk of inappropriate utilization and billing practices. Utilizing systematic sampling methodology and a broad range of algorithms, the audits are customized to support specific policies and expectations as outlined in the Anthem Provider Manual, clinical practice guidelines, medical necessity criteria, and the general requirements of the State licensing agencies.

Where appropriate, a member of the BH Clinical team and a BH-focused Provider Consultant meet with the Provider to review the results of the audit and provide support and education. If potential signs of fraud, waste, or abuse were uncovered through the audit, these results are passed along to the Anthem Payment Integrity team for further review. ***As of January 2020, our Payment Integrity***

team has completed 56 Provider audits, conducted 44 Provider education visits, and referred 13 Providers for further review and investigation.

Our regionally focused Provider Services and QM departments collaborate to review the data collected from our Provider surveys, Provider audits, Member surveys, and Member complaints. Once the feedback is compiled, we review the information in the QIC meeting, which is also shared with our QMC, providing continued monitoring and oversight of actions or follow-up as appropriate. We also provide direct feedback and education to the Providers from the findings; share clinical practice guidelines; promote evidence-based practices; and when indicated, coordinate a discussion or consultation between the Provider and our Medical Director.

iii. Innovations to Develop and Maintain Network Adequacy and Access

iii. Proposed innovations to develop and maintain network adequacy and access.

Anthem has a well-established, comprehensive, statewide Medicaid Network of more than 28,000 unique Providers that currently serves more than 132,000 Kentucky Members and exceeds Network adequacy and access. Our ***Provider Promise*** program streamlines administrative functions to assure Network availability and timely access to care. We consider availability of Providers and accessibility to services an essential component of quality health care.

Anthem analyzes other high-volume specialties, high-impact specialties, and BH Providers as dictated by Contract requirements or by claims volume. If we do not have a contract with a required specialty within the Member's service area, Anthem will arrange for medically necessary services with a non-contracted Provider. To prevent disruption of care, we may also initiate a single-case agreement with the Provider to allow for the Member to receive services while additional contracting discussions continue.

Monitoring Behavioral Health Network Adequacy and Access

We work with DMS on a monthly basis regarding reporting of Network adequacy, submitting reports twice monthly via the Provider Network File. We review DMS Network adequacy findings and, should a deficiency be identified, put in place a plan of action to rectify. We also have routine monitoring of any administrative complaint reports and Grievances that relate to access, availability, cultural, and/or linguistic barriers on at least a quarterly basis. We conduct office site visits, surveys, and education to Providers on access requirements, hours of operation, Provider Manual adherence, and Network compliance. These practices of analysis, barrier identification, and recommended interventions are presented to and reviewed by various Anthem Quality Committees on an annual basis.

If a gap in the Network is identified, the team adjusts the Network, workflows, and processes as needed, and they follow up with Providers when there are issues identified. When we find any issues with access and appointment availability through these methods, the Provider Services department, along with clinical leaders and QM, decides on the appropriate corrective action for the noncompliant Provider. The Provider Services team notifies the Provider in writing of the findings and the decision. The Network Relations Consultant meets with the Provider to advise them of our findings and any required corrective action plan. The Network Relations Consultant may also share best practices for scheduling and how to manage challenges and improve efficiency.

Innovations Supporting Network Adequacy and Access

Anthem has leveraged its local and national resources and expertise to develop an innovative, multifaceted approach to assure access to BH and offer new treatment options and modalities to Members with BH problems and disorders.

With the rural nature of Kentucky, most specifically in western regions of the state where BH workforce challenges are most frequent, Members may often travel substantial distances between their homes and their Providers' offices. We use proactive techniques, including Network development, capacity-building, in-person outreach, telehealth and technology solutions, and peer support, as well as innovative Provider partnerships and VAS, to assure that Members throughout Kentucky have access to needed BH Services.

Table C.23.a-2 lists the current number of available BH facilities, Providers, and specialty Providers in our Kentucky Network.

Table C.23.a-2. Current BH Facility, Provider, and Specialty Landscape in Kentucky

BH Facility or Provider Type	Anthem Contract Number
Psychiatric Hospital	11
Behavioral Health Service Organization (BHSO)	64
Psychiatric Residential Treatment Facility (PRTF)	7
Health Access Nurturing Development Services (HANDS)	1
Community Mental Health Center	14
Licensed Professional Art Therapist	13
Behavioral Health Multispecialty Group	7
Licensed Professional Clinical Counselor	1,042
Licensed Clinical Social Worker	1,099
Licensed Marriage and Family Therapist	151
Licensed Psychological Practitioner	4
Licensed Psychologist	239
Psychiatrist	379

We support our Network Providers through our ***Provider Promise***, a program of streamlined processes, policies, and procedures that simplifies the administrative burden for Providers consistent with the DMS goal of increasing integration across Providers and care settings. We work in collaboration with our Provider Network, promoting holistic and integrated Member Care Coordination and integration. This includes a focus on streamlining administrative processes during critical times in the recovery of an individual with a BH disorder, such as following discharge from a psychiatric hospital or release from incarceration.

In 2020, we are launching a targeted program that focuses on a violence reduction. The program team works directly in the community with Members who have been impacted by violence, trauma, or physical and sexual abuse. The Interpersonal Violence Reduction Program (IVRP) provides team-based, tech-enabled, care extension services to Kentucky Members who have experienced or who are at risk of experiencing acts of intimate or interpersonal violence. Members who may potentially benefit from the IVRP are identified through an algorithm that uses claims data to recognize diagnoses or treatments that signify the Member may have been

exposed to violence or trauma. The IVRP provides participants with highly individualized violence- and safety-related, SDOH-focused, and cost reducing interventions designed to enhance skills, strategies, and supports to avoid or reduce potentially violent situations and associated avoidable care costs. Under the IVRP, a team of trained individuals works face-to-face with Members in their own communities as well as virtually through secure messaging, phone, email, video chat, and a proprietary technology platform to assure ongoing, appropriate contact throughout the program. IVRP team members work closely with Anthem's Care Management team and community-based entities to assure at all times that IVRP services extend and complement in a non-duplicative way those services already being provided. IVRP services expand the reach of existing benefits and services while coordinating with and providing ongoing and updated Member information to their respective staff.

In addition to our existing BH Provider landscape, Table C.23.a-3 describes the innovative and additional programs that we implemented in 2019 and plan to implement in 2020. These programs expand our BH Services Network adequacy and increase our Members' access to SUD treatment by expanding the Provider Network, MAT, telehealth solutions, and BH quality programs.

Table C.23.a-3. Current and Proposed Innovative Programs to Expand BH Services Network Adequacy and Access

Program	Description	Type
180 Health Partners	Field-based services utilized to assist in outreach/engagement of Members who are pregnant and using substances. Provide support to pregnant moms with OUD to reduce the effects on the child and then support for one year postpartum. Implemented in 2019.	Care Management
CleanSlate	Delivers MAT with case management and ambulatory detoxification in an outpatient setting, thus providing increased access and subsequently decreasing the need for inpatient treatment for those who meet medical necessity for the outpatient level of care. A Care Manager is assigned to strengthen Provider collaboration and provide case management. Implemented in 2019.	MAT
Bright Heart Health	Provides treatment for substance addiction and eating disorder intensive outpatient services via telehealth. Its highly trained professionals assist, educate, and guide each participant down the path to recovery. Clinicians conduct assessments and sessions with Members wherever they are — at home, or in inpatient or rehabilitation programs. Bright Heart Health offers MAT via telehealth and connects Providers to MAT training. Implemented in 2019.	MAT Telehealth
LiveHealth Online (LHO)	Facilitates consultations for Members with health concerns in any setting for PH and BH conditions.	Telehealth
FasPsych	Expand care and treatment through telehealth. Members will also be able to obtain remote psychiatric services from FasPsych. Services will be accessible in CMHCs, FQHCs, psychiatric hospitals, medical/surgical hospitals, counseling practices, primary care clinics, correctional/detention facilities, universities and schools, Tribal Health Services, critical access hospitals, Rural Health Clinics (RHCs), and residential treatment centers.	Telehealth

Network Innovation Through Telehealth Services

Throughout the state, there is a shortage of qualified primary care and MH Providers to serve the needs of the population, with 19 counties designated geographic Health Professional Shortage Areas (HPSAs) for primary care and eight counties designated geographic HPSAs for MH across the state.

Our proposed telehealth solutions address the greatest gaps in care for our neighbors throughout Kentucky. We are promoting whole-person care with virtual solutions for PH, MH, and SUD. ***We will use telehealth to support Members' access to care by meeting them where they are and in whatever setting they choose to receive services — including their home, school, primary care clinic, MH or SUD Provider office, or other location.***

Using Telehealth to Bring BH Care to All Settings

We will utilize direct-to-consumer telehealth solutions such as LiveHealth Online and FasPsych to provide telehealth services (including Crisis assessments) across the state. ***This approach best serves Members who have transportation issues or other challenges in getting to appointments in-person or live in communities that struggle with Provider workforce shortages.*** More immediate access to consultations, screening results, and patient-driven care gives Providers more time to collaborate with their Members and their families to create a care plan and strategy that not only works on improving their health, but also creates more opportunities for them to succeed in life. Services will be accessible in CMHCs, FQHCs, psychiatric hospitals, medical/surgical hospitals, counseling practices, primary care clinics, correctional/detention facilities, universities and schools, substance use treatment Provider offices, critical access hospitals, and residential treatment centers.

LiveHealth Online is a telehealth solution that provides scheduled BH consultations with Kentucky-licensed, Medicaid-enrolled BH clinicians (psychologists, therapists, licensed clinical social workers, and psychiatrists) and real-time urgent care visits with Kentucky-licensed, Medicaid-enrolled physicians for clinically appropriate conditions such as colds, flu, allergies, or other non-emergent conditions.

Members can access services through a secure internet connection or application on any video-enabled computer, laptop, tablet, or smartphone. LiveHealth Online Providers can diagnose, make medical recommendations, and prescribe medications in accordance with State requirements. LiveHealth Online complements our continuum of options for Member access to health care services in rural areas and expands alternatives to the ER.

Telepsychiatry for Members with Substance Use Disorder

Access to SUD treatment is currently a challenge in the state due to limited availability, rural transportation issues, and reluctance to seek treatment due to stigma. Our contracted Kentucky-licensed Anthem telepsychiatry Providers that work directly with our Members through telehealth to treat a full spectrum of BH disorders. Members can meet with medical staff and counselors via video conferencing.

Anthem contracts with Bright Heart Health for their Substance Abuse Intensive Outpatient program and MAT. Bright Heart Health prescribes and monitors medications that allow Anthem Members to stop abusing opioids without experiencing powerful drug withdrawal symptoms. To develop a comprehensive treatment plan, Anthem Members will meet with a Bright Heart Health physician in person for a medical evaluation and continue their treatment with a licensed therapist via telehealth for a clinical assessment. Counselors will meet with Anthem Members online via telehealth and help identify and develop strategies to deal with the issues and disorders that may have contributed to or been impacted by OUD in collaboration with the Member's treating physician.

Provider Education to Increase Telehealth Adoption

Anthem knows that as Providers increase their comfort with and adoption of telehealth, both Members and Providers will benefit. Members place an enormous amount of trust in their treating Providers, and as such, Providers are key partners in increasing utilization of telehealth.

Our Academy will offer PCPs free access to continuing medical education credit-eligible online offerings, including MH and SUD topics with information on how telehealth can support their treatment of Members with these conditions. Our full telehealth strategy is outlined in our response to C.18.c, Provider Network.

Innovation Through Member Engagement and Empowerment

As part of our overall integrated care management model, we proactively identify and address each Member's unique needs, strengths, and goals in consultation with the Member and treating Providers. Our BH team has a comprehensive knowledge of Kentucky benefits and works closely with the Provider and hospital communities to facilitate Member-centered communication, treatment goals, and care planning.

When we identify hospitalized Members with chronic or complex co-occurring conditions who require more intensive or integrated Care Coordination, the BH Care Manager may conduct an in-person visit with the Member at the inpatient setting, or with Providers, family members, or others involved in the Member's care with appropriate consents. We conduct integrated rounds that include discussion of a Member's treatment and identification of supports to promote safe discharge. This coordinated approach assures Members receive ***the right care, at the right time***, ***at the right place*** to address all their health care needs. Our integrated care model is also supported by our clinical system, Health Intech, a care management information platform which enables data-sharing, interoperability, and full visibility of the Member record for all medical and BH clinical review and care management activities.

Data Tracking Informs Opportunities for Intervention

Continual data mining identifies both over-utilization and under-utilization of opioids and Member populations potentially at risk. We conduct ongoing review and analysis of our claims and encounter data to identify Member subgroups at risk for high utilization of acute, chronic, or preventive services. The reports generated from these analyses help us identify outliers and opportunities for intervention. Populations we identify as having high utilization risk are:

- Neonates with high-risk postpartum conditions
- Members with SUD
- Children under six with BH concerns, like ADHD
- High-frequency ER users and rapid re-admitters
- Pregnant women with prior preterm delivery
- Members with chronic pain
- Members of any age with specialized health care needs
- Members with high predictive modeling scores

iv. Timely Follow-up After Hospitalization for BH Services

iv. Process for follow-up after hospitalization for Behavioral Health Services within the required timeframes.

Effective and timely follow-up upon discharge is essential to helping our Members remain stable, maintain treatment and medication compliance, and make a successful and smooth transition back to their community setting. Our Care Managers play a significant and intensive coordinating and support role for Members throughout their hospitalization and discharge.

Follow-Up and Coordination Among Treating Providers

Once Anthem learns a request has been submitted for a Member to a hospital for inpatient BH Services, our UM team begins engaging in discharge planning with the treating Providers. Part of our UM process is to begin discharge planning at the start of admission. We utilize our daily census for admission and anticipated discharge tracking; review with the treating Providers during clinical updates access to services; and collaborate with our Care Management team to remove barriers to aftercare appointments. Our goal with all Members admitted is to be sure appointments are set and kept within seven days post-discharge.

We collaborate with a Member's current treating Providers to notify them of an admission, and schedule appointments after the anticipated discharge date. We may also utilize the Lock-In program to assure continuity of care for enrolled Members. We collaborate with the Lock-In case managers to make sure authorization and access to medications are in place prior to discharge.

At times, the Member's assigned Care Manager will visit the Member while in hospital services to re-establish care management participation, evaluate any additional discharge needs not indicated, and make sure the Member is actively participating in discharge goals.

Jen's story demonstrates our commitment to our Members and a successful discharge plan. We were able to partner with the personal care home, prepare for Jen's discharge, and assist the CMHC to help them comply with the Olmstead Settlement Agreements.

Following the scheduled appointment, a member of our Care Management team checks with the appropriate Providers, agency, and/or CMHC to confirm the appointment occurred. If we learn that the appointment did not occur, the Care Manager assigned to the case contacts the scheduled Provider to schedule a follow-up and remove any barriers, such as transportation, to the missed appointment. If indicated, we may ask our Provider Services team to reach out to the Provider involved to find out what happened and remind the Provider of the importance of a timely post-discharge appointment and discharge expectations, and if warranted, require a corrective action plan.

We require BH Providers to contact Members who have missed an appointment within 24 hours to reschedule appointments and document such efforts in the Member's medical record. We enforce this requirement through education and Provider feedback.

We leverage our BHFIP or BHQIP Provider incentives to meet and improve our seven-day and 30-day HEDIS post-discharge follow-up rates. Our score for 2018 on the HEDIS seven-day measure is 30.94. We are actively pursuing ways in which we can improve this measure, such as participating in a focused workgroup for follow-up post hospitalization.

Anthem's BH Care Manager Helped Jen Achieve Independence in the Community

Jen, a 41-year-old female with a diagnosis of Schizoaffective Disorder, Bipolar Type, struggled to have stability and independence most of her adult life, cycling in and out of personal care homes and inpatient psychiatric hospitals. While Jen was a patient at Hazard Appalachian Regional Healthcare (Hazard ARH) Hospital, one of Anthem's BH Care Managers began working with her and the hospital on a discharge plan. The BH Care Manager suggested to Jen that she consider living independently in the community with intensive community supports from the Kentucky River Assertive Community Treatment (ACT) Team. After Jen agreed to this, our BH Care Manager contacted the Kentucky River ACT Team. Following an assessment, the Kentucky River In-Reach Coordinator determined that Jen would be a good candidate for independent living. They began developing a transition plan and initiated the process of acquiring an apartment for her. During this time, Hazard ARH Hospital helped Jen develop independent living skills such as food preparation and washing her own clothes. After an apartment was found that was acceptable to Jen and community supports were in place, Jen was discharged to the community under the care of the Kentucky River ACT Team. After six months, Jen adjusted successfully to independent living and remained out of the hospital, during which time our BH Care Manager continued to follow up.

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Table C.23.a-4 compares our 2019 HEDIS scores to 2018 scores, documenting strong performance improvements and the effectiveness of our Network is in addressing the BH and SUD needs of our Members.

Table C.23.a-4. Anthem HEDIS Scores Reflect an Effective Network

HEDIS Measure	2019 Achievement	Change from 2018
Initiation of Treatment for Alcohol and Other Substance Abuse or Dependence	51.84%	↑13.49%
Engagement in Treatment for Alcohol and Other Substance Abuse or Dependence	23.75%	↑11.66%
Seven-day Follow-up After Emergency Room Visit for Alcohol or Other Substance Abuse or Dependence	8.79%	↑13.57%
Initiation of Follow-up for Children Prescribed ADHD Medication	49.27%	↑12.05%
Continuation of Follow-up for Children Prescribed ADHD Medication	60.5%	↑25.65%

Anthem scored in the CAHPS 90th percentile for ***getting needed care*** among adult Members and in the 67th percentile for ***getting an appointment with a specialist as soon as one is needed***

among Medicaid CHIP recipients in 2018. Anthem continues to rank first in all facets of Network Provider solution metrics per monthly Kentucky Hospital Association reporting.

We also leverage national best practices to pursue opportunities for continued improvement. Actions include expansion of our telehealth footprint through LiveHealth Online and FasPsych. We have expanded our High Outreach to Promote Engagement (HOPE) program to additional counties; Members enrolled in HOPE are supported by a high-intensity integrated team that supplements care management. We are pursuing additional Provider incentives and enrollment in BHFIP, completing further BH Provider mapping, and leveraging our Health Intech platform to support care management follow-up post-discharge.

Our QM Work Plan includes an in-depth review of all BH-related HEDIS measures by the QMC. The committee also reviews other indicators to evaluate performance in follow-up after hospitalization, effectiveness of efforts to prevent readmissions, adequacy of BH outpatient treatment in preventing psychiatric hospitalization, and access to SUD treatment. We identify improvement opportunities based on performances, trends, or Member and Provider feedback. When applicable, we complete a deep dive analysis and share results with our QIC to discuss next steps.

We continuously assess our performance related to BH goals and services and conduct systematic QM activities to monitor and improve BH care using HEDIS and other quality measures. We closely track our performance on the HEDIS measures of seven-day and 30-day follow-up after discharge from a psychiatric hospital stay.

v. Continuity of Care upon Discharge from a Psychiatric Hospital

v. Process for ensuring continuity of care upon discharge from a Psychiatric Hospital.

We make sure each Member is receiving the right level of care upon discharge, taking into consideration suicidal risk or danger to others, presence of acute psychotic symptoms, level of functional disability, self-injury, or uncontrolled risk-taking behaviors. For all Members, especially those with complex or comorbid conditions and multiple admissions, we consider their home situation and authorize more days based upon clinical need.

Assuring Continuity Through Planning and Care Management

Our BH team has comprehensive knowledge of Kentucky benefits and works closely with hospital staff, beginning on the day of the Member's admission, to facilitate Member-centered communication and care planning, including discharge planning and post-discharge management. We also team up with Providers and community and social service agencies to coordinate Members' access to housing, food, transportation, medical appointments, and other necessary services to support a safe transition.

Discharge planning begins upon admission and supports a seamless community transition. Our structured discharge process allows for early engagement by our BH UM and CM clinicians to anticipate and begin to address Members' needs prior to discharge. Our Clinical team will visit the Member during their hospital stay whenever possible but no later than 72 hours post-discharge to promote effective transitions and prevent readmission.

Our process assures the team supports continuity of care with outpatient Providers and the PCP following discharge from a psychiatric hospital. A Member's Care Manager begins working

collaboratively with the UM reviewer to obtain direct line contact information with facility social workers and discharge planners. The Care Manager, UM Clinician, and other identified BH Providers participate in discharge planning meetings to assure compliance with federal Olmstead Settlement Agreements and other applicable laws.

We conduct concurrent reviews to monitor Members' treatment progression and, when appropriate, identify specialized community Providers or alternatives to inpatient services, such as home-based and community-based services. We cover all court-ordered inpatient psychiatric services for Kentucky Members ages 21–64 in alignment with Contract requirements.

Through our risk stratification process, we assign a Care Manager for basic, targeted, or intensive care management as medically necessary to Members with SMI and co-occurring conditions who are discharged from a State-operated or State-contracted psychiatric facility or State-operated nursing facility.

Appropriate discharge planning is focused on making sure needed supports and services are available in the most integrated environment to meet the Member's BH and PH needs, including psychosocial rehabilitation and health promotion. We work with the treating BH Providers to assure follow-up after discharge to check that community supports are meeting the needs of the Member.

Meet Derek Bowers—he is embedded at two of our highest volume SUD residential providers to work on building strong engagement and discharge planning. He then continues to follow the Member for several months post-discharge to ensure continuity of care and promote adherence to the discharge plan.

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Post-Discharge Management Program

Our interventions assure that Members recently released from inpatient hospital care do not experience gaps in care that would put them at greater risk of a hospital readmission. In Anthem's Post-Discharge Management (PDM) program, Care Managers utilize the predictive modeling score, also known as the Readmission Score (RAS), on the daily census to determine Members most at-risk for readmission and enroll these Members in the PDM program.

PDM services are delivered rapidly and at a higher frequency for these most at-risk Members, are available to Members for 30 days following transition, and are aligned with care management activities to identify any new or unmet needs, address any gaps in care, and prevent duplication.

If additional needs are identified beyond the 30 days of additional support, we transition Members to a higher level of care management to meet their individual needs. Prior to discharge, the Care Manager reviews the prescribed psychotropic medications to make sure that all prior authorizations are in place.

Our Care Managers work with the Member and their family, the treating Providers, existing community partners, the attending physician, and the hospital's discharge planning staff to begin the discharge planning process and make arrangements for continued service delivery so a Member will continue to receive the most appropriate care.

Throughout the stay, the Care Manager reviews the Member's inpatient treatment and status through continued contact with the inpatient-treating Provider and inpatient BH unit discharge staff in order to evaluate the Member's status and proposed or updated treatment plans and support the Member's service delivery needs upon discharge.

We embed Care Managers to work with Members with SUD in order to promote continuity of care post-discharge. In addition to linking the Member to needed services, we determine if the Member has any social needs or other barriers such as unstable housing, food insecurity, or transportation barriers.

Anthem's High Outreach to Promote Engagement (HOPE) Initiative Helped Anne to Recovery and Stability

Anne is a patient with newly diagnosed HIV who has struggled with complying with her medical treatments and, as a result, has had many long hospitalizations. She has also struggled with cocaine use. The HOPE BH Care Manager initially engaged Anne over the phone upon her discharge from a two-month hospitalization. Anne and her Care Manager found that they were better able to establish rapport and communicate in person. Initially, the Care Manager visited Anne at least weekly to assess the situation and develop a plan with Anne for the services and support needed. The Care Manager also coordinated services with Anne's medical Providers in both primary care and infectious disease (ID) care, which encouraged Anne to stay engaged in treatment through regular appointments. The Care Manager was able to meet Anne at her medical appointments as often as she needed. Since her engagement and support through the HOPE program, Anne has attained sobriety and attends most of her PCP and ID appointments. She is experiencing improvements in her medical status. She has also obtained stable housing, with reliable transportation to her Provider appointments supported by Kentucky Medicaid.

KY_Hlth2020_C.23_Anne_RS_03

Our Care Managers partner with our Community Engagement Navigators to link our Members with community-based resources to address these barriers. To help make sure Members can continue their recovery at home, we will provide, as part of our Home-delivered Meal service, up to two weeks of tailored meals to Members who have been recently discharged from an inpatient facility and have been identified by our Care Manager with food insecurity.

High Outreach to Promote Engagement (HOPE)

To promote optimal transition and minimize readmission, we leverage weekly integrated case rounds for hospitalized Members and offer intensive care management programs for psychiatric admissions, including our HOPE initiative. Members enrolled in HOPE are supported by a high-intensity integrated team that supplements care management.

As Anne's story illustrates, the team makes home visits according to the needs of each individual Member. HOPE works in conjunction with UM reviewers and directly with facility Providers and staff to coordinate discharge planning (for example, conducting medication reconciliation with a Member to strengthen treatment adherence after discharge).

In spring of 2019, HOPE was expanded to provide in-person support by Care Managers in the Louisville and Lexington areas. Thus far in Kentucky, we have enrolled 43 Members in the program and have seen an overall savings of $215,583 (22.35%).

Collaboration with Hospital Facilities

Anthem staff participate in quarterly continuity of care meetings hosted by each of the State Hospitals (including Western State, Eastern State, Central State, and ARH Psychiatric Center – Hazard) and the Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID). At those meetings, we report on and share information about successes and barriers in continuity of care for Members utilizing these State hospital services.

Those meetings have been an important source of local information and mutual problem-solving around barriers to timely follow-up after psychiatric hospitalizations. Working together, we are

better able to improve processes around discharge appointments and other system of care issues or concerns to reduce the risk of re-hospitalization and other negative outcomes. Working collaboratively with the hospital staff promotes proactive discharge planning and PDM to make sure Members have the services and supports needed for a successful transition to the community.

C.23.b. BH Emergency and Crisis Hotline

b. Describe the Contractor's approach to meeting the Department's requirements for operating seven (7) days a week, twenty-four (24) hours a day emergency and crisis hotline as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

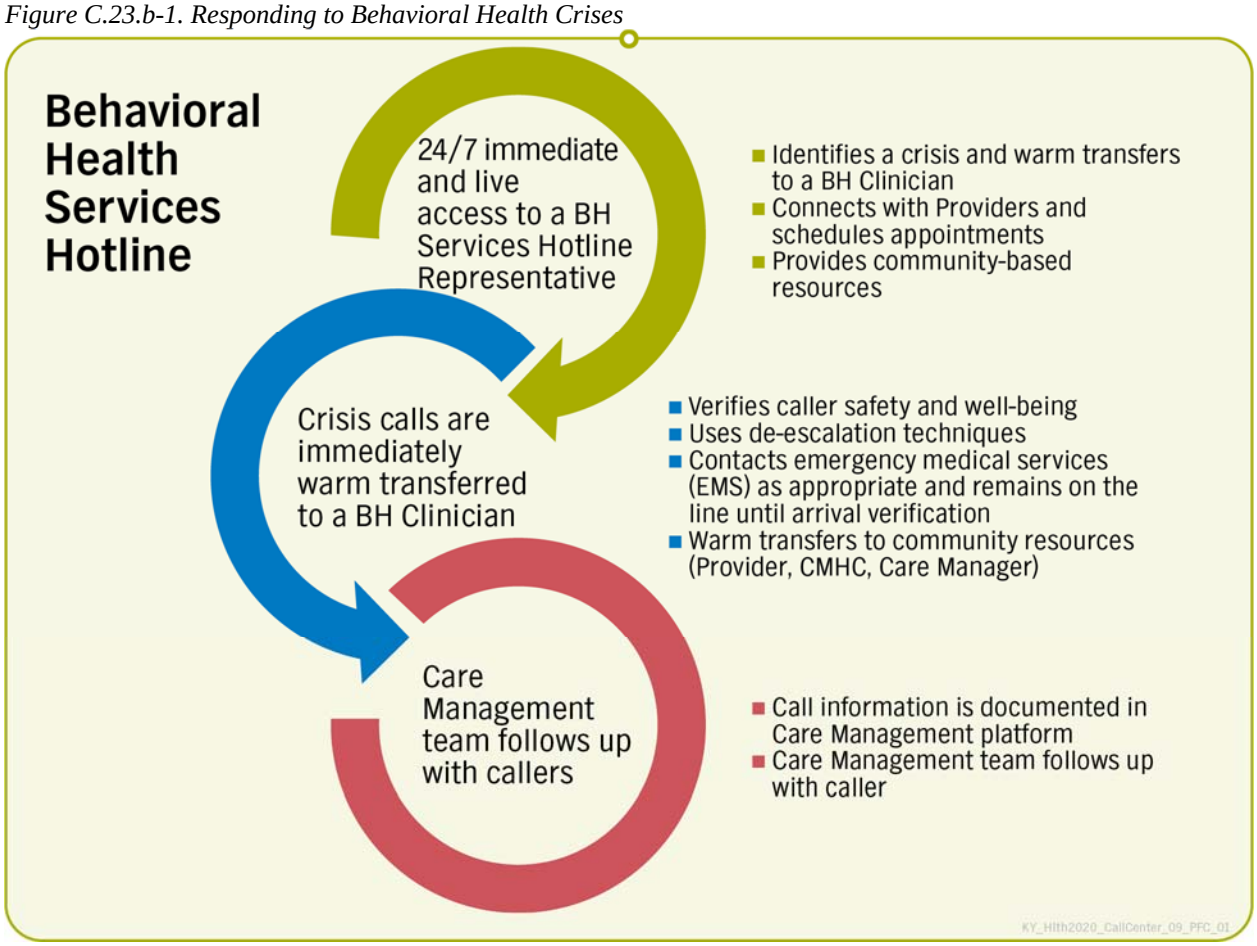
Members may experience a Crisis at any time and need to connect in real time to services including mobile Crisis or emergency response. ***Our BH Services Hotline is available for Crisis calls, as defined by the Member (or caller), with live coverage 24/7/365.*** Our Members never hear a busy signal and are never asked to leave a voice mail.

Behavioral Health Services Hotline

When our Member contacts us with a situation they feel is urgent, we promptly and appropriately respond, assess the situation, and use Crisis support procedures to facilitate resolution. We encourage our Members and their caregivers to contact us at any time and for any reason. We educate Members and their families/caregivers on the availability and benefits of our BH Services Hotline and provide a single, toll-free number to Members.

Figure C.23.b-1 summarizes the work flow, roles, and responsibilities of our BH Services Hotline Representatives, BH Clinicians, and Care Managers in effectively responding to a Member's call to the Hotline.

Figure C.23.b-1. Responding to Behavioral Health Crises



Our BH Services Hotline Representatives are available to triage the Member's Crisis and help as appropriate, including connecting the Member directly with our BH Clinical staff. Our BH Services Hotline is staffed with experienced Representatives and BH Clinicians who never put callers on hold and ***make sure they receive the level of assistance they need in one-call resolution***.

All Representatives complete training on how to recognize suicide warning signs and appropriate actions to take. We developed this ***training in collaboration with the Zero Suicide Institute and the National Action Alliance on Suicide Prevention to implement a best practice for suicide risk prevention***.

Hotline Staffed 24/7

Anthem maintains a single, toll-free BH Services Hotline available 24/7 for Crisis or emergency calls to assist Members with their BH needs. All calls coming into our hotline are answered live by trained Representatives. Our level of response and approach to assisting Members is the same regardless of the time of day of the call.

Our Crisis services incorporate telephonic support from our BH team augmented by local, on-site screening and follow-up services by CMHCs, Care Managers, and other Providers assuring an efficient, safe, and Member-oriented response. This enables us to intervene rapidly with specialized resources to mitigate emergencies and reduce the need for costly and disruptive inpatient care.

BH Clinicians Available to Assess, Triage, and Address Emergencies

When our Members call the BH Services Hotline, they will reach one of our BH Services Hotline Representatives, trained in recognizing Members in Crisis, who will screen and triage the caller for Crisis. ***We respect and honor our Members' definition of what is urgent, and we are prepared to respond to meet their requests.***

First, We Listen

If the Representative determines a Member is experiencing a BH Crisis, the Representative brings a BH Clinician on the call via warm transfer, to work in real time to address the Crisis. The BH Clinician immediately engages the caller using a variety of motivational and active interviewing techniques and coordinates the services necessary to evaluate and stabilize the urgent or emergent situation. For life-threatening emergencies, the Clinician arranges for immediate outreach and evaluation of the Member and alerts local emergency services as appropriate. The BH Clinician speaks to the Member, coordinates with local resources and, as needed, contacts and coordinates with local Crisis Response teams, or coordinates a welfare check leveraging CMHCs' Mobile Crisis Response teams.

The BH Clinician remains engaged on the call with the Member (or caller) until reaching call resolution or there is a confirmed connection with emergency services. If a well-being and safety check is not required, the Clinician will refer the Member to local Providers and explain available BH Services and benefits.

All other transfers are based on the caller's specific requests and identified needs. For instance, the BH Services Hotline Representative can assist with scheduling non-emergency appointments and may use a three-way call with the Provider and the Member or the Member's representative to schedule appointments. All calls are referred for follow-up with a BH Care Manager for continued follow-up or Care Coordination where indicated.

Members enrolled in care management may also contact their Care Manager directly to alert them of an emergency. All clinical staff are trained to handle BH Crisis calls and situations, including protocols to use for determining the appropriate timing of a BH evaluation. Following a Crisis encounter, a Care Manager works with the Member to learn more about the event that precipitated the Crisis and to develop strategies to engage the Member in treatment for BH conditions. The Care Manager also provides individual Crisis planning to reduce the risk of subsequent emergencies. Rounds may be conducted daily by the integrated clinical teams, who review emergency calls and situations for any additional recommendations or follow-up coordination.

Supporting Access to Local and Regional Crisis Services

Our multifaceted approach to monitoring our Provider Network confirms that we consistently offer Members 24/7 Crisis response. We contact the Provider to address availability and capacity to meet timeframes for Member assessment and treatment through recurring Provider surveys.

We audit Provider availability through random calls to the Provider asking how soon a Member would receive an appointment, assessment, or treatment. Through our relationships developed with CMHCs and the support we provide, we work together to assure Members have access to Crisis intervention services offered in their community or region as much as possible.

Overall, our response strategy supports Members through ***a "no wrong door" approach during a time of Crisis.*** This means that we also cross-train our other Member Services lines, such as our

24/7 nurse hotline, to be able to triage a Member during times of Crisis. Should a Member contact the Member Services call center or nurse hotline, responding staff are trained by our BH Services Hotline leaders to identify and triage calls and as needed to complete warm transfer calls to the BH Services Hotline team for appropriate resolution.

Strong Performance That Exceeds Requirements

Figure C.23.b-2 represents the metrics regarding all Member calls to our BH Services Hotline for 2019 calendar year. ***During 2019, the BH Services Hotline exceeded Contract capacity requirements.***

Figure C.23.b-2. Our BH Services — Annual 2019 Totals

BH Services Hotline Statistics
Annual 2019
Total incoming Member calls - 1029
Total routed to clinician – 22
Total transferred to other departments for resolution - 356
Average speed of answer 0:21s
Abandonment rate total 3%

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Support for Statewide Emergency BH Services Hotline

We understand the value to Medicaid beneficiaries of a single statewide, all-payer supported hotline. Anthem welcomes the opportunity to collaborate and partner with DMS and other payers in the development of a statewide emergency BH Services Hotline. We will contribute to development of the model and work with DMS to plan, promote, and create a statewide model.

C.23.c. Coordination and Collaboration Among BH Providers and PCPs

c. Describe the Contractor's approach to coordination and collaboration between the Contractor, Behavioral Health Providers and the PCP as defined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices.

Anthem's programs are driven by our commitment to whole-person, integrated care and a promise to support Providers in developing the skills and programs needed to best serve our membership comprehensively. Anthem coordinates the delivery of services across Provider types through documentation, supported communication structures, and Member-centric care planning, with special emphasis on supporting fully integrated delivery models. We believe that Provider coordination creates value for all by reducing ER visits, inpatient admissions and readmissions, and lab service duplication.

We recognize that PCPs are often the primary resource and early interveners in Kentucky and across the country, and that they are positioned to identify BH conditions early on through integrated assessments. We leverage our Academy to offer comprehensive training to Providers on clinical practice guidelines and evidence-based practices. We provide training for PCPs on screening, treating, and referring Members with BH needs.

Providers are also able to access trainings online via webinar and in various meeting forums. We also use our Provider portal, Provider bulletins/fax blasts, newsletters, email blasts, conference calls, and more to offer training. We reinforce the importance of integrated care through ongoing

communications. For example, we will develop Provider communications based on our 2018 Member Satisfaction Survey Update results, which emphasized coordination of the role of care in enhancing patient engagement, increasing treatment adherence, and improving patient satisfaction, quality of life, and overall health outcomes.

Coordination Among Treating Providers

Anthem's program requires and supports open communication between PCPs and BH Providers whenever a Member's condition or medications change. We contractually require and support our PH and BH Providers in coordinating their care and services with Members, including communication regarding primary and secondary diagnoses, findings from assessments, medication and/or psychotherapy prescribed, substance use assessment and treatment information (appropriate with consent), and other relevant information.

We streamline communications and coordination efforts between PCPs, specialists, and BH Providers using a coordination form to alert PCPs when a Member enters care management or BH treatment (with consent). Providers can access the form on the Provider website and may assist their Members in completing it.

We make available an array of MH and substance use screening tools for both PCPs and BH Providers on our Provider website. These tools can be used to diagnose and develop an initial plan of care and may also be the basis for recommendations for more intensive assessment or services. When a Member's need for BH treatment cannot be adequately addressed by BH Services integrated into primary care, the PCP can connect the Member to more intensive specialty BH Services with assistance from Anthem Care Managers.

Care Managers also speak with Members about sharing information between Providers and seek consent to assist in that process. Assessments and their results can often trigger a PCP to recognize the need for additional assessments. These may include validated clinical screenings such as the Patient Health Questionnaire (PHQ-9), SBIRT, or Drug Abuse Screening Test.

Our local Health Care Services Managers and Directors and Provider Services staff work together on cross-functional teams to make sure that all Provider needs are met and concerns resolved — from helping Providers join our Network to updating Provider information and answering Provider claims questions. Our Network Relations Consultants also work directly with local Providers, the BH Clinical team, and Care Coordinators, allowing for highly effective and tightly coordinated issue resolution for the Provider and Member.

Assistance and Guidance in Coordinating Services

When a Provider recognizes or suspects that a Member has a co-occurring PH concern or BH condition, including possible MH or SUD diagnoses, the Provider may utilize the Provider Services call center for assistance in obtaining referrals for services and coordinating care with other appropriate Providers. Anthem staff may also assist Members in accessing BH Services on request through a referral to a BH Provider in Anthem's Provider Network. A Member can review our online Provider Directory to search for a participating Provider for BH Services.

Should a Member need assistance in contacting a Provider, arranging an appointment, or have questions regarding engaging with a Provider for services, they can contact our Care

Coordination Team via Member Services. Our Care Manager or Member Services staff will assist Members in determining the nearest Provider to them and answer any questions they may have regarding benefits and eligibility. These protocols are included in our Provider agreement with PCPs, in our Provider Manual, and in screening and evaluation policy and procedures approved by DMS. Our Provider Manual outlines the requirement for BH Providers to send initial and quarterly (or more frequently if clinically indicated) summary reports of a Members' BH status to the PCP, with the Member's or legal guardian's consent.

Our support of this level of Provider collaboration and frequent communication is guided by key elements of our coordinated care model, including:

- Involving Members, as well as caregivers and family members, as appropriate, in the development of patient-centered care plans
- Involving the care management and chronic condition management programs to build and sustain coordination and communication between BH and PH Providers
- Encouraging BH Providers to use the coordination form on our Provider website to alert PH practitioners when a Member enters BH treatment or is discharged from hospital

Discharge Planning for Members with Significant Follow-up Needs

Hospital admissions and treatment may require additional coordination of services upon discharge. During times of clinical review, we provide proactive discharge planning to support the Member and Provider to assure coordination of care for all health care needs. Based on the clinical situation and the needs of the Member, concurrent treatment of both PH and BH conditions is encouraged. We maintain documentation of Care Coordination in the Member's medical record in the Health Intech platform.

Care Coordination teams collaborate internally and with Providers to make sure Members have access to needed BH and PH services, community supports, and medications. Providers have access to information and support from Anthem prior to Member discharge via our Health Intech platform.

Additionally, ***Bluegrass Transitional Care***^{SM} (formerly known as Kentucky Appalachian Transition Services [KATS]^{SM}) Care Managers visit our Members in the hospital and provide four to six post-discharge visits. Our Care Management team, working with the Bluegrass Transitional Care Managers, makes sure the Member has a follow-up PCP appointment scheduled, complete medication reconciliation, and services in place to avoid a readmission to the hospital for the same diagnosis. The Bluegrass Transitional Care team covers over 25 facilities, mainly in the Central and Eastern part of the state.

Recently, this successful collaboration expanded to include Bluegrass Transitional Care local and regional Nurse Care Managers working on-site at the University of Kentucky Medical Center ER to assist our Members when they enter the ER. Bluegrass Transitional Care and Anthem Care Managers hold clinical rounds every two weeks to review the ongoing needs of Members enrolled in the program. They discuss the Member's transition to telephonic care management, when applicable, following Bluegrass Transitional Care's discharge of the Member.

Additional discharge planning activities include:

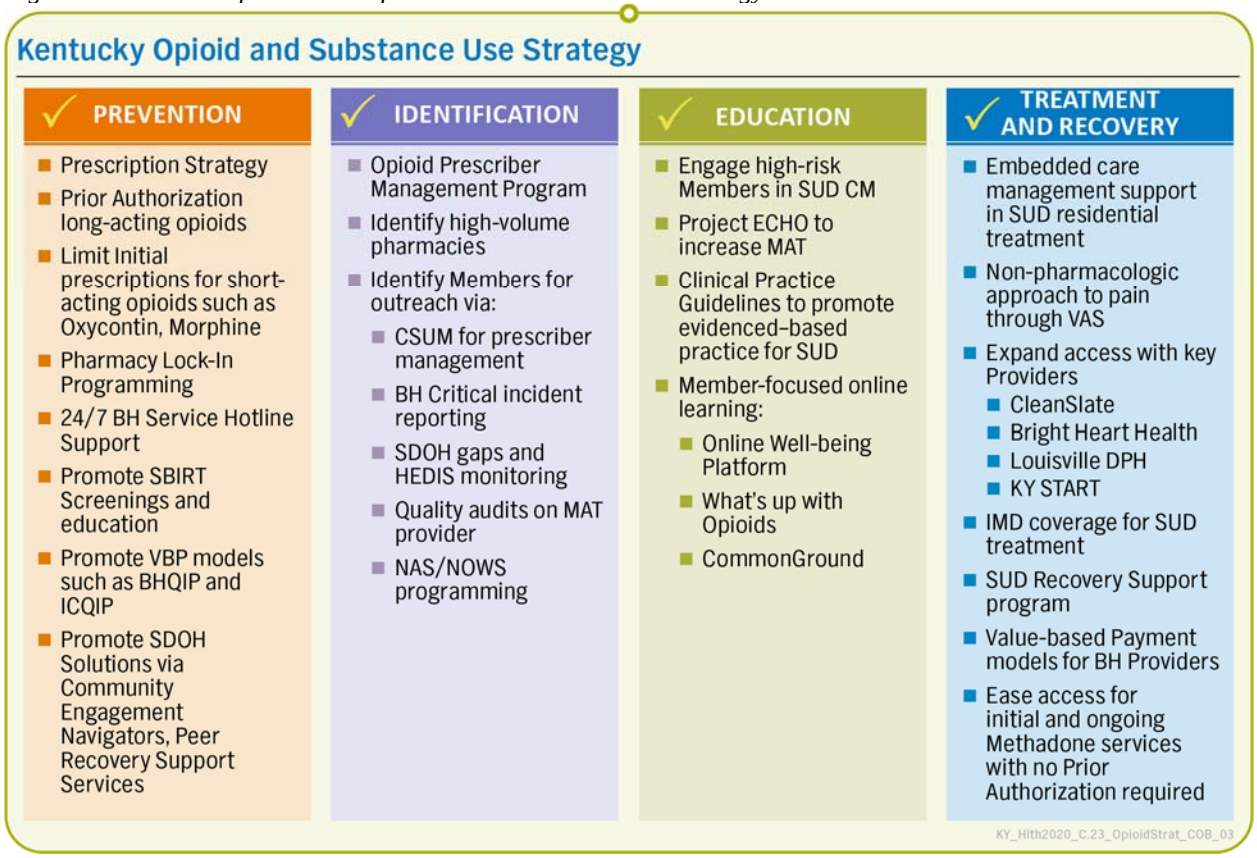
- Providing notification to treating PH and BH Providers of a Member's inpatient admission or of Members who need community outreach
- Coordinating with the Member's natural supports and community-based and PH Providers

- Identifying gaps in care and barriers to care while making sure Members receive necessary BH Services during clinical review with the treating facility
- Bringing Providers together through MDT meetings or rounds
- Using Care Coordination programs such as our HOPE initiative — coordinating care that addresses Member's PH, BH, and social needs
- Monitoring for quality of care concerns, assessing next steps, and implementing action plans to resolve current and future occurrence(s)
- Bridging SDOH needs or gaps to discharge planning, such as transportation, employment, and food insecurity

Collaboration with Providers in Response to the Opioid Crisis

Our opioid strategy encompasses strategies, relationships, interventions, and innovations bucketed into ***Prevention, Identification, Education, and Treatment***, as described in Figure C.23.c-1. Our approach to SUD treatment services is designed to provide focused interventions that increase access to treatment and provide education regarding prevention measures and available SUD services to our Members. We believe that a multi-pronged approach is needed to address all aspects of opioid addiction, improve outcomes, and support the Provider community to improve the health of all Members with any SUD diagnosis. We leverage relationships with our affiliates, and the national expertise of our Medical Directors in addictionology, to make sure our strategy is in alignment with evidence-based best practices and Kentucky goals.

Figure C.23.c-1. Comprehensive Opioid and Substance Abuse Strategy



Additional highlights from our four-pronged approach to SUD and opioids in Kentucky are outlined in Tables C.23.c-1 through C.23.c-3.

Table C.23.c-1. Prevention Strategies

Prevention Strategy	Description
SDOH Solutions	Our Empowerment program strategy is designed to address the needs of our Members through certified community paraprofessionals including CHWs, Peer Support Specialists, Community Paramedics, and members of Anthem's Integrated Care Management and Population Health teams. This program uses VAS such as our Transportation Assistance, Home-delivered Medically Tailored Meals, Fruit and Veggies Program, Medicine Safety Kit, and Community Resource Link.
Prior Authorization Medication Rules	Additional Prior Authorization rules include: • **Short-acting opioids**. Members receiving a prescription for treatment of acute pain are limited to a maximum seven-day supply on their first fill and 14-days' supply within 30 days. Requests for greater than seven days' supply per fill or 14 days' supply within 30 days may be approved if the individual has a diagnosis of cancer-related pain or has a terminal illness. Reduced daily opioid quantity limits to six units per day for many short-acting opioids. • **Long-acting opioids**. Reduced daily opioid quantity limits which adhere to the dosing schedule of the opioid (for example, two units per day for an opioid dosed every 12 hours). Therapy duplication edit at Point of Sale such that a reject message will alert a pharmacist if there is an indication of duplicate therapy based on claims information.

Table C.23.c-2. Intervention Strategies

Intervention Strategy	Description
Controlled Substance Utilization Monitoring (CSUM) Program	Our CSUM program, which identifies Members receiving multiple controlled substance medications, opioids from multiple Providers filled at multiple pharmacies, or combinations of controlled substances that may indicate risk. Our response to C.9.a and C.21.a-iv provide details regarding pharmacy strategies, which include programs to prevent, identify, and treat inappropriate use of opioids; support for non-pharmaceutical methods to manage acute and chronic pain; and tools to detect and refer Providers that may be committing fraud, waste, or abuse.
Opioid Management Prescriber Report	Will help reduce the opportunities of misuse of opioid treatment, including the development of OUD, by targeting outlier Provider opioid prescribing patterns as well as assisting Members in gaining access to more clinically appropriate treatment. This program will assess physicians' opioid prescribing patterns evaluated against several utilization metrics such as an overall opioid prescription count, percentage of Members that are newly started on opioids, and an opioid utilization summary of at-risk Members. This summary of Providers' opioid prescribing practices will be compared to peers in their specialty practice areas. The information will be provided to prescribers in the form of a report card to educate on their prescribing patterns and offer Providers multimodal support to reduce opioid misuse and abuse. We will assess Members' risk of opioid misuse, and those that are identified as "at-risk" or "high-risk" will have a clinical pharmacist outreach to their opioid prescribers telephonically to discuss the opioid medication-related concerns identified, and develop an action plan that will also reduce opportunities for opioid over-utilization and misuse.

Table C.23.c-3. Treatment and Recovery Strategies

Treatment & Recovery Strategy	Description
Northkey Partnership — Transportation	Through this pilot with the Department for Community Based Services (DCBS) Sobriety Treatment and Recovery team and Northkey Community Care, we can provide transportation specific to program enrollees. Transportation vouchers were provided to families participating in the program to meet care plan goals developed to prevent removal of children or facilitate

Treatment & Recovery Strategy	Description
	reunification for children already removed. This helps remove the barrier to getting to and from treatment, so Members are better able to remain engaged, receive treatment, and get training. Members can use the transportation vouchers to go to grocery store, AA meetings and other self-help groups, or any treatment related to their children and reunification.
Peer Support	Peer Support Specialists offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with other resources, opportunities, and communities. Peers support others due to their shared experience of having lived with SUD or mental illness. Peers are recovery-oriented, person-centered, relationship-focused, and trauma-informed. Peers advocate for people in recovery, share resources and skills, build community and relationships, lead recovery groups, and mentor and assist Members in setting their goals. Peer Support Specialists will be deployed in rural communities.
SUD Recovery Support Program (VAS)	We will also offer a SUD Recovery Support program as a VAS. Members can use their smartphone application to receive access to daily motivations and check-ins; peer support through discussion groups and peer-to-peer messages; counselor messaging; high-risk location alerts care plan reminders; journaling capabilities; and other content to support ongoing recovery. The program uses predictive relapse analytics and condition-specific content to provide proactive information to Members, offering continuous access to the tools they need to succeed, right on their smartphones.

Collaboration with Youth Providers and Schools

As part of our focus on addressing the BH needs of youth, we have also invested in a community- and education-based organization called Shine Light on Depression. ***Shine Light on Depression*** is a multidisciplinary, multi-institutional, school-based, public health initiative between Anthem, the American School Health Association, Erika's Lighthouse, our Online Well-Being program, and the National Parent Teacher Association, who are collaborating to tackle the issue of teen depression and suicide in youth nationwide through the dissemination of the Shine Light on Depression e-toolkit.

The Shine Light on Depression e-toolkit provides schools with free, ready-to-use resources designed to raise awareness of depression and suicide prevention among middle and high school youth and families in a positive, honest, fact-based, and culturally inclusive manner. This approach helps build a community in which there is open discussion about the subject of depression and places it in the broader context of good mental health. The e-toolkit will feature Erika's Lighthouse's evidence-based middle and high school programs, a Family Night Workshop Kit, a Community Connector to link individuals to credible resources and helplines, step-by-step guides, and ready-to-use promotional materials. We will also embed an in-app web-based survey to collect qualitative feedback from e-toolkit users and will use this feedback to inform e-toolkit enhancements.

Coordination with the Department of Justice

Our Care Managers have comprehensive knowledge of Kentucky benefits and work closely with hospital and Department of Justice staff, beginning on the day of the Member's admission, to facilitate Member-centered communication and care planning, including discharge planning and PDM. We cover all court-ordered services covered by the plan, while maintaining appropriate UM practice.

We do not reduce, modify, or terminate services without presenting to the court for determination and rationale. We support Members who are admitted via court order by using aggressive coordination and partnerships with inpatient, outpatient, justice facilities, and community resources. We work closely with Providers to help reduce recidivism, relapse, readmission, and improve quality of care and quality of life for our Members.

Our Care Managers have access to the Member's medical record and help with discharge planning and coordination of care.

We actively partner with DMS in a National Governors Association Reentry Pilot program for our Members with certain BH disorders who are returning to the community from incarceration. Under this initiative, Department of Corrections staff completes a screening for recidivism risks and identifies individuals in custody with MH issues or SUD who are about to be released to the community and notifies the individual's prior or newly assigned MCO.

Anthem's Reentry Coordinator Helps Eric Transition from Incarceration and Hospitalization to the Community

Eric, a 34-year old man with serious mental illness who was incarcerated, was placed on a Mental Inquest Warrant due to active suicidal ideation and was transferred to the University of Louisville hospital. Upon discharge from the hospital, he was released into community health care coverage and faced imminent needs for housing, food, and other critical essentials. He was residing in a shelter at night. A short time later, he was admitted to Sun Behavioral Health, an inpatient psychiatric facility, where he became Medicaid eligible. Kelly Bendorf, our Reentry Coordinator, visited Eric while he was at Sun. During her meeting with Eric, Kelly assisted him in contacting his mother (his primary support). Eric expressed his fear to Kelly about going back to living on the streets after leaving the hospital and talked about the challenges of not having a job or housing.

Kelly reached out to one of our community partners, Welcome House, a non-profit organization in northern Kentucky that helps clients with behavioral health conditions address barriers such as housing and employment. She secured an appointment for Eric with a case manager at Welcome House so that he could go directly from the psychiatric facility to Welcome House on the day of his discharge. She also arranged for transportation for him from Sun to Welcome House. Eric has remained in connection with his Welcome House case manager since discharge. They have helped him find employment (a part-time job) to build job skills, and worked with him to find safe and stable housing. Eric remains connected with his mother. With the support of Anthem's Reentry Coordinator and Welcome House, Eric has been able to stay out of the hospital and continue to build a new life for himself in the community.

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The program is designed to improve outcomes by providing these individuals with active Medicaid eligibility on the day they are released as well as a multidisciplinary care team that includes the Department of Corrections discharge planners, local CMHC staff, DMS program staff, an MCO case manager, and probation officer to best meet their whole-person health and SDOH needs.

Our Reentry Coordinator contacts the Institutional and/or Community Reentry Coordinator to begin coordination of services prior to release. When needed, we identify needed Provider resources and provide linkages to psychosocial supports, assuring Prior Authorization when appropriate.

To continue collaboration, we maintain weekly contacts with targeted case managers and/or probation or parole officers post-release. Once the Member is in the community, our Reentry Coordinator monitors the Member for ongoing health care utilization of post-release services. The Reentry Coordinator works directly with the Member to make sure that services are in place, connecting the Member with Providers and community-based resources.

Once eligible, we may also connect our Members with our VAS for criminal record expungement. Since January 2019, over 100 Members requested assistance through the Empowerment Program to navigate the process of expunging their criminal records. In calendar year 2019, Anthem was able to cover the cost of expungement application fees for 63 of those Members who have had their criminal records expunged or are in the process of applying to have their records expunged with the courts. Currently, criminal record expungement is the second most requested VAS for Members in the Empowerment program. Having a criminal arrest and/or conviction record can create unwanted and negative consequences long after a Member's release to the community. Criminal record expungement is the process of sealing or destroying court records, meaning that the record is no longer available to be accessed. For this VAS, Anthem will fund criminal record expungement fees for eligible Members whose circumstances meet the criteria for expungement according to Kentucky State law. The expungement VAS covers the cost of application and processing fees up to $500 for the Members to apply for expungement of their applicable criminal records. Expungement is a one-time Member benefit. Anthem makes no guarantee of acceptance by the court.

Comprehensive Behavioral Health Services for Kentuckians

Anthem's BH program is committed to whole-person, integrated care, supporting Providers to best serve Members, and using data-driven program design. Anthem has over 24 years of experience managing integrated MH and SUD services and by partnering together, the Commonwealth and Anthem are able to make sure that community-based organizations and programs continue to focus on improving care for our Members with psychosocial and BH needs.

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Anthem Medicaid

24. Population Health Management (PHM) Program

Committed to the Future of Kentucky Medicaid

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

C.24. Population Health Management (PHM) Program

C.24.a. Our Fully Integrated Population Health Management Program

a. Provide a comprehensive description of the Contractor's proposed Population Health Management (PHM) Program, including the following at a minimum:

i. Innovations and program elements the Contractor proposes to incorporate into this Program to support the overall goals of improving health outcomes for the population and empowering individuals to improve their health and engage in their healthcare.

ii. If the Contractor, holds NCQA PHM Accreditation, describe the Contractor's implementation of related models, lessons learned, challenges and successes.

iii. Plan to ensure high levels of Enrollee participation across all priority populations and conditions, including innovative methods for contacting and engaging Enrollees to initiate completion of Health Risk Assessments and Enrollee Needs Assessments.

iv. The Contractor's approach to each of the three PHM Program defined risk levels: health promotion and wellness, management of chronic conditions, and complex care management. Include information about the following for each risk level:

a. Tools the Contractor will use to identify Enrollees and their risk levels and to support services provided.

b Risk stratification methodology and descriptions of the types of data that will be used.

c. Methods to identify Enrollees for each of Kentucky's priority conditions or populations.

d. Services and information available within each risk level.

e. Description of the care planning process, including methods to ensure individualized and person-centered care plans, and summary of how the Contractor will include Enrollees, their caregivers, and multi-disciplinary teams.

f. Stakeholder engagement strategies, including involvement of community resources to meet social needs.

g. Technology and other methods for information exchange, as applicable.

h. Frequency of provision of services.

i. Priority areas (e.g., specific health risks, conditions, social determinants of health, etc.).

j. Description of staffing for each risk level, including staff to Enrollee ratios, modes of interface with Enrollees, and use of care managers.

k. If applicable, value-based payment (VBP) or incentive models the Contractor will include in Provider agreements to support involvement in the PHM Program.

l. Methods for evaluating success of services provided.

m. Methods for communicating and coordinating with an Enrollee's primary care provider or other authorized providers about care plans and service needs.

n. Role, if any, the Kentucky Health Information Exchange (KHIE) will play in the Contractor's PHM Program as a resource.

v. Provide the Contractor's proposed approach to coordination with other authorized providers such as the WIC program and others.

vi. Describe the Contractor's approach to ongoing review of its PHM Program, including potential real-time measurement, and how the Contractor will use results to address identified issues.

Our Integrated Population Health Management Program Description

For more than six years, Anthem Kentucky Managed Care Plans, Inc. (Anthem) has been committed to improving health outcomes for Enrollees (Members) by engaging them in the health care decisions, services, and supports that positively affect their health, safety, and quality of life. We work to coordinate and address population health in all 120 counties with a uniquely tailored approach using national data supported and informed by our local experience. To further improve health outcomes, we proactively incorporated Population Health Management strategies and practices into our fully integrated Care Coordination and care management program in 2018.

Our program continues to evolve as we gain experience through our PHM initiatives and interventions designed not only to respond to priority conditions identified by the Commonwealth, but also Anthem's priority populations identified through our Population Analysis. Anthem's PHM model was created by the intersection of profiling our population and their health care needs and providing a continuum of services for all levels of need. As illustrated in Figure C.24.a-1, addressing whole person health is a key component of our PHM model.

Figure C.24.a-1. Our Population Health Management Program Focuses on Whole-person Health

Our PHM structure and staff have also evolved to meet the needs of our population, informed by the lessons we have learned. For example, we have identified improved health outcomes and reduction of potentially preventable events, which may be attributed to our local Care Coordination and care management activities. We have also gradually re-focused our PHM staffing model to be more local with community-based resources, including:

- Embedding licensed Care Managers at high-volume behavioral and physical health Providers and facilities
- Expanding our interdisciplinary care team with Community Engagement Navigators (CENs), Public Health Consultants, community health workers (CHWs), and a Community Outreach Specialist Team
- Increasing our strategies for early identification and support of social determinants of health (SDOH) through technology and staff, including telephonic Care Managers and Social Workers in our call center
- Implementing a statewide strategy to partner with Providers to improve clinical outcomes through the use of timely and actionable information sharing

We augment our team of integrated Care Managers by our CENs to support SDOH needs of the Members. In 2020, we are enhancing this successful team structure with additional Member and

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Provider-facing staff. This includes our Community Engagement Navigators, Public Health Consultants and Community Outreach Specialists who are located throughout the Commonwealth, as well as additional teams and individuals that emphasize developing access to community-based support systems.

Field-based Staff to Support Members' Needs

Community Engagement Navigators	**Community Engagement Navigators** engage with Members in the community to remove social determinants of health (SDOH) barriers. They connect Members with community resources, provide information on our Value Added Services, and act as liaisons to our Care Management staff. They will have specialized expertise in: • Housing to assist Members with securing accessible, affordable housing • Employment to coach Members on employment opportunities and inform them about available jobs or career paths • Transportation to find reliable transportation for Members to attend community events, job interviews, or other nonmedical events
Public Health Consultant Team	**Public Health Consultants** are responsible for providing Members with health care outreach and education throughout the Commonwealth. They provide information on population-based public health programs and services and work collaboratively with school districts, public health agencies, Providers, and law enforcement. They promote health education programs and services, and communicate effective health care messages to local communities.
Community Outreach Specialists	**Community Outreach Specialists** develop meaningful relationships with community-based organization that serve the Medicaid population such as local faith-based organizations, schools, food banks, WIC centers, homeless shelters, and federally qualified health centers. They work alongside our Care Management team and Public Health Consultants to close gaps in care and connect Members to services and supports, including providing referrals to local, Commonwealth, or federally-funded programs.

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Our Provider Relations and Quality Management teams reinforce our PHM program work with local Providers through our Patient Centered Care Consultants and Care Delivery Transformation Consultant focusing on Provider enablement, working with Commonwealth Providers to achieve quality goals by assuring they have the tools, resources, and assistance needed to support our Members fully.

Our PHM program is consistent with NCQA PHM standards. Through our workgroups and committees, we continuously monitor, identify, and implement solutions specific to our Members' needs, in alignment with our goal of empowering Members to improve their health and engaging them in their health care by:

- Keeping Members healthy
- Proactively identifying and engaging Members with emerging risk
- Supporting safe and successful transitions across Levels of Care (LOC)
- Addressing the needs of Members with chronic, co-occurring, and complex conditions

Our program will meet or exceed the requirements specified in Section 34.0 and other applicable sections of the Draft Contract.

i. Innovation Drives Our Population Health Management Program

i. Innovations and program elements the Contractor proposes to incorporate into this Program to support the overall goals of improving health outcomes for the population and empowering individuals to improve their health and engage in their healthcare.

Our approach to PHM combines Anthem's extensive local and national experience with person-centered, evidence-based, and locally informed practices and programs designed to improve community and individual Member health across the continuum of care. Developed with trauma-informed principles, our PHM program is sensitive to the needs and dignity of all Members, while emphasizing health equity and recognizing social determinants of health as key to Member health outcomes along with their physical health, Behavioral Health (BH), and functional needs.

Anthem's PHM program is an integrated, holistic approach that enhances our commitment to improving the biopsychosocial well-being of Members by delivering high quality care through tailored health solutions, while lowering the total cost of care. To accomplish this, our approach is founded in extensive data analytics and goes beyond our walls and into the communities we serve through collaboration with Members, Providers, community-based organizations, stakeholders, and Commonwealth partners. We promote individual and population health wellness and prevention through a combination of proactive identification of Members with emerging and high-risk, Member engagement and self-management, Member and Provider education, Provider partnerships, and innovative clinical and SDOH programs and initiatives.

We are committed to the Commonwealth's goals for PHM and have supported this commitment with the following innovations and programs to complement the care delivery system and cross-system partners we serve, as well as Members and their communities, bringing the components of our PHM model to life.

Population Health Management Innovations and Program Elements

As illustrated in Figure C.24.a-2, we have developed a PHM program that is informed and responsive to the needs of our Members, and designed to assure the delivery of holistic care management that is high quality, cost effective, and focused on keeping Members healthy by:

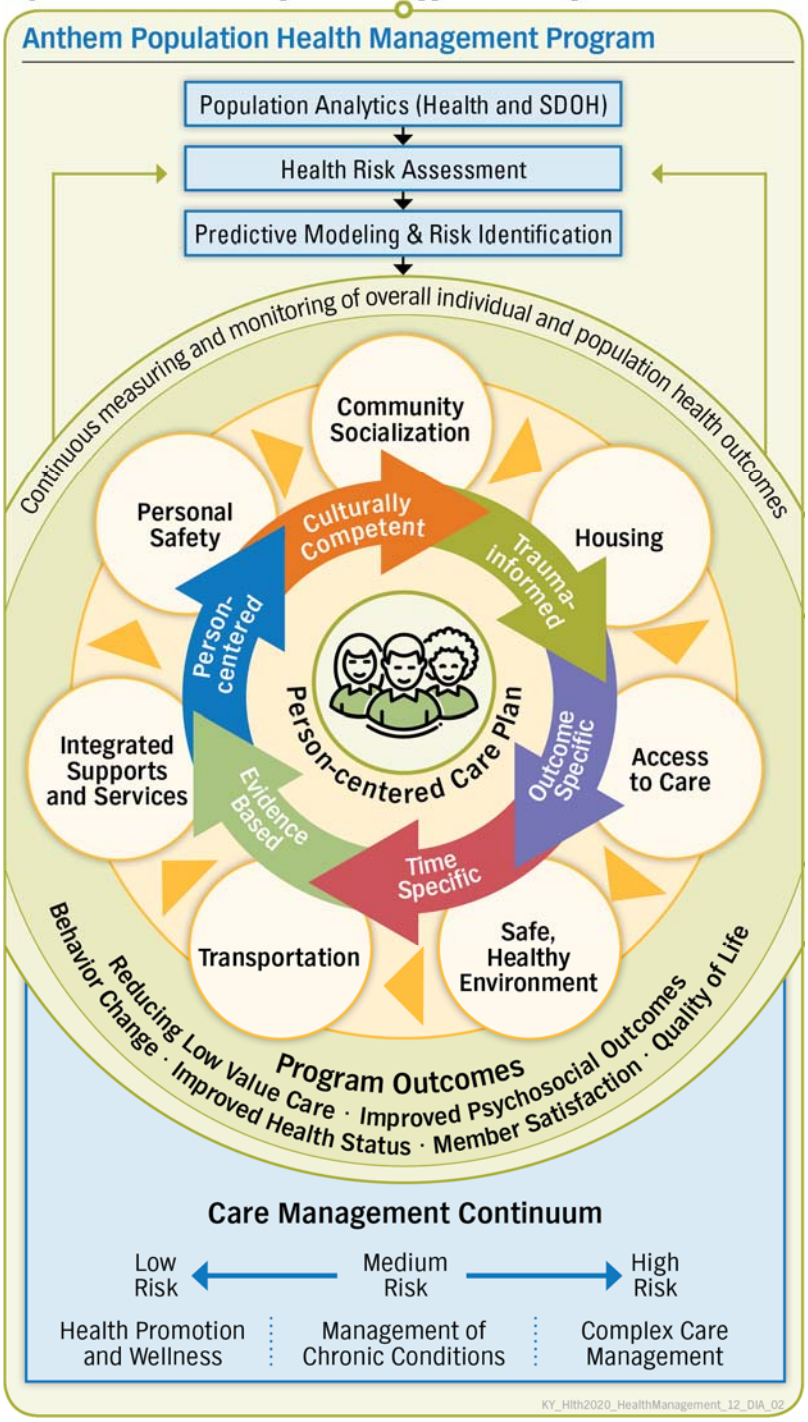
- Designing programs responsive to the needs and complexity of our Members' needs
- Proactively identifying population needs through:
  - Health risk assessment (HRA)
  - Predictive modeling and analytics
  - Continuous data monitoring to identify emerging risks and utilization
  - Referrals from Members, family, caregivers, Providers, and
  - Anthem staff with direct contact with Members (Care Managers, CENs, Customer Care Representatives, BH Services Hotline, 24/7 nurse hotline, Utilization Management [UM])

Through PHM, we engage Members in their care, promoting self-management, Care Coordination, and care management as determined by risk levels. Our PHM team, trained in evidence-based practices, such as Trauma-informed Care (TIC), person-centered care planning, Adverse Childhood Experiences (ACEs), integrated care, and Mental Health First Aid (MHFA), will provide Care Coordination and care management interventions.

Integrated throughout our PHM program is the identification of SDOH (safe and stable housing, transportation, food security, economic stability, employment, education, social and community inclusion) barriers and assuring access to complementary, non-duplicative community-based resources and health plan value-added services (VAS).

Our PHM model is built to be local — we meet Members where they are both physically in terms of environment, as well as in their readiness for engagement and behavioral change. Our approach is complementary to community resources and delivers whole person care without duplicating services and supports.

Figure C.24.a-2.Our Comprehensive Approach to Population Health



We improve relationships and coordination with Providers through collaborative training, value-based payment (VBP) models, and process improvements that reduce administrative burden so Providers can focus on delivering care. Informed by Members, Providers, and stakeholders in the design of our innovations and program elements, we support health promotion and lifestyle wellness through collaboration with the Public Health Departments (PHDs), school systems, and other community partners.

Program Element: Integrated Population Health Management Team and Tools

Care Management serves as the foundation for our PHM program and health improvement strategies. Our program integrates and coordinates care and services to meet Members' whole person clinical and psychosocial needs. This includes providing a continuum of care management supports, such as prevention and education, with a mix of care management interventions that are determined by Members' health risks, health care needs, conditions, and preferences. For purposes of this response, we assume that there are primarily three levels of risk: Level One is Health Promotion and Wellness, Level Two is Management of Chronic Conditions, and Level Three is Complex Care Management.

Our Care Management team includes a variety of clinical and non-clinical employees who work together to make sure Members receive the care they need, at the right time, and in the right amount and location. This includes ***Medical Directors, Care Managers, Outreach Care Specialists, Community Engagement Navigators, Public Health Consultants, Community Outreach Specialists, Housing, Transportation and Employment Liaison, and Utilization Management clinicians*** working together with our Quality Management, Provider Relations, and Member Services staff to expand our reach into the community and help meet Members' health care and SDOH needs.

Integrated Care Management System: Health Intech

Anthem's integrated care management platform, Health Intech, is at the core of our PHM care management program. Health Intech leverages information from our care management and Utilization Management, predictive modeling and analytics, as well as clinical and SDOH information collected from referrals, screenings, and assessments completed by our Care Management staff and interactions with other Anthem employees (Members Services, 24/7 nurse hotline, BH Services Hotline). Health Intech captures Member information, turning it into a holistic view of Members' whole person needs, supporting our staff and Providers with the tools and functionality to support the delivery of high quality care that is tailored to the individual needs of Members and coordinated across the continuum of services and supports. Members, Providers, and health plan staff have the same view of the Member's:

- Demographics and Member contact information
- Diagnoses and conditions
- Screenings and assessment results (Health Risk Assessment, Enrollee [Member] Needs Assessment)
- Medical history
- Past and present care plans
- Authorizations
- Participation in services, including gaps in care
- Unmet social needs
- Care Manager and multidisciplinary care team (MDT) contact information

Health Insight

Anthem's integrated care management platform, Health Insight, provides a holistic view of Member's whole-person needs – supporting our staff with the tools and functionality to support the delivery of high quality care and coordination of covered services. This allows for direct care of physical, behavioral, and social services and supports timely communication between all care management team Members, as well as providers and the Members.

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Health Intech supports near real time communication between all Care Management team members, as well as Providers and Members through our secure Provider and Member websites. Health Intech provides a central location for tools, such as

assessments and risk scores, evidence-based guidelines, service request instructions and tools, and SDOH resources.

Our system supports monitoring and tracking of health outcomes and utilization by integrating data from claims, screenings, predictive models, and assessments — which helps us for timely identification of Members for clinical programs, care opportunities and education, facilitated care planning and monitoring, and monitoring of increasing risks for additional intervention.

Innovation: Community Engagement Navigators

We recognize health is more than just the absence of illness — it means having access to doctors and hospitals, as well as safe and stable housing, healthy food, reliable transportation, interpersonal safety, and employment supports. To supplement existing community-based resources (community health workers [CHWs], peer supports, community paramedics) which are integrated into our care management program and referrals, we have established a team of Community Engagement Navigators who work in the community to support Members in reducing and eliminating the SDOH barriers they are experiencing. We will expand our existing capacity by employing additional navigators, providing a team of seven full dedicated CENs strategically located across the Commonwealth. Our CENs primarily focus on engaging with Members to identify, address, and prevent SDOH barriers through:

- Using person-centered, strengths-based techniques when assessing Members needs using Anthem's SDOH Assessment tool and incorporating SDOH goals into Members' individualized care plans
- Identifying tangible opportunities for improving Member health outcomes and economic mobility
- Connecting Members to established local community-based resources for SDOH, such as housing, transportation, food, educational, economic, and social support services
- Supporting Members across the continuum of overcoming barriers to achieving self-management and independence
- Assuring Member access to Anthem's VAS that complement, not duplicate, resources available in the community

Anthem Supports Community-based Organizations

In 2019, Anthem **donated $50,000** to the Kentucky Association of Food Banks in support of the **No Kids Hungry mobile meals summer program**, which resulted in:

- An **increase of 10%** in the number of meals served to children in Kentucky
- **More than 3.2 million** meals served in the summer of 2019

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In 2020, we will develop and implement community-based pilots for targeted outreach and provide funding to support workforce development and training efforts to expand capacity, such as partnering with community-based organizations that assist in locating and engaging high risk Members. For example, 180 Health Partners, provides field-based location and engagement of pregnant Members with opioid use disorder (OUD) to reduce the effects on the child and offer support for one year postpartum.

Housing Liaison

Anthem's Housing Liaison will work directly with our CENs and Care Managers to support care planning activities for Members experiencing homelessness to help identify housing options, act as a liaison with housing organizations, and develop partnerships with community resources. Our liaison will be responsible for developing and implementing Anthem's housing strategy, including implementing and maintaining a customized outreach plan for individuals experiencing

homelessness, including victims of domestic violence. They will partner with housing agencies to develop and access affordable housing services for Members, support Commonwealth initiatives and strategy forums, and assist Care Management teams. They will help develop key partnerships with community organizations, such as the Wayside Christian Mission, The Healing Place, and Center for Women and Families to implement training specific to affordable housing services in Kentucky.

Integrated Care Managers and Field-based Staff

Our Care Managers and Outreach Care Specialists, who are licensed clinicians trained in evidence-based practices including TIC, Motivational Interviewing, ACEs, and Integrated Care, engage with emerging risk and high-risk Members to help address their clinical and psychosocial needs. Their primary focus is on identifying, engaging, and supporting Members to improved health outcomes, such as reducing likelihood of facility admission and/or readmission, preventable Emergency Room (ER) use, eliminating duplicative services, and coordinating fragmented care. Our care management clinicians develop relationships with Members through assessment, care planning, and coordination processes and maintain ongoing contact with them through telephonic and in-person outreach based on individual Member needs, risk level, and preferences.

All Care Managers are cross-trained as part of our fully integrated care coordination model, which recognizes that all Members have multifaceted needs. In addition, Care Managers will have access to our multitude of subject matter experts to help them facilitate coordinated services for Members with the most complex needs. Members are matched to a Care Manager whose expertise supports the Member's primary condition.

Children and adults assigned a Complex Care Manager typically have acute and chronic needs across the continuum of care, such as high risk pregnancy; chronic, co-occurring, and complex conditions; and specialized health care needs. This includes Members who are blind and with disabilities; Members with intellectual and developmental disabilities (I/DD), serious mental illness (SMI), serious emotional disturbance (SED); and children, youth, and young adults in Foster Care.

Additionally, our team of eight (8) fully dedicated, field-based case managers will be embedded in our high-volume service locations, such as hospitals and other facilities, to help Members with complex and chronic care needs through transitions of care such as discharges. The team will report into our Director of Population Health Management, Vicki Meska, and will be comprised of four (4) Registered Nurses and four (4) Licenses Clinical Social Workers to ensure we are able to address the full continuum of our Member's physical, behavioral, or substance use disorder needs.

Our field-based case managers will be responsible for performing care management within the scope of licensure for Members with complex and chronic care needs by assessing, developing, implementing, coordinating, monitoring, and evaluating care plans designed to optimize Member health care across the care continuum. Having skilled and knowledgeable staff co-located in facilities, agency offices, community organizations, and Provider offices helps promote continuity of care, improved coordination and communication, early intervention, and better

access for Members. We know early and greater co-location during implementation works well to help build relationships early on, with adjustments made as the program progresses. We believe a co-location organizational model is an innovative way to best support our partners and stakeholders within the system of care.

Innovation: Provider Partnerships for Member Transitions

We partner with Bluegrass Transitional Care (formerly known as Kentucky Appalachian Transition Services [KATS]) to assure the availability of Care Managers to Anthem Members in the hospital. We train these Bluegrass Transitional Care Managers on the resources in their communities and provide post-discharge visits for four to six weeks. Our Care Management team, along with our Utilization Management clinicians, work with the care managers of Bluegrass Transitional Care to assure our Members have post-discharge follow-up appointments scheduled with their primary care and BH Providers, complete medication reviews, and have services in place prior to discharge to avoid a readmission for the same diagnosis.

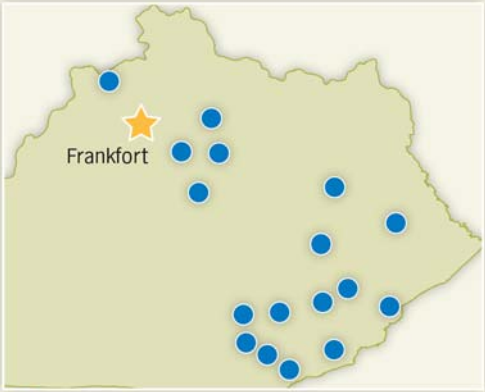
The Bluegrass team covers over 25 facilities, with 22 facilities in the Central and Eastern part of the Commonwealth. Figure C.24.a-3 illustrates these locations. Because of the success of this partnership, in April 2019 we expanded our collaboration to include Bluegrass Transitional Care local and regional nurse care managers working onsite at the University of Kentucky Medical Center (UKMC) ER to assist our Members in real time upon entering the ER.

Integrated Health Risk and Comprehensive Assessment Tools

In support of our PHM strategy, we have adopted processes that promote prompt outreach and engagement of Members to assess their needs and connect them to programs,

Figure C.24.a-3 Anthem's Bluegrass Transitional Care Initiative Embeds Care Managers in Facilities to Engage Members and Enhance Access to Care Outcomes

Our Bluegrass Transitional Care Initiative Embeds Care Managers in Central and Eastern KY



1	Barbourville	Barbourville ARH
2	Carrollton	Carroll Co. Hospital
3	Corbin	Baptist Health Corbin
4	Cynthiana	Harrison Memorial Hospital
5	Franklin	Franklin Co. Regional Medical Center
6	Georgetown	Georgetown Community Hospital/ Scott Co. Memorial
7	Harlan	Harlan ARH
8	Hazard	ARH Regional Medical Center Hazard
9	Hyden	Mary Breckinridge Hospital
10	Jackson	Kentucky River Medical Center
11	Lexington	Baptist Health Lexington
12	Lexington	Saint Joseph East
13	Lexington	Saint Joseph Hospital
14	Lexington	University of Kentucky (UK) Albert B. Chandler Hospital
15	Lexington	UK Good Samaritan Hospital and Emergency Department
16	London	Saint Joseph London
17	Manchester	Manchester Memorial
18	Paris	Bourbon Co. Hospital
19	Pineville	Pineville Hospital
20	Prestonsburg	Highlands Regional Medical Center
21	West Liberty	Morgan Co. ARH
22	Whitesburg	Whitesburg ARH

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Providers, and needed community supports. We encourage Members to promptly complete screenings and assessments by promoting choice and our expanded ***No Wrong Door*** outreach strategy.

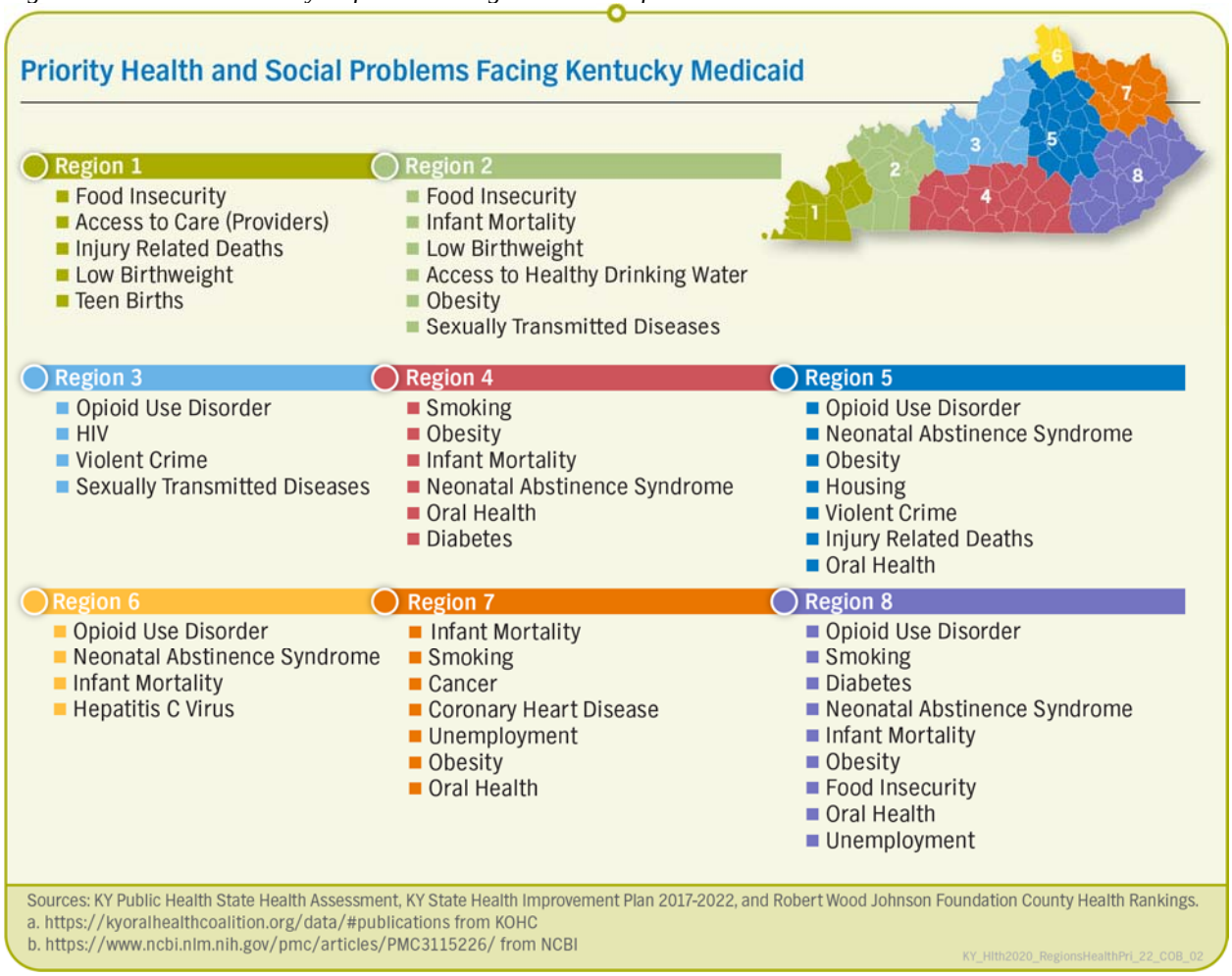
- **Health Risk Assessment and SDOH Assessment tools.** During the new Enrollee (Member) welcome call, our Customer Care Representatives use our Health Risk Assessment tool to assess Members for urgent and emergent needs, risk, and SDOH. In addition, our CENs use Anthem's SDOH Assessment tool, based on the National Association of Community Health Center's PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks and Experience) tool, during telephonic and face-to-face contacts with Members to gain a deeper understanding of SDOH needs and to inform care planning and the selection of needed interventions and supports.
- **Comprehensive Assessment Tool.** A thorough assessment is fundamental to developing an effective, person-centered care plan with the Member. Our integrated Comprehensive Assessment tool, consistent with National Committee for Quality Assurance (NCQA) standards, is a thorough assessment that goes beyond the current clinical status of medical conditions and incorporates psychosocial factors which may impact a Member's health. These tools capture:
  - Health status, including condition-specific issues and associated comorbidities
  - Clinical history, including medications
  - Functional status related to activities of daily living (ADLs), including but not limited to, bathing, eating, transferring, dressing, toileting, and continence
  - BH status, including cognitive functions such as ability to communicate, understand instructions, and process information about their illness or condition, mental health conditions, and substance use disorders (SUD) (alcohol, recreational drugs, tobacco)
  - SDOH, including access to food, transportation, housing as well as environmental and personal safety factors, that may affect health, functioning, engagement in care, and quality of life outcomes and risks
  - Cultural and linguistic needs, preferences or limitations, including language and communication barriers; language spoken at home; ability to read, speak, write, and understand English; and religious or social beliefs that may influence health care decisions
  - Visual and hearing needs, preferences, or limitations, assessing and accounting for any difficulties that may affect communicating with the Member
  - Family and caregiver resources and involvement
  - Available benefits including any carve-out services and other pertinent financial information
  - Access to and connection with available community resources
  - Life planning activities, including hospice, durable medical power of attorney, and living will planning
  - Medication safety, including knowledge, adherence, frequency, dosage and the need for medication reconciliation inclusive of prescription and over-the-counter and herbal medications
  - Safety concerns or issues, including social support and environmental issues
  - Nutritional status, including food security
  - Identification of barriers in meeting goals or complying with the care plan, including language or literacy level, lack of understanding of condition and treatment plan, motivation, cultural and spiritual beliefs, visual and hearing impairment, financial and insurance issues, psychological issues, and lack of access to transportation

Program Element: Targeted Population Health Programs

Anthem's Population Health Management program's objective, which aligns with IHI's Triple Aim, is to improve our Members experience and access to care, improve health outcomes, and reduce the cost or incidence of low value, unnecessary care. Our experience and population analysis has supported our identification of priority populations, in addition to those identified by the Commonwealth, to shift our care management approach from reactive to proactive to the needs of our Members. Our Population Health Management program has evolved as we have proven the value of our local, community-based organizational structure, efficient and timely information systems and access to population health data, and coordinated involvement across the system of care.

Figure C.24.a-4 includes the priority populations identified by the Commonwealth and nationally recognized organizations, and the Anthem priority populations identified through our analytics.

Figure C.24.a-4. Our Priority Populations Align with the Department's Goals Across the Commonwealth



As part of our current care management program, Anthem promotes a variety of targeted population health programs, described more fully next, that meet the needs of Members with high-risk, emerging risk, chronic, and complex needs, such as our:

- New Baby, New Life℠ Maternal and Child Health program
- High-risk OB program
- Neonatal Intensive Care Unit (NICU)
- Post-traumatic stress disorder (PTSD) program
- Complex care management (high risk)
- Chronic condition care management (medium risk)
- Palliative care program
- Pharmacy care management program
- Post Discharge management (PDM) program

In addition to these programs, we will offer the following innovative programs for at-risk Members.

Innovation: Diabetes Prevention Program (DPP)

We know that diagnosed diabetes among adults in the Commonwealth has nearly doubled from 6.5% to 12.9% (1 in 8) from 2000 to 2017. Kentucky currently ranks seventh highest in the U.S. for diabetes prevalence. In addition, in the Appalachia, the adult rate for diagnosed diabetes is 17% compared to 11.2% in non-Appalachian counties.[1] Based on this information, in Q4 2020, Anthem will launch a comprehensive Diabetes Prevention Program for our Members identified with diabetes. Program elements include:

- 16 weekly meetings, followed by monthly sessions
- A trained lifestyle coach
- CDC-approved curriculum
- Group support

Through this program, Members will receive education on eating healthy, managing stress, adhering to medications if applicable, incorporating physical activity into their daily routine, and learning how to solve problems that may get in the way of healthy changes. The DPP program is a best practice from our commercial affiliate in Kentucky. The following outcomes information from our commercial affiliate highlights key benefits from the program:

- Q4 2017–Q4 2018: 265 Members actively participating in 37 classes
- 2,800.94 lbs. Total Weight Loss; 4% (10.57 lbs.) Cumulative Average Weight Loss
- 6.02 A1C Beginning Average; 5.64 A1C Ending Average

Innovation: Community-based Clinic Days Including Mobile Dental Clinics

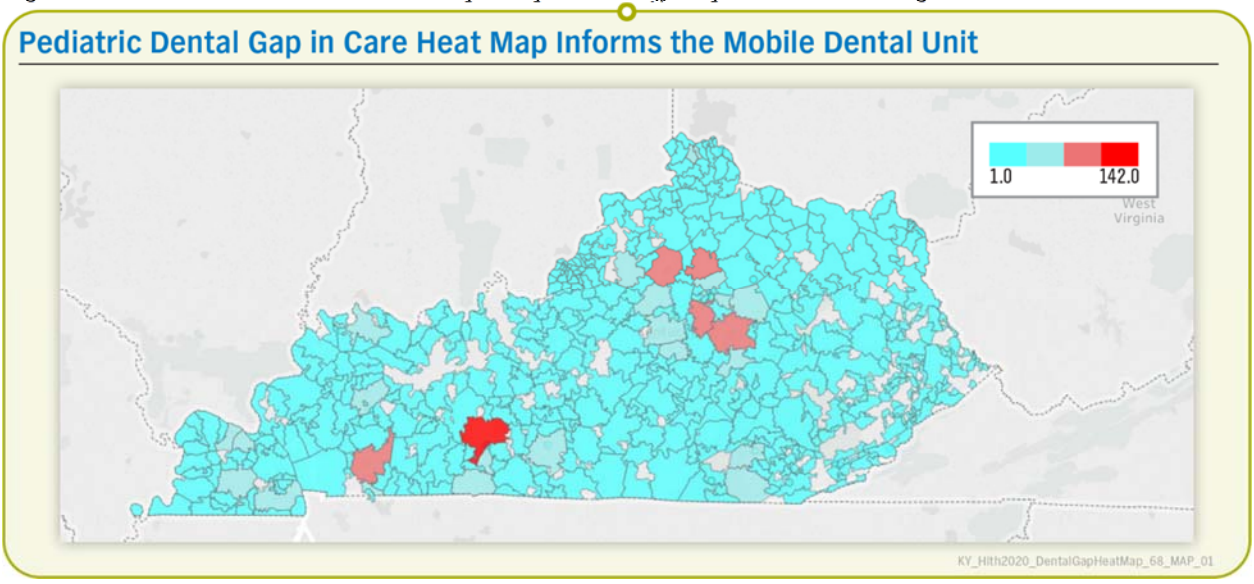
We know that about 38.2% of Kentucky adults reported that they did not have a dental visit in the past year, which was higher than the national estimate of 33.6%.[2] In order to address this, we collaborate with Primary Care Provider (PCP) offices to hold Clinic Days, where practices dedicate blocks of appointments for Members to close gaps in preventive care, including immunizations. We also call Members with gaps in care and high no-show appointment rates to connect them with their physician's office to schedule an appointment. ***We use a variety of methods to identify specific areas of need, including feedback from the school systems that kindergarten aged children having never participated in preventive dental care,*** and heat maps showing where we have dental gaps in care (Figure C.24.a-5). We use this information ***to collaborate with our Dental Vendor,***

First, We Listen

[1] https://chfs.ky.gov/agencies/dph/dpqi/cdpb/dpcp/2019 KY Diabetes Fact Sheet Final2.pdf
[2] Kentucky Behavioral Risk Factor Survey (KyBRFS) 2018 Annual Report

DentaQuest, to deploy mobile dental clinics to Provider practices to provide preventive dental care for children two to five years of age.

Figure C.24.a-5. Pediatric Dental Heat Maps Help Us Identify Gaps in Care and Target Interventions



Innovation: Nutrition and Weight Loss

In 2018, approximately 34.2% of Kentucky adults were classified as obese (body mass index greater or equal to 30), which is higher than the national estimate 29.9%[3]. Anthem's team has been working with Kroger Nutritional Weight Loss for the past 12 months to develop a customized nutritional education pilot for our Members. As a future initiative, the pilot will be will be available to Members 18 years and older who are obese and engaged in our diabetes chronic condition management program in the Bluegrass Region. They will receive nutrition education via Kroger's tele-nutrition program, as well as direct outreach and coaching support. To provide opportunities for Members to practice their new nutritional knowledge, we will provide the Member an incentive (Kroger gift card) to increase healthy eating options and promote nutritious decisions upon completion of an SDOH assessment.

Innovation: Substance Use Disorder Recovery Support Program (VAS)

In 2017, there were 1,160 reported opioid-involved deaths in Kentucky; a rate of 27.9 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons[4]. Our Care Managers will assure Members with SUD have access to our SUD Recovery Support program that offers mobile access to daily motivations, peer support through discussion groups, peer-to-peer messages, counselor messaging, care plan reminders, journaling capabilities, and educational content to support ongoing recovery.

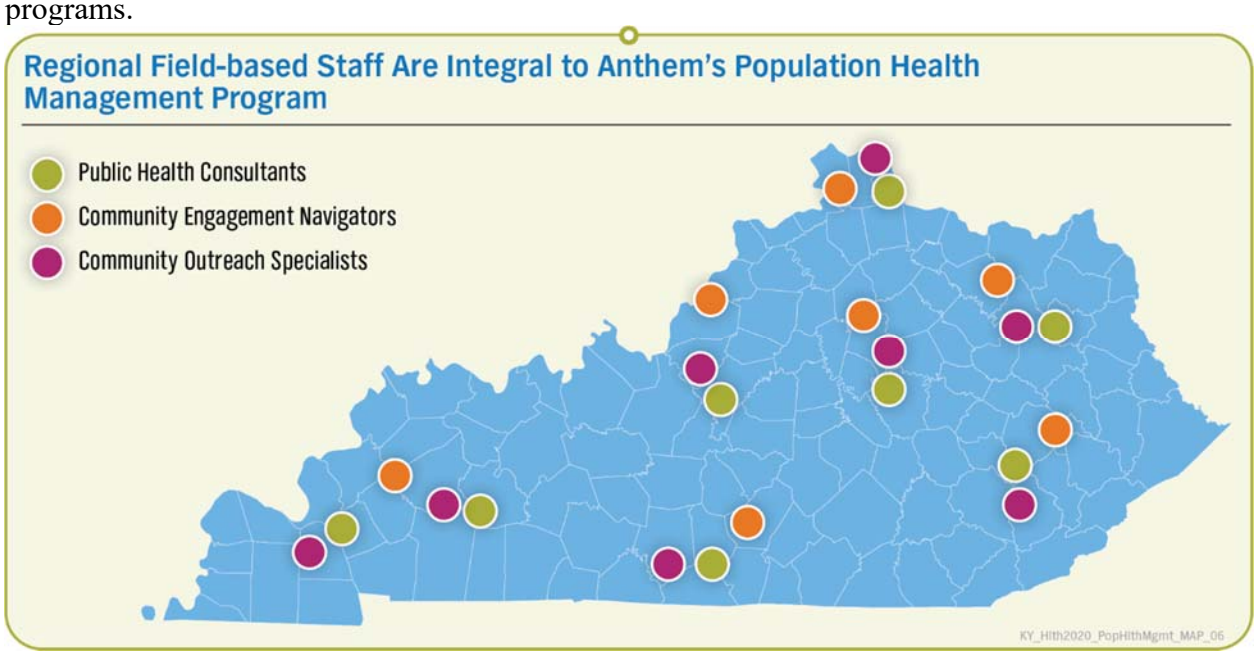
[3] Kentucky Behavioral Risk Factor Survey (KyBRFS) 2018 Annual Report
[4] https://www.drugabuse.gov/opioid-summaries-by-state/kentucky-opioid-summary

Program Element: Community-based Health Promotion and Outreach

We recognize there are many partners across Kentucky dedicated to helping serve Members in Medicaid. This offers Anthem a unique opportunity for collaborative community outreach through sponsorships and event participation at community-wide events (schools, PDHs, CMHCs, and Federally Qualified Health Centers [FQHCs]) to support the health of the community, while also connecting one-on-one with Members and Providers in the community to identify opportunities on how to best support Members in their communities.

Innovation: Public Health Consultants

This team of eight, fully dedicated of Public Health Consultants will report into our Director of Population Health Management, Vicki Meska, and will be located regionally throughout the Commonwealth. Our Public Health Consultants will be responsible for driving education, participation, and sustained health engagement. They will provide population-based public health programs and services and will work collaboratively with school districts, public health agencies, Providers, and law enforcement to provide specialized support. They will also be responsible for creating informational and culturally competent material to promote health education programs and services and effective health messages to the communities throughout Kentucky. They will cooperate with the Department for Medicaid Services (DMS) and our local health department partners to advance public health priorities in collaboration with Providers. They will identify Members who may benefit from public health programs that support local Care Coordination and Member engagement in their health, and connect them with these services, such as home visiting programs.



Public Health Pilots

Anthem will continue to collaborate with DMS and our local PHD partners to improve health outcomes. For example, Anthem uses several methods to identify children who may be at risk and may benefit from early intervention services, including data analytics, predictive modeling, authorization monitoring, and targeted claims data analysis. We also have a "no wrong door" approach and capture referrals from mothers, Providers, schools, county targeted case

management staff, as well as through public health nurses. Children with disabilities who may be experiencing high-risk health conditions, acute hospitalizations, procedures, or are otherwise high risk, are identified and engaged into our disease and care management services as appropriate. In many situations, depending on assessment of the child's needs, we will coordinate with public health and targeted case management to arrange for the necessary waiver services.

Innovation: Public Health Consultants

Our Public Health Consultants will be responsible for coordination with local public health agencies and community partners, connecting public health initiatives to our care management workflows and referral programs. These positions will help address access to services and support Kentucky in opioid, health promotions, Behavioral Health, and community-identified initiatives. These positions will also work with our Population and Care Management teams to identify, educate, and support Members in accessing programs currently offered through their local health department.

Program Element: Engaging and Collaborating with Providers

Anthem recognizes the value of Provider collaboration and engagement in Care Coordination and will continue to evaluate opportunities to more closely link with Providers to enhance the impact of their efforts in caring for Members with the most complex needs.

Innovation: Providing Patient-centered Care Support to Providers

Our five (5), fully dedicated field-based Patient Centered Care Consultants (PCCCs) will enhance our existing supports for Providers, focusing on Provider enablement, working with Commonwealth Providers to achieve quality goals by assuring they have the tools, resources, and assistance needed to earn additional incentive payments available through our Provider Incentive program.

The PCCCs engage Providers to reduce administrative burden and promote holistic care and healthy lifestyles through providing tools, resources, and support they need. To encourage adherence to clinical practice guidelines (CPGs), our PCCCs help Providers interpret quality data, educate them on expectations for each CPG, and review medical record requirements to make sure they accurately document evidence of compliance. The support we offer Providers — such as gaps in care listings within the portal, care management supports, and Member engagement outreach — to improve outcomes through CPG compliance drives positive results in health outcomes and HEDIS scores.

Our PCCC support Providers across the continuum of value-based payment activities including:

- Deliver Provider-specific performance analysis of quality metrics, profile reports, and tailored gap in care reports
- Identify opportunities to earn additional incentives, review charts with Provider office staff
- Work collaboratively to facilitate Provider advancement along our Accountable Reimbursement continuum by establishing transformation action plans
- Monitor Provider progress through a Milestones and Indicators of Progress Chart

Our PCCCs serve as a liaison between Anthem and our Providers, offering field-based support through face-to-face interactions, QM services such as gaps in care and HEDIS® education,

review of charts with office staff, and more. PCCCs meet regularly with practices to assure alignment of priorities and resources.

Innovation: Care Delivery Transformation Consultant

Our Care Delivery Transformation (CDT) Consultant collaborates with Providers to develop their capabilities and improve program performance, facilitate Provider progress along the Alternative Payment Model (APM) continuum to help Providers prepare for risk. Through our dedicated Care Delivery Transformation approach, we offer resources, tools, and supports that will ultimately enable Providers to advance along the VBP continuum as they mature and build the appropriate capabilities.

Our CDT supports our Providers through practice specific cost and quality data and reports for cost of care and quality opportunities, helping practice to target high risk Anthem Members and gaps in care based on reports provided. Additionally, they support practice implementation of Population Health Management, Care Coordination and care management strategies, identify action plans for Providers to implement to improve cost, quality and the patient experience. CDTs lead the design, development, and implementation of community learning forums that allow practices to learn from one another and national experts, use of the Provider Care Management Solutions (PCMS) tool and other data sources, and provide technical support for the Care Delivery Transformation program.

Value-based Payment Models

Our current VBP models engage Network Providers in driving improved health outcomes and reduce low value care, supporting the care delivery system by reducing potentially preventable events such as avoidable ER visits and inpatient admissions and readmissions. ***In Kentucky, 45% of our Members are assigned a PCP who currently participates in an Alternative Payment Model.***

We currently offer the following VBP programs:

- **Provider Quality Incentive Program (PQIP).** Implemented in 2016, PQIP (HCP-LAN category 3A) provides incentives for PCPs to undertake systemic improvements that affect both health care outcomes and cost trends.
- **PQIP Essentials.** Implemented in 2018, PQIP Essentials (HCP-LAN category 3A) incents smaller practices, focusing on PCPs with 250-999 attributed Members. Providers receive both quarterly and year-end scorecard reports. Earned incentive payments are made annually. PQIP Essentials was implemented in Kentucky in 2018. ***We currently have six physician practices that includes 170 Providers in Kentucky participating in PQIP Essentials, with 5,283 attributed Members.***
- **BH Quality Incentive Program (BHQIP).** Implemented in 2017, BHQIP (HCP-LAN category 2C) incents eligible BH Providers (Community Mental Health Centers [CMHCs], high-volume BH groups) to improve coordination of Members' integrated needs and the quality of care provided to those Members with BH conditions.
- **BH Facility Incentive Program (BHFIP).** Implemented in 2018, BHFIP (HCP-LAN category 2C) offers incentives to BH inpatient facilities for improvements in indicators related to clinical quality and Member outcomes (readmission rates, follow-up rate with a BH Provider).

INNOVATION

Table C.24.a-1 describes our innovative VBP program goals for 2020.

Table C.24.a-1. Future Innovations for Value-based Payment Programs Targeted for 2020 Implementation

VBP Program	Description
Pay for Quality (P4Q) HEDIS®	• Enrolled Providers will receive an annual financial reward for all gaps closed for their attributed membership during the measurement period. This incentive will afford our Network PCPs with additional revenue to sustain and expand their practices, which we anticipate will lead to improved health outcomes • Our proposed P4Q HEDIS program clinical measures will include the following HEDIS measures: • Diabetes care HbA1c testing • Adult BMI — ABA • Adolescent well-child visits
OB Quality Incentive Program (OBQIP)	Provides incentives to participating OB care Providers for improving access, quality of care, and outcomes for our Members with obstetrical needs throughout all phases of their pregnancy. OB Providers with at least 10 attributed Members enrolled in the program can earn incentives and financial rewards for achieving performance targets on specific measures such as first prenatal visit, overall C-section rate, preterm birth rate, postpartum visit rate, and tobacco use assessment/intervention.
Integrated Care Quality Incentive Program (ICQIP)	Offers incentives to eligible BH Providers such as CMHCs, community services boards, local mental health authorities, community-based outpatient Providers, and large Provider groups for providing quality integrated care and service to our Members with BH needs. The goal of our integration efforts is to improve the Member experience, identify underlying BH needs in Members through whole person care, identify Members at risk for complications due to behavioral and psychosocial needs, intervene and prevent exacerbations of mental health issues, and decrease costs by treating Members effectively and holistically.
Pediatric Residential Treatment Quality Incentive Program (PRTQIP)	Provides incentives to eligible RTFs for providing quality care and services to our pediatric Members. Providers participating in the PRTQIP who have met the requirements of the program during the Member's stay at the facility, and have effectively discharged Members from the facility will be eligible to receive incentive payments.
SDOH Provider Incentive Program (SDOHPIP)	Offers SDOH-related incentive measures for Providers with the following objectives: • Obtaining a baseline of SDOH needs for our membership • Increase Provider awareness and utilization of Community Resource Link as a resource to refer our Members to community organizations that can help them with SDOH needs and improve Member health outcomes by addressing their SDOH needs • Incentive payments are independent of what Providers earn in our Physician Incentive Plans Providers are incentivized based on the following measures: • Completed SDOH Member Assessments • Community Resource Link referrals to community-based organizations • Provider referral for Members identified with one or more SDOH

Program Element: Oversight and Data Analytics

As described throughout this section, program oversight and dedicated staff, as well as data mining, analytics, and predictive modeling technology are essential to identifying and addressing the population health needs of Members across the Commonwealth.

Innovation: Manager, Public Health Outcomes and Services

Our Manager, Public Health Outcomes and Services will be responsible for promoting activities that enhance the value of managed care products and services. This includes the development of selected health-related policies and services, and design of health education materials by:

- Assuring compliance with Contract requirements and assuring Member and Provider materials are approved by the Commonwealth

- Coordinating the development and implementation of education targeting prevention and maintenance of physical, developmental, emotional, and addictive diseases
- Acting as a liaison to Quality Management, health care management services, and the disease management program for the coordination of joint activities
- Researching and recommending management strategies that can enhance ability to provide Members and Providers with cutting edge services and programs
- Identifying and recommending activities and services that promote Member engagement, participation, and retention

Innovation: Population Health Strategist

This manager will oversee the identification of populations, needs, trends, and patterns that may affect outcomes, experience, and cost of care through in-depth analyses, development, and prioritization of strategies that drive social transformation through a comprehensive PHM platform designed to provide holistic Member care. This includes developing, managing, and overseeing SDOH and Health Education/Promotion programs and pilots that have been identified as PHM initiatives for 2020-21, including:

- Office of Homeless Intervention and Prevention Transition Age Youth (TAY) grant
- SSI/SSDI Outreach, Access, and Recovery (SOAR) grants
- Housing initiatives, including our engagement with the Homeless Management Information System (HMIS) and area Continuums of Care
- Department of Public Health (DPH) initiatives, informed by DPH priorities

Dedicated Population Health Business Analyst

Key to Population Health is continuous monitoring of data to identify opportunities as well as to track impact of current initiatives. This role provides dedicated support for the data analytics and reporting necessary to identify opportunities for performance improvement. Through our data analytics processes, we identify, develop, and implement interventions for key subpopulations and continuously assess and reassess for improvement and outcomes, adjusting our methodology and programs to continually meet changing needs.

Innovation: FOCUS 100 Report Tool

Anthem designed FOCUS 100 Report Tool is an additional tool that helps us identify Members who may benefit from Care Coordination or care management outreach. The tool pulls claims data on a rolling year basis to provide a detailed summary of physical and Behavioral Health inpatient, outpatient, and pharmacy trends to provide a 360 degree overview of Member utilization patterns. FOCUS 100 searches for Members with chronic care and long-term management needs, rather than those Members with a single high-cost episode of care. The tool also helps us quickly identify and manage the most complex Members to ensure that they are receiving the most cost-effective care in the right place at the right time. ***By also identifying the service area, we can offer our clinical and SDOH programs from our integrated population health models at a community level that will help engage the Member to improve their overall health.***

ii. The NCQA PHM Model

ii. If the Contractor, holds NCQA PHM Accreditation, describe the Contractor's implementation of related models, lessons learned, challenges and successes.

Anthem does not currently hold NCQA PHM Accreditation. Anthem Inc., our Ultimate Parent Company, is scheduled for Population Health Program (PHP) Accreditation survey in April 2020. PHM Accreditation, implemented by NCQA in 2018, will replace NCQA's Disease Management Accreditation. Although NCQA is 'retiring' Disease Management (DM) Accreditation, organizations will maintain existing accreditation until expiration — Anthem's 12 disease management programs are currently NCQA accredited through 2021.

Understanding of the NCQA Population Health Model

NCQA Population Health Program Accreditation is a comprehensive program designed to determine if a health plan (organization) has the processes to provide person-centered care to an identified and defined population. It evaluates an organization's operations, data and analytic capabilities including population assessment and segmentation, and targeted interventions designed to improve health outcomes. Similar to health plan accreditation, it also includes a focus on continuous measurement and evaluation as well as quality improvement. The NCQA PHM model, which includes keeping Members healthy, managing Members with emerging risk, maintaining Member safety including outcomes across settings, and managing Members' multiple chronic conditions, is based upon the well-established Institute for Healthcare Improvement Triple Aim. It also emphasizes identification of the needs of the whole person, including SDOH, rather than solely focusing on disease and reactive clinical care management.

We have been actively working with NCQA to transition our organization from DM to Population Health Program Accreditation for the last several years. This includes collaborating with an NCQA program expert and scheduling our PHP survey. As we currently hold accreditation for DM as well as Health Plan Accreditation, and have adopted PHM as a framework, we anticipate a seamless transition.

Components of the NCQA Population Health Model Anthem Will Incorporate

Anthem has been implementing and refining our PHM approach and initiatives in Kentucky for more than six years. In 2018, we formally adopted a PHM model informed by NCQA into our Quality Management program description to maximize our ability to help Members and communities achieve better health and wellness.

Lessons Learned Inform Our Evolving PHM Approach

Our program continues to evolve as we gain experience through our initiatives and interventions designed to respond to priority conditions identified by the Commonwealth, as well as priority populations we identify through Population Analysis. We have deliberately taken into consideration a few key lessons we have learned through our program's evolution. For example, from a programmatic standpoint, we identified that an increase in staffing would be needed to deliver optimal results, such as the expansion of clinical field staff to work with Providers on and Community Engagement Navigators to connect Members to resources and supports and help them achieve better health and well-being. We use person-centered strategies and interventions that encourage Members to participate and make informed health choices. In addition, we also

were able to learn more about our Members issues through an increase in direct Member engagement. One such example includes Members inability to keep appointments for immunizations due to a transportation barrier. Only a parent and the child receiving the service are permitted to use the transportation. Therefore, a family that includes multiple young children would run into issues because the remaining children in the household were not permitted at that time.

Care Management serves as the foundation for our PHM program and health improvement strategies. Our program integrates and coordinates care and services to meet Members' whole person clinical and psychosocial needs. This includes providing a continuum of care management supports, such as prevention and education, with a mix of care management interventions that are determined by Members' health risks, health care needs, conditions, and preferences.

Our PHM structure and staff have also evolved to meet the needs of our population, informed by the lessons we have learned. For example, we have identified improved health outcomes and reduction of potentially preventable events, which may be attributed to our local Care Coordination and care management activities. We have embedded Care Managers at high-volume locations, expanded our multidisciplinary care team (MDT), increased our strategies for early identification and support of SDOH through technology and staff, and created a statewide strategy to partner with Providers to improve clinical outcomes. Our core Care Management team of physical health (PH) and Behavioral Health Care Managers is augmented by our CENs to support SDOH needs of Members. In 2020, we are enhancing this successful team structure with additional Member- and Provider-facing staff.

We have adopted NCQA's suggested program elements and have established specific goals, identifying targeted populations, and designing programs and services that focus on keeping Members healthy. This includes managing Members with emerging risks, prioritizing patient safety and outcomes across settings, and assisting Members in managing multiple chronic illnesses. Our approach also incorporates other required components of the PHM model, including population identification, data integration, stratification, measurement, care delivery systems, Providers, and community resources.

Table C.24.a-2 summarizes how our PHM approach ties directly to required components of the NCQA PHM model.

Table C.24.a-2. Anthem's PHM Approach Aligns to NCQA's PHM Model

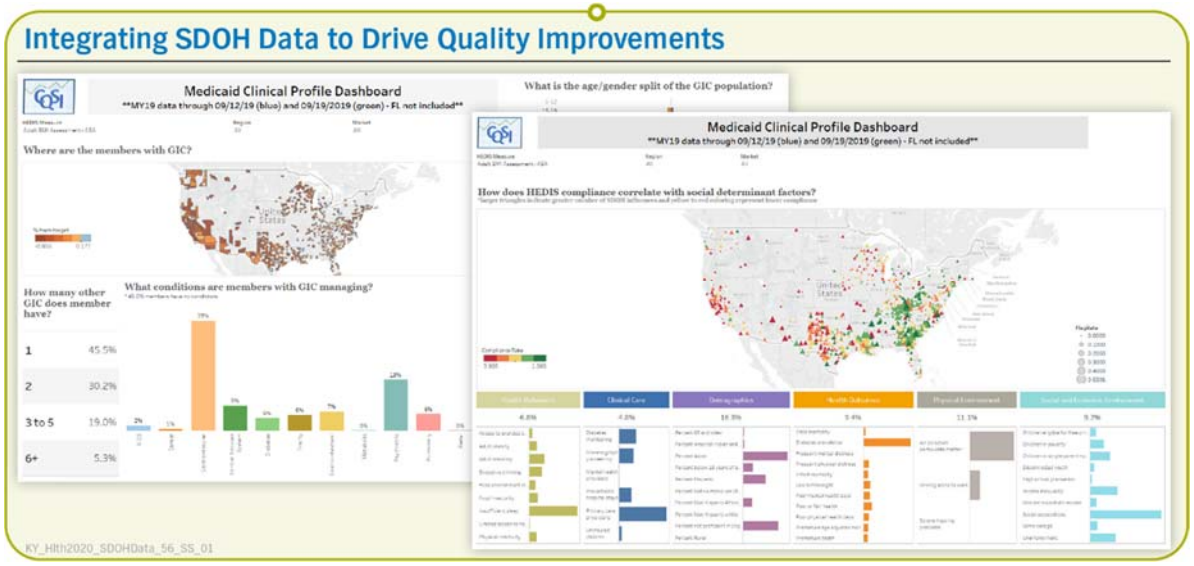
Alignment of the NCQA PHM Model to Anthem's PHM Approach
Data Integration and Stratification
Our powerful analytics help analyze population-level health and socioeconomic data to identify health disparities and clinical and social opportunities. We continually make SDOH and community resource linkage a priority in our overall efforts through: • Population assessments • Integration of actionable data • Risk stratification based on evidence-based logic
Population Identification and Person-Centered Interventions
Building on risk stratification, we identify the most appropriate and relevant interventions and services for Kentuckians to engage them in their care, including but not limited to: • Wellness and prevention programs • Chronic condition management • Complex case management • BH management programs

Alignment of the NCQA PHM Model to Anthem's PHM Approach
Measurement
We continuously assess, monitor, and deploy all types of measures that are relevant to each program goal and utilize our tools to evaluate the impact of the overall approach. Data we measure and monitor includes, but is not limited to: • Clinical and non-clinical data • Cost and utilization • Member and Provider experience
Care Delivery System
We partner with Providers to engage with and support care delivery towards PHM goals and to align activities through arrangements that include: • Value-based payment arrangements • Collaborative training • Data sharing, shared decision making, and other process improvement to reduce administrative burden
Community Resources
We partner with community-based programs and stakeholders, including PHDs and school systems, to assure access to community-based resources and value-added services that will help meet the total needs of Members. CENs identify and address Members' SDOH barriers through hands-on assistance and by connecting Members to community resources and Anthem's value-added services.

Evolving Our PHM Approach to Drive Better Outcomes

Our PHM approach includes specific programs and initiatives to improve the health of our Members and their communities. We use population-level health and socioeconomic (population) data and powerful analytics to generate both social and clinical insights to identify opportunities and health disparities, and to work together with our Members to improve their health and overall well-being. Anthem integrates SDOH and clinical data to bring greater focus and personalization to Member engagement efforts. Our Interactive Analytic Insights quality tool now incorporates an SDOH Dashboard that includes a visualization of local SDOH data. Six SDOH categories are included, with targeted measures within each that include Food Insecurity, Cultural Barriers, Income Inequality, Disconnected Youth, and Health Outcomes. The tool enables us to measure the impact of SDOH interventions and other programs on HEDIS quality measures. ***A visual example of this tool is provided in Figure C.24.a-6.***

Figure C.24.a-6. Integrating SDOH Data to Drive Quality Improvements



This insight allows us to focus services on what matters most to Members, their families, and their communities. Using population health data and our SDOH and Clinical Overlay tool, we are able to effectively promote prevention and population health through a combination of community education, Provider partnerships, Member accountability and self-management, and innovative programming.

Anthem will continue to enhance our quality data infrastructure and analytics to reduce health disparities. We will also use these systems to report against stratification criteria and increase our ability to meet the needs of our membership based on demographics and geography. Armed with this data, Anthem can identify opportunities for improvement, plan and implement interventions, study the impact of those changes globally and within stratification groups, and then repeat the process using the rapid-cycle quality improvement (QI) method. This ability to quickly refine interventions and measure results is key to producing sustained and significant improvements.

Our programs seek to better manage individual and population health while collaborating with community organizations and other stakeholders to provide key solutions and services. For example, through ***Community Resource Link***, we provide Members an online, continuously updated resource that locates and displays all available local community-based programs, benefits, and services. This web-based system includes an internal component that links directly to our Health Intech platform (our care management system). This helps our Care Managers and CENs recommend resources and supports that Members find useful. Our programs and pilots are also designed to tackle SDOH barriers to reverse the cycle of poverty and poor health, focusing on such areas such as safe and stable housing, access to food and services, transportation, and educational and employment supports.

In alignment with NCQA's PHP standard to provide support to Providers, we have also continued to expand upon our Provider-based collaboration strategies. By leveraging our partnerships with Providers, we are best positioned to deploy Provider-based strategies that mutually drive better health outcomes for Kentuckians. Together, we engage with and support care delivery towards PHM goals and aligned activities — including value-based payment arrangements, data sharing, patient centered medical homes, and shared decision making aids — to drive better, more affordable and effective health outcomes. For example, through the ***Social Determinants of Health Provider Incentive Program*** we are adding a Provider incentive to our PQIP and PQIP Essentials value-based payment programs. The incentive is an additional amount for addressing Members facing SDOH barriers. To qualify for the incentive payment, the Provider must complete SDOH Member Assessments and help connect Members to social resources. As part of the SDOHPIP we are increasing Provider awareness and utilization of our Community Resource Link as a resource to refer Members to community organizations that can help them meet unmet SDOH needs. Section C.3 describes our existing and proposed Provider incentive programs.

iii. Outreach and Engagement

iii. Plan to ensure high levels of Enrollee participation across all priority populations and conditions, including innovative methods for contacting and engaging Enrollees to initiate completion of Health Risk Assessments and Enrollee Needs Assessments.

The significance of Member participation and engagement cannot be overstated; it has been demonstrated in studies that Members who are less engaged were significantly more likely to experience problems in the coordination of their health care.[5] We designed our outreach and engagement strategy to involve Members as quickly as possible to assess their needs and connect them to programs, Providers, and needed community supports.

Multiple Modalities to Contact and Engage Members to Complete the Health Risk Assessment

We make multiple attempts to reach all Members and offer them several different modalities for completion of the Health Risk Assessment — by mail, on the Enrollee (Member) website, telephonically, and in person. We currently use contact information received from the Commonwealth and will use the Kentucky Health Information Exchange (KHIE) in 2020 when reaching out to Members, including any available alternative contact information. As described in Table C.24.a-3, we will enhance our existing processes for contacting and engaging Members to complete the HRA.

Table C.24.a-3. Existing and Enhanced Outreach to Facilitate Health Risk Assessment Completion

Outreach Method	Description
New Member welcome call	New Members receive welcome calls that include information about and an opportunity to complete the HRA with our Customer Care Representative at any time during the call. We make three outreach attempts within 14 days of Member enrollment, identification, or referral.
New Member welcome packet	Notification in the new Member welcome packet provides information on the purpose and importance of the HRA, the ways in which the Member can complete the HRA, and the incentive available for doing so. When enrolled in our Healthy Rewards program, the Member will receive a $25 reward for completing the HRA within 30 days of enrollment.
Online and texting	The HRA tool is available online at the Enrollee (Member) website. Members are notified of the option to complete the HRA online in the welcome packet and through new Member text messages.
Live outbound calls	We prioritize outreach to newly enrolled high-risk Members whom we identify from analysis of the 834 enrollment file, available claims data, reports received from the Department of Aging and Independent Living (DAIL), our risk stratification process, and from referrals. The Care Management team will also reach out to Members identified in a priority population or with high-risk who have not completed the HRA.
Community Engagement Navigators	Community Engagement Navigators will attempt to locate and engage Members we are unable to reach by any other method in order to complete the HRA and engage with the Member. They will work with physician offices, pharmacies, community-based organizations, schools, DPH agencies, and homeless shelters to solicit assistance in engaging with Members who are difficult to reach. We will request that these entities notify us when these Members attend appointments, receive services, or fill prescriptions, if appropriate, and encourage the Member to contact Anthem's Member

[5] AARP Special report: Your key to better care? AARP & You. July/August, 2009:62.

Outreach Method	Description
	Services and provide our toll-free number. Community Engagement Navigators will identify available community partners and Providers who employ CHWs and paramedics to go into the community and find Members who use community and public services, such as homeless shelters and Women, Infants, and Children (WIC) offices. We will also mine data to identify recent service utilization on a monthly basis through claims history, predictive modeling, and Daily Hospital Census Reports.

During each contact with Members, Anthem staff (PHM team, Member Services, BH Services Hotline, 24/7 nurse hotline) proactively validate Members' phone numbers and addresses and ask for their preferred method of contact. This information, as well as each outreach attempt, is documented in the Member's electronic health record (EHR) in Health Intech. Whenever a Member contacts Anthem, we check the Member's EHR to identify those who have not completed the HRA and offer to complete it while engaged with the Member, informing them of the incentive for completion.

Cultural Awareness and Competency in Outreach and Engagement

We work to recruit and retain a diverse workforce that represents the cultural, ethnic, and language preferences of our Members and who often have life experiences in common with our Members. Cultural awareness is key in care management and population health. Cultural competency is a fundamental element of person-centered care, along with cultural humility and awareness of one's own personal attitudes, beliefs, and behaviors, which may consciously or unconsciously influence interactions with Members. Our annual cultural competency training is provided to all staff, including our Member-facing team members, Outreach Care Specialists, Community Engagement Navigators, and Care Managers. It is designed to help them to identify and understand the impact that culture has in the way Members look at their health and illness, where and when they seek services, and which care and services may be preferred or unacceptable. For these staff, it is essential to be armed with cultural competency training in order to identify and support Members across diverse backgrounds, values, and behaviors. Through culturally competent outreach, our care and population health management teams can successfully engage Members in their health care decision making, understand the benefits and services available to them, and the availability of tools, education, and resources that will help them to explore their own values and preferences, making informed choices.

Engaging Hard to Reach Members

Sometimes Members are hard for us to reach because contact information is not current or circumstances, such as frequent moves or homelessness, prevent a timely connection. We use a myriad of methods to engage with identified Members and offer Care Coordination and management supports. All identified Members referred to our Care Management department are flagged for follow-up. Members prioritized for in-person outreach include those who are experiencing homelessness or who have other high risk factors as indicated by prior claims history, admission and discharge information, or from internal and external referrals.

A Care Manager whose expertise and training best supports the Member's primary condition attempts to connect with the Member first by phone, at different times of the day and days of the week. The Care Managers may search pharmacy, durable medical equipment, and home care data to obtain updated contact information when needed. When Care Managers successfully reach a Member, they introduce the Anthem care management program, explaining their role as a personal

advocate who will work in tandem with them to help secure access to care and services identified by their Providers and help them to meet their care goals. Building upon their evidence-based health coaching and motivational interviewing training, Care Managers will engage with Members and offer assistance to address immediate clinical and psychosocial needs, and to help find solutions to the challenges they may be facing.

If unsuccessful, Care Managers will try to reach Members a second time. If they continue to be unsuccessful, they will mail an 'unable to contact letter' to the Member offering assistance and encouraging the Member to call back. Care Managers make no less than three but often more outreach attempts by mail and by phone at different times during the day. They may also refer the Member's outreach to one of our field-based team members including Outreach Care Specialists and Community Engagement Navigators to attempt to meet with the Member in person or to contact Providers and community partners who may have had recent contact with Members.

People experiencing homelessness often do not have a phone or access to a stable mailing location so our usual methods of communication (phone and letter) will not work. In order to locate and engage with these Members in a timely manner, we will access the Homeless Management Information System in 2020, which collects Member-level data and information on housing and support services to individuals and families experiencing homelessness. As an HMIS user, we will be able to use the "client tracker" — a valuable application that helps locate Members by viewing where they receive services in the community. If the Member is accessing homeless services it will be recorded in HMIS. HMIS also provides names and contact information for service organizations and Providers currently working with our Members, facilitating timely connection and coordinated care planning. The Care Manager can then access the names and contact information of the organization and staff providing services, which can facilitate proactive Care Coordination.

Innovation – Locating Members Experiencing Homelessness

People experiencing homelessness often do not have a phone or access to a stable mailing location so our usual methods of communication (phone and letter) will not work. In order to locate and engage with these Members in a timely manner, we will access the Homeless Management Information System (HMIS), which collects Member-level data and information on housing and support services to individuals and families experiencing homelessness. As an HMIS user, we will be able to use the "client tracker" – a valuable application that helps locate Members by viewing where they receive services in the community. Upon location, we will reach out to engage both the Member and service organization for coordination of care.

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iv. Population Health Management Program Defined Risk Levels

iv. The Contractor's approach to each of the three PHM Program defined risk levels: health promotion and wellness, management of chronic conditions, and complex care management.

Our PHM approach includes health promotion and wellness, chronic condition management, and complex care management delivered through an integrated, holistic model. We prioritize identifying and stratifying Member risk and needs through predictive modeling, claims data mining, and the results of the initial HRA and Enrollee (Member) Needs Assessment to connect Members to the most appropriate level of interventions and support. ***We embrace a No Wrong Door approach and accept referrals to our care management program, both internal***

and external, from any source, including Member self-referral, family members and caregivers, Providers, and organizations that support Members in the community.

Our Approach to the Commonwealth's Defined Risk Levels

Our approach addresses Members' needs holistically: we do not separate the management of Members' BH needs from other needs, instead offering interventions that promote mental health at all defined risk levels. Outreach and delivery methods vary based on personal preference, barriers, and cultural needs. Our overarching goals are to:

- ***Empower Members to engage in their health care*** by providing information and education to promote condition-specific self-care management and facilitate Member behavior change:
  - Confirm they understand their current personal health
  - Support them in making health decisions and behavior change
  - Promote access to appropriate and high quality health care
  - Help Members manage their health conditions and events to improve their health literacy and their health outcomes
- ***Educate and involve Members*** in the coordination of their services and supports to promote self-management and improve health care outcomes
- ***Connect Members with community-based resources*** to address their SDOH needs, including housing, transportation, food security, education, and employment

To make sure we address the holistic individual needs of Members, our Risk Level offerings build upon one another. For example, all Members at Risk Level Two also have access to the services, supports, programs, and resources identified at Risk Level One and Members at Risk Level Three also have access to the offerings at Risk Levels One and Two.

a. and b. Tools, Types of Data, and Risk Stratification Methodology Used to Identify Enrollees and Risk Levels

a. Tools the Contractor will use to identify Enrollees and their risk levels and to support services provided.

b. Risk stratification methodology and descriptions of the types of data that will be used

The process of identifying Members who could benefit from care management begins immediately upon enrollment. We use multiple means to identify Members who may benefit from Care Management in our "No Wrong Door" approach, including predictive modeling, referrals, and other sources of valuable data, including the Health Risk Assessment. The Health Risk Assessment is one of the first ways in which we can quickly identify and engage Members in care management, especially in identification of Members who may have special health care needs or who are facing SDOH barriers. Information collected in the Health Risk Assessment is reviewed for clinical and SDOH "triggers" and Members are referred to care management or population health team members for outreach and engagement.

We utilize five key data sources to identify Members and their risk levels:

- Health Risk Assessment, including SDOH, following identification at initial enrollment
- The Commonwealth's enrollment file, supplemented with real time Member information from KHIE
- Data analytics of historical Member utilization, as available
- UM data mining for existing authorizations
- Referrals from Providers, agencies, internal staff, and community-based organizations

Proactive Identification of Member Risk Level

Identifying Members and Their Risk Levels

Our approach to risk stratification considers multiple factors and is not solely based on clinical indicators. Our analytics have been built to continuously and systematically assess the complex interactions of physical, behavioral, and social factors in the delivery of health care, aligning Members to the appropriate level of care management, and to identify the appropriate level of intervention for the Member's individualized needs. Member-specific information is refreshed monthly through our continuous case finding process using continually updated data sources, including claims review for changes in utilization, such as hospitalizations, ER visits, and readmissions, as well as the results of the HRA, Member Needs Assessment, and reassessments.

Our Data Analytics and Predictive Modeling Tools Identify Members' Risks

Our Health Care Analytics team has recently developed an additional 30 predictive models based on 65 outpatient surgery categories.

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Our Proprietary Chronic Illness Intensity Index (CI^3), described next, is based upon Johns Hopkins' methodology of Adjusted Clinical Groups (ACG) and UCSD Chronic Illness and Disability Payment System (CDPS) and is used to identify and predict risk specifically for our Members in Medicaid. Using claims data aggregated from a 12-month look-back period, Members are stratified according to complexity, from low to high risk, and assigned a risk score. Our tools are updated no less than quarterly to align with disease mappings and NDCs, as well as ICD-10. This helps us identify Members with frequent ER or inpatient visits, or whom have complex and comorbid physical and behavioral health needs. Incorporated into our suite of predictive modeling tools is a Likelihood of Inpatient Admission Score which predicts inpatient admission based on disease or comorbid conditions within the next 60 days. We have also established access to the KHIE, and use all available sources of data, such as claims, inpatient and ER utilization data, and available Commonwealth reporting data to identify known clinical issues, medications, and other relevant health information.

- **Chronic Illness Intensity Index.** Our predictive modeling Chronic Illness Intensity Index (CI^3) helps us proactively monitor and mine utilization data to identify Members with high rates of utilization who may be at risk for ER visits, inpatient admission, medication adherence issues, or other problems that might be preventable. CI^3 produces a risk profile of low, medium, or high, which serves as the initial basis for outreach, care management assignment, and follow up. CI^3 compares the complexity of all Members in our diverse population and is based on our internally-built Medicaid Future Risk model. It is the primary component of our proprietary predictive modeling system, which synthesizes Member data, such as diagnoses, hospitalizations, ER encounters, expenditures and demographics, to develop individualized risk profiles. Types of data used for risk stratification include:
  - Demographics
  - Chronic conditions
  - Authorizations
  - Requests
  - Labs
  - Cost and utilization
  - Pharmacy use
  - Ambulatory sensitive conditions
- **Likelihood of Inpatient Admission Scale.** For those Members with the most complex needs, we employ a second predictive model, the Likelihood of Inpatient Admission (LIPA). To accurately predict complexity and risk among Members, our LIPA scale uses a combination of utilization (claims, encounter, and authorization data), demographic factors, and diagnostic

information to predict the likelihood of inpatient admission within 60 days. With this information, we focus resources on Members with the highest immediate risk.

- **Additional predictive modeling tools.** The following tools help us generate risk scores for subpopulations to further stratify Member risk level, prioritize outreach and assessment, and determine the scope and level of intervention needed:
  - **Low Intensity Emergency Room Risk (LIER)** predicts the likelihood of an ER visit in the next three months for a low intensity condition
  - **Emergency Room TRIAGE** predicts the likelihood of Members with an emerging risk of Emergency Room utilization
  - **Statistical Obstetrical Risk (STORK)** determines risk of delivering an infant that may be admitted to the Neonatal Intensive Care Unit
  - **Readmission Score (RAS)** analyzes inpatient daily census report to determine likelihood of readmission
  - **Behavioral Health First Time Admission (BH FTA)** identifies indicators of BH issues that may result in admission
  - **Pharmacy tools** identify indicators of underutilization, overutilization, and possible opioid use disorder
  - **Early Warning Tool**, recently developed by our Health Care Analytics team, will be a pilot for Kentucky that identifies new Members with limited claims data who could potentially become a high-user of services because of SDOH barriers even sooner than our CI^3 predictive modeling does.

INNOVATION

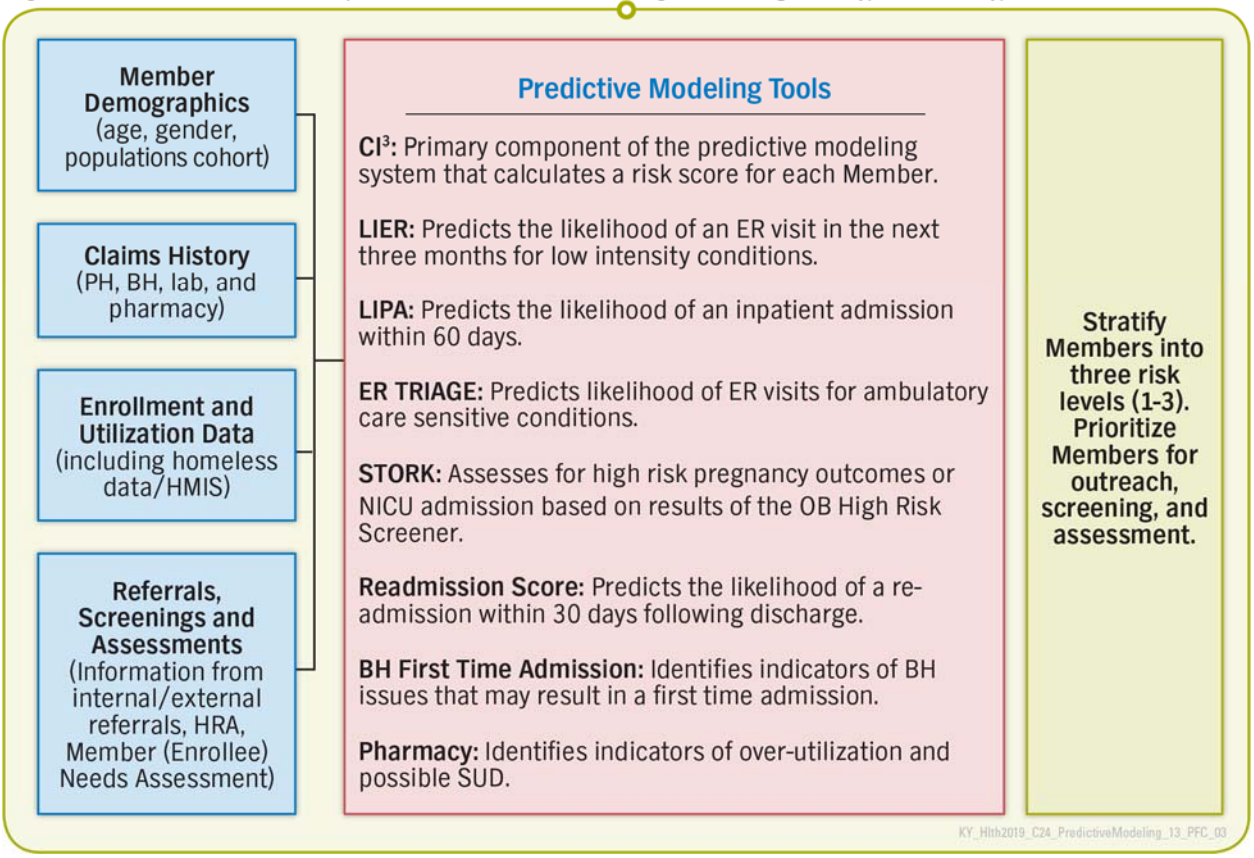
Member Risk Stratification and Types of Data We Use

We utilize five key data sources to identify Members and their risk levels:

- Health Risk Assessment, including SDOH, following identification at initial enrollment
- The Commonwealth's enrollment file, supplemented with real time Member information from KHIE
- Data analytics of historical Member utilization, as available
- UM data mining for existing authorizations
- Referrals from Providers, agencies, internal staff, and community-based organizations

We use all available data and apply predictive modeling tools to generate a Member-specific risk score and stratification level or tier. Member-specific information is refreshed monthly through our continuous case finding process, including updated claims and the results of comprehensive assessments and reassessments. Figure C.24.a-7 illustrates the types of data our predictive modeling tools use to stratify Member risk level.

Figure C.24.a-7. Our Data Analytics and Predictive Modeling Tools Help Identify and Stratify Members' Risks



Adjusting Member Risk Level

While risk stratification is predictive of a Member's needs, Care Managers may change a Member's Risk Level based on additional information received during the Member Needs Assessment or from other assessments and information sources. Care Managers identify and assess Members for care management engagement based on clinical criteria and indicators such as unmet social determinants of health; inpatient/outpatient transitions; PH, BH, and pharmacy claims data; incident reports (suicide attempt, overdose); opioid use patterns; as well as internal and external referrals. Clinical criteria for referral to care management may include, but are not limited to the following:

- Subsequent readmission
- Four or more admissions within the previous 12 months
- Unplanned hospital admission of a Member in care management within the previous 30 days
- Catastrophic illness and injury
- Chronic diseases not followed by Chronic Care Management
- Potential transplant candidates
- Patterns of inpatient and outpatient utilization
- Identified gaps in care
- Members without preventive care within 12 months

As Members' needs change, they may move in and out of specific care management levels but will remain assigned to a single Care Manager while engaged. This helps reduce fragmentation and offers seamless continuity of care.

Ongoing Risk Stratification Tool Monitoring

We monitor all predictive models monthly, comparing Members' risk scores to outcomes to verify that they are still accurate. We also complete a formal annual assessment for a tool's effectiveness and make needed revisions following testing and validation.

We continuously improve our predictive models and identify new opportunities for identifying risk. Our predictive models are continuously being improved. For example, a recent review of the ER predictive tool across Anthem affiliate health plans resulted in a change in focus from the number of ER visits in the previous six months to a model that examines low intensity ER use. This included the consideration of an array of contributory factors, such as a Member's distance to the nearest urgent care center, number of primary care and outpatient visits, and the Member's age. The model was refined through machine learning and is proactive rather than reactive. It identifies Members for either a care management or education strategy, directing care management to those at greatest risk of future ER use.

c. Identifying Enrollees with Priority Conditions or in a Priority Population

c. Methods to identify Enrollees for each of Kentucky's priority conditions or populations.

Having served Kentucky Members in Medicaid for more than six years through staff that live and work across the Commonwealth, we are well-versed in the health issues, including SDOH barriers facing our Members. Using our ***No Wrong Door*** approach, we use multiple methods to identify Members with priority conditions or in priority populations, including review of data and information:

- PHM-dedicated Data Analyst
- Care management team
- UM team
- Review of information provided from the Commonwealth (834 enrollment file, KHIE)
- Screening and assessments results (HRA, Member Needs Assessment)
- Internal referrals from health plan staff (Enrollee Services, Care Coordination, Community Engagement Navigators, Outreach Care Specialists, UM, BH Services Hotline)
- External referrals (Member self-referral, family members, caregivers, Providers)

Table C.24.a-4 describes the ways in which we identify Members with health priorities and in priority populations.

Table C.24.a-4. We Use Multiple Methods to Identify Priority Populations

Priority Condition	Key Indicators
Adults over 65*	• Age identified on the 834 enrollment file • Auto-notification from our care management system, Health Intech, that a Member is about to turn 65 • Claims data for codes such as arthritis, Alzheimer's disease, cancer, heart disease, and osteoporosis
Asthma*	• Claims data for pulmonary function tests, such as spirometry, exhaled nitric oxide, and challenge test codes • Daily Census Report that indicates hospitalizations and ER visits for asthma • HRA and Member Needs Assessment results that indicate a history of asthma • Data for prescription fills for asthma relief medications
Cancer*	• Claims data for blood tests, complete blood count (CBC), urinalysis, tumor markers, and radiology codes

Priority Condition	Key Indicators
	• Claims by Provider type • Medications for cancer-related treatment • Review of health history that demonstrates cancer
Children with Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) special services*	• Claims data review indicating codes for EPSDT special services, such as: o Additional pairs of eyeglasses after the Medicaid vision benefit has paid for the first two pairs in a year o Additional dental cleanings after the Medicaid dental benefit has paid for one cleaning o Nitrous oxide used in dental treatment o Nutritional products used as a supplement rather than as the child's total nutrition • Family member, caregiver, and Provider referrals • Results from the HRA and Member Needs Assessment
Children in Foster Care*	• 834 enrollment file that includes an indicator for Foster Care • Notification by Child Protective Services • Requests from foster families for services • Identification during screening and assessment with biological parents and families
Children and adults who are blind or with disabilities*	• Kentucky's Disability Determination Services • Results from screening, HRA, and Member Needs Assessment, including functional ability screener • Notification by community-based organizations supporting the Member, with Member consent
Chronic conditions* (physical health, BH)	• Physical Health o Claims data review for condition codes, such as arthritis, asthma, cancer, COPD, diabetes, and viral diseases, such as Hepatitis C and HIV/AIDS o Hospitalizations and ER visits o Review of medications o Referrals from Providers and Specialists o Results from the HRA and Member Needs Assessment • Behavioral Health o 834 enrollment file indicators, such as I/DD, serious mental illness and serious emotional disturbance o Claims data review for condition codes, such as ADHD, spectrum disorder, obsessive-compulsive disorder (OCD), schizophrenia, major depressive disorder, anxiety, and SUD o Claims data review codes, such as outpatient treatment, medications, and counseling o Referrals – Member self-referral, family members, caregivers, and Providers o Results from the HRA and Member Needs Assessment, as well as Provider screening and assessment o Psychotropic medications identified through our Pharmacy Management Program
Chronic obstructive pulmonary disease (COPD)**	• Claims data review for hospitalizations • ER visits for breathing difficulty, cough, mucus production, and wheezing • Claims data review for codes, such as chest X-rays, CT scans, arterial blood gas analysis, and other lab tests • Claims submittal from Providers and Specialists • Results from the HRA and Member Needs Assessment
Heart disease*	• Claims data review for blood test, Electrocardiogram (ECG), exercise stress test, Echocardiogram (ultrasound), nuclear cardiac stress test, coronary angiogram, Magnetic resonance imaging (MRI), and coronary computed tomography angiogram (CCTA) codes • ER visits • Results of screenings and assessments • Referrals from Providers to Specialists
Hypertension**	• Claims review of hypertension codes

Priority Condition	Key Indicators
	• Referrals from PCPs to Specialists • Member self-referral • ER visits • Results from the HRA and Member Needs Assessment
Pregnancy, including high-risk*	• Review of the 834 enrollment file that includes an indicator for pregnancy • Notification by Member Services or Community Engagement Navigator following identification during the HRA • Results of the OB screening during the Member Needs Assessment • Receipt of the Provider Notification of Pregnancy (NOP) form • Review of claims data that identify indicators of pregnancy, such as OB/GYN appointments and lab results • Review of claims history that indicates previous high-risk pregnancy, including preterm deliveries and NICU stays
Homelessness**	• Hospitalizations and ER visits • Results from SDOH Assessment, HRA, and Member Needs Assessment • Indicators of major illnesses that are often associated with homelessness, such as substance use, depression, hypertension, diabetes, and asthma • Referrals from family members, ER staff, and community-based organizations including shelters
Low birthweight*	• Ultrasound results during pregnancy that indicate low birthweight • Notification of preterm delivery • Hospital results of the Recommended Uniform Screening Panel (RUSP) • Baby weight of five pounds, eight ounces or less • Maternal history identified through the HRA and Member Needs Assessment, including the OB screener
Neonatal Abstinence Syndrome (NAS)	• Notification from the hospital following delivery • Notification from Child Protective Services • Claims data for codes, such as NICU services and infant toxicology screens • Maternal drug use identified during the HRA and Member Needs Assessment, including the OB screener • Claims for Maternal drug screens, use of medication, and multiple Providers and pharmacies • Referrals – Maternal self-referral, family members, and Providers
Obesity*	• Analysis of claims data for blood tests, obstructive sleep apnea, chest pains, and low back pain • Capturing body mass index scores that are > 30 for adults and greater than the 85th percentile for children • SDOH assessment results that identify barriers to accessing healthy foods and drinking water • Provider referrals and Member self-referrals
Prescribed Pediatric Extended Care (PPEC)*	• Claims data review for licensed PPEC Providers, child life specialists, and developmentalists • Claims data review for codes, such as physical, occupational, and speech therapies; and skilled nursing, DME, and supply needs for Apnea monitoring, oxygen administration, tube feedings, Tracheostomy care, frequent medication administration (IV medications), and ventilator management
SDOH**	• Primarily identified through our SDOH Assessment, HRA, and Member Needs Assessment tools • Member self-assessment through the Member website and Member app • Member requests through Member Services for assistance with access to food, housing, education, and transportation • Referrals – Member self-referral, family members, caregivers, Providers, and community-based organizations

Priority Condition	Key Indicators
Substance use disorder (alcohol, opioids, and other drugs)*	• Claims data through our Pharmacy Management program for multiple medications (benzodiazepines, opioids), multiple prescribers, and pharmacies for refills • Frequent visits to different ER locations • Outpatient treatment and dental codes • Provider SUD screening results • Results from the HRA and Member Needs Assessment, including the BH screener • Referrals — Member self-referral, family, caregivers, and Providers
Tobacco Use*	• Primarily identified by Members during the SDOH Assessment, HRA, and Member Needs Assessment • Claims data review of codes, such as for chronic bronchitis and upper respiratory infections • Review of diagnoses, such as lung and esophageal cancer, COPD, heart disease, stroke, and cataracts • Referrals — Member self-referral, family members, caregivers, and Providers

**Priority Conditions and Priority Populations Identified by the Commonwealth*
***Additional Priority Conditions Identified by Anthem*

d. Services and Information by Risk Level

d. Services and information available within each risk level.

As mentioned in the initial introduction of this section, Anthem attributes our membership into one of three basic levels: Level One – Low Risk, Level Two – Medium Risk Chronic Conditions; and Level Three – High Risk Complex Needs. The following in this section will profile the services, information, and infrastructure that are in place for each of these populations.

Our PHM model combines the use of sophisticated Member profiling and predictive models with a continuum of interventions designed to meet the Member where ever their needs are — we recognize Member needs can often move across the risk levels and the continuum of care. Our PHM Care Management team members continually monitor and adjust Member risk level, interventions, services, and supports as needed based on the Member's ongoing needs. Our model will continue to evolve based on the evidence, best practices, and ever-evolving technology with the goal of enhancing Member engagement and improving health outcomes.

Level One — Health Promotion and Wellness

We recognize over half of our Members are "community well" and benefit most from regular monitoring and notification of care gaps and care opportunities, with an emphasis on health education and wellness. Our approach to Level One is to ***encourage Members who are healthy to remain healthy*** by providing community-based and online health and wellness programs (preventive care, nutrition, physical activity, and BH wellness) and information and offer Care Coordination and systems navigation to support Member health.

One example of our efforts includes sending population health-based text messages with wellness and prevention appointment reminders to Members through HealthCrowd, which allows Members to respond to our reminders. ***For example, in 2019, 26.3% of Members who received preventive appointment reminders regarding hypertension and controlling blood pressure and 25.5% of Members who received follow-up reminders after hospitalization responded back with "Done."***

We also offer programs and VAS that promote health, wellness, and self-management, such as membership to the Boys & Girls Club for physical, nutritional, and social activities; and our

Online Well-being program, which promotes BH and wellness through instruction and games, and the Shine Light on Depression program. This program is a unique collaboration of organizations committed to raising awareness of depression and preventing suicide among middle and high school youth and provides an e-toolkit that provides school communities with free, ready-to-use tools designed to raise awareness of depression and suicide prevention in a positive, fact-based, and inclusive manner. Our Level One services, supports, programs, and resources are highlighted in Figure C.24.a-8.

Figure C.24.a-8. Supporting Health, Prevention, and Wellness to Promote Healthy Lifestyles

Maintaining Member Health and Wellness

LEVEL 1 - Low Risk, Prevention, Population Health, and Care Coordination

Health Promotion, Care Coordination, and Service Navigation

Member Outreach, Wellness, Health Promotions, and Member Education:

- Welcome Call and Initial HRA (including SDOH)
- Outreach Care Specialist and CHW Outreach
- Community Engagement Navigator Outreach and Engagement
- Clinic Day Program
- Community Based Pilots and Initiatives with Coordination of Benefits (COB), Public Health, Schools, and Providers
- School-based Telehealth Program
- My Health Advantage – Gaps in Care Alerts
- Online Well-being Program
- NCQA Accredited Chronic Care Management Programs as Indicated
  - Heart Disease
  - Diabetes
  - Obesity
  - Mental Health and Substance Use Disorder
- Medication Therapy Management Programs
- Obesity
- Online Health Education (A-Z Education, CommonGround)
- Community Resource Link
- Personal Health Record
- Text Message Health Reminders
- Health Guide Outreach and Engagement
- 24/7/365 Member Services Call Center, BH Services Hotline, Nurse Hotline
- Prenatal My Advocate Program
- New Baby, New Life Pregnancy Supports
- Telehealth
- Healthy Rewards Program
- Over 20 Value-added Services
- Tobacco/Nicotine Prevention and Cessation Programs
- Breast Feeding Consultation and Breast Pumps
- Family Planning and Education
- Community Services and Unmet Health-related Resource Needs

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Our goal for Members stratified at Level One risk level is for them to remain healthy through connection to community resources that build resiliency and healthy habits, through regular preventive care, and through increased health literacy. Our health education programs and wellness services educate Members on navigating the health care system through Care Coordination, access to preventive and primary health care services, prenatal care, and appropriate use of services, such as appropriate use of alternatives to the ER (after hours primary care, urgent care).

Public Health Consultants

Our Public Health Consultants will be strategically located in key Regions across the Commonwealth to promote positive health outcomes by offering Members and Providers health education and materials in the community on a variety of topics, such as:

- Health literacy
- Preventive care, including immunizations and annual wellness checkups
- Targeted programs, such as our New Baby, New Life program for pregnant women and our Chronic Condition Management program (described in detail later in this section)
- Healthy lifestyle choices, such as nutrition and weight management, exercise and physical activity, smoking cessation, substance use, and injury prevention

- Family planning
- Safe sex information
- Educational and employment opportunities
- VAS (described later in this section)

Prevention and Health Education

We encourage preventive health care by educating Members through the Member Handbook, on our Member website, through our mobile app, and during outreach calls. We use various methods to communicate with Members to provide information and education, which accommodate diverse learning styles. All health education services described are available in English and Spanish and in all other languages upon request through the Member Services call center and by using Interpreter Services.

In addition, a key element of our Member engagement strategy is the use of ***interactive text message campaigns*** to educate and engage Members to help them better manage their chronic conditions and improve general wellness. We send interactive messages to Members monthly and include individualized messages based on their identified needs and conditions. Examples of our message campaigns include reminders for annual wellness exams and screenings, smoking cessation, completion of the HRA, follow-up after a BH hospitalization, encouraging urgent care or PCP visits rather than ER use, and chronic condition management. Through our text engagement campaigns and written communications, we encourage Members to contact Anthem's Member Services with inquiries about when and how to access self-referral services available to them, such as how to select a Provider.

We also conduct the following activities to provide information and educational materials to Members:

- ***Member blogs*** provide an opportunity to disseminate information to Members regarding the following: changes to health plan benefit coverage and services, preventive health care guidelines, special Member events and services, legislative changes, health management programs, health education classes and services, counseling opportunities, and enrollment information. The Member Blog is replacing our Member Newsletter, accommodating consumers' increasing preference for easy to read, online content.
- ***Targeted mailings*** provide health education and health management information to Members. Examples of targeted preventive health care reminders are Pap test and mammogram reminders.
- ***Healthwise A to Z*** is an NCQA accredited web-based resource about health topics, preventive care, and programs to help manage Members' special health needs and is available to Members through a link at https://mss.anthem.com/ky.
- We provide ***health education brochures*** on our Member and Provider websites that describe the information and programs available to Members and how they can access this information.
- ***Health Education Classes*** are available to Members on a self-referral basis or from referrals by Providers. Members may contact the Member Services call center to request resources for health education classes and resources. The request will be forwarded to the most appropriate Public Health Consultant, who will provide the Member with our My Wellness Guide and help them select the resources that can meet their needs.

- Members may contact our ***Member Services call center, BH Services Hotline, or 24/7 nurse hotline*** for personal assistance with their health care needs. Our 24/7 nurse hotline is staffed by specially trained registered nurses (RNs) and is available to all Members. The 24/7 nurse hotline also offers general health information and a self-care library of pre-recorded messages, including descriptions of illnesses/conditions, signs and symptoms, treatments/home care/prevention, normal course of an illness, complications or warning signs, and when to contact a physician.
- We make ***outreach calls (live and automated)*** to identified Members, based on preventive care needs, chronic care conditions, utilization of services, or new enrollment in the health plan to inform them of Anthem's services, offer preventive care reminders, and assist Members with scheduling appointments.
- ***Primary Care Providers*** are required to follow the most recent evidence-based care guidelines for age and gender specific preventive care services and screening procedures. We adopt the most recent version of the U.S. Preventive Taskforce and American Academy of Pediatrics guidelines as well as recommendations of the Centers for Disease Control and Prevention (CDC).
- Members can download ***our mobile app for iOS® or Android™*** for ready access to their ID card, Healthwise A to Z, Symptom Checker and Condition Lookup, and to send a secure message to Member Services. The mobile app is available in English and Spanish.

Community Outreach Specialist Program

One of the functions of our Community Outreach Specialist team is to develop events with our community-based partners like health fairs, or volunteer efforts. These events bring education, training, and actual screening type services to the population. Our Community Outreach team has developed an entire suite of topics including things like: Be Active, Be Healthy, Germs are Not for Sharing, Getting the right care in the right place at the right time, the importance of immunizations, screening exams, and oral hygiene. In 2019, Anthem sponsored nearly 2,100 community events and we are positioned to do even more throughout the entire Commonwealth in 2020.

Healthy Rewards Member Incentive Program

We inform Members about our program that offers incentives when Members achieve health goals and attend appointments, such as specific child and adult wellness checks and preventive screenings. Regular exams and preventive care provide an opportunity for a Member's PCP to identify conditions early, educate Members and their families, and establish patterns of self-care. When Members complete preventive screenings and other exams, they earn incentive dollars redeemable at a variety of retailers.

Value-added Services

Our VAS support improve health, self-management, and safety, as well as address SDOH for Members at all risk levels. Figure C.24.a-9 illustrates our current and new VAS.

Figure C.24.a-9. Anthem's Value-added Services Tailored to the Needs of Members in Kentucky

Anthem's Unique Value-added Services Meet Members' Needs

New VAS are shown in blue!

Maternal and Child Health	Education and Employment Supports	Promoting Healthy Lifestyles	Wellness	Opioid Supports
■ Mail Order Diapers ■ Books for Babies ■ Safe Sleep Kit ■ Breastfeeding Support Kit ■ Boys and Girl Club Memberships ■ Free Baby Shower Gift	■ No-Cost Laptop Benefit ■ Jump Start Program ■ GED Assistance ■ Criminal Record Expungement ■ Transportation Assistance ■ Lifeline Phone benefit ■ Community Resource Link	■ Fresh Fruit and Veggies Program ■ Home-Delivered Medically Tailored Meals ■ WW® (formerly known as Weight Watchers®) Memberships ■ Fitness Coach Program ■ Healthy Families Program	■ Caregiver Toolkit ■ Smoking Distraction Kit ■ Healthy Lifestyle Aids ■ Family Activity Coupon book ■ Sports and School Physicals ■ Adult Vision Benefit	■ Mail Order OTC Products ■ Medicine Safety Kit ■ Online Well-being Program ■ SUD Recovery Support Program

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New Baby, New Life Pregnancy Program

New Baby, New Life is our comprehensive maternal child health program for Members at all risk levels. It provides support for expectant moms who need just a little extra help and includes care management for mothers with high-risk pregnancies, described in detail under Level Three services later in this section. Pregnant women at all risk levels participating in the program receive health information for necessary prenatal and postnatal care through our Pregnancy and Beyond Resource Guide, illustrated in Figure C.24.a-10, that provides important information for a healthy pregnancy, such as:

Figure C.24.a-10. Our Pregnancy and Beyond Resource Guide Promotes Healthy Pregnancies

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- Maternal health and emotional well-being, including a healthy support system
- Prenatal care, nutrition, and physical activity
- Postpartum considerations, such as follow-up doctor's visits and potential for depression
- Planning for infant care and safety
- Family planning, including pregnancy prevention options

We send the guide after the Member joins the New Baby, New Life program within their first trimester or within 42 days of enrollment (in any trimester). We also send pregnant Members periodic mailings of educational materials, information on community resources, and access to coaches.

Level Two — Management of Chronic Conditions

Over a third of our Members have emerging risk identified through increasing utilization of higher cost services or levels of care. This includes Members who require short-term Care Coordination or management for chronic conditions, such as asthma, high blood pressure, depression, or who have unmet SDOH needs that place them at risk of poor outcomes, including nutritional deficiencies or housing instability.

First, We Listen

Based on Member and Provider feedback, we have expanded our chronic condition management program by adjusting our outreach material, offering additional remote monitoring tools (peak flow meters, blood glucose meters, blood pressure cuffs) for Members with higher risks, and implementing additional Member engagement strategies. This includes training outreach staff on motivational interviewing to encourage Member engagement and motivation in self-management and health literacy. Our Level Two services, supports, programs, and resources are highlighted in Figure C.24.a-11.

Figure C.24.a-11. We Identify and Support Members with Needs That May Increase Without Intervention

Meeting the Needs of Members with Medium and Emerging Risk

Level 2 – Emerging, Rising Risk, and Transitional Care Management – Local and Regional Interventions (Interventions Build from Level 1)

Member Needs Assessment, Condition Specific Assessments, and Advanced SDOH Assessment as Required

Care Management Interventions:

- Short-term Care Management and Care Planning as Needed
- Person Centered Care Plan and MDT, as Appropriate
- Integrated Weekly Complex Case Rounds with Interdisciplinary Team Expertise
- Targeted Home Visits for Unmet Needs
- Targeted Priority Population Condition Specific Outreach and Education
- Increased Interventions as Risks are Identified
- Community Engagement Navigators
- Peer Support Programs
- ER Diversion Program
- Post Discharge Management (PDM) Care Management Program
- BH Visit on Discharge

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We engage Members at this risk level in care management, health education, and Care Coordination and Management activities through a combination of telephonic and in-person contacts by Care Managers, Community Engagement Navigators, Peer Support Specialists, and CHWs depending on the Member's specific needs. For example, we assign Members with chronic conditions at Risk Level Two a Care Manager who provides telephonic health education and condition management specific to the Member's acuity level and coexisting conditions.

If the Member has unmet SDOH and needs help accessing an SDOH resource, our Community Engagement Navigators or CHW from a community-based organization helps connect the Member to Providers and community resources, meeting in person when needed. In addition to the information made available to Members at Risk Level One, Members at this level also have access to the following types of services, supports, and resources based on their individual needs and preferences:

- A chronic condition management enrollment letter with program and opt-out information
- Condition-specific educational material
- Telephonic condition education
- Evidence-based care management information related to the Member's specific needs, such as post discharge "red flag" education and self-management information
- Provider notification of program enrollment and collaboration information
- In-person information and assistance to help close gaps in care and address unmet resource needs

Chronic Condition Management

Rather than enroll Members in separate Chronic Condition Management programs based on their specific conditions (for example, separate programs for managing diabetes and depression for a Member diagnosed with both), our integrated approach comprehensively addresses all comorbidities and individual Member needs. We enroll Members in a single program based on the hierarchy of condition. For example, we enroll Members diagnosed with HIV/AIDS in our HIV/AIDS-specific Chronic Condition Management program, but also include support of additional comorbidities such as hypertension or depression as part of our holistic chronic condition approach. Our Chronic Condition Management programs support Members' physical health, BH, and SDOH needs through individualized services that include:

- Initial condition screenings
- Comprehensive health assessments
- Condition stratification
- Development of tailored Member interventions

Our Chronic Condition Care Manager collaborates with the Member, the Member's caregiver, and Provider using a person-centered approach focused on providing the tools and educational support necessary for Members and their caregivers to effectively manage health care needs. Our Chronic Condition Care Managers use telephonic coaching and education-based support instruments designed to improve care plan compliance and enhance the achievement of Member goals. The Care Manager stratifies Member needs based on the severity of their condition or combination of conditions and contacts the Member every other week, monthly, or quarterly depending on their identified risk.

All our Chronic Condition Management programs include the following components:

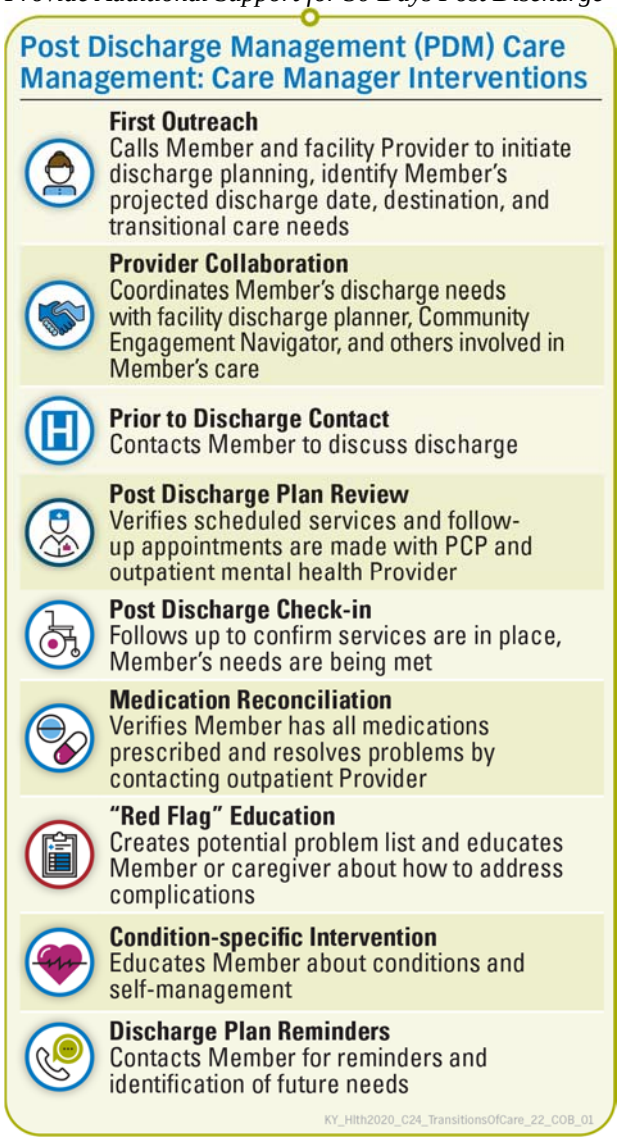
- A well-defined disease algorithm
- A comprehensive population identification process, supported by our proprietary risk stratification model
- Identification of gaps in care and outreach to address missed care opportunities in a timely fashion
- Evidence-based practice guidelines that are continuously reviewed and updated
- Collaborative practice models that include both the Member's PCP and other Providers
- Member self-management education, including prevention, behavior modification, and compliance
- Process and outcomes measurement, evaluation, and management

If at any time the Chronic Condition Care Manager determines the Member needs additional and more intensive support, they refer the Member, with the Member's agreement, to the Care Management team for complex care management.

Post Discharge Management (PDM) Care Management Program

As illustrated in Figure C.24.a-12, our PDM program provides a variety of short-term interventions and activities for Members in an inpatient setting who are transitioning to a lower level of care and are at highest risk for readmission. Candidates are identified through data analytics, Readmission Score generated through our predictive modeling, and also manually through a review of the Member's admitting information. Based on this information, our Care Management team determines who would likely benefit from clinician follow-up in addition to support from our Community Engagement Navigators.

Figure C.24.a-12. We Engage Members Early and Provide Additional Support for 30 Days Post Discharge



A PDM Care Manager (nurse or BH clinician) contacts the Member prior to discharge when feasible, or as soon as possible following discharge, and engages them in at a minimum of weekly calls for the first 30 days. The Care Manager works closely with the Member's PCP, Behavioral Health Provider as applicable, hospital discharge planner/social worker, and our UM clinicians to support the Member's discharge home or to an alternative and most integrated setting. Together, they assure completion of all post-discharge activities based on the Member's individual needs.

A primary focus is identifying and closing gaps in care during the initial transition period. Through close coordination, the Member's MDT works together to make sure the Member has access to essential services and in-home supports to prevent readmission. The Care Manager may request a home visit by a Community Engagement Navigator to check on the Member's status and confirm receipt of services needed to maintain the Member at home or in the community and prevent readmission.

We assess the effectiveness of our PDM program annually and most recently enhanced our Care Manager training with a focus on the evidence-based Coleman Transitions Model. We also created dashboards to track performance and shared best practices in transition support during integrated Care Management meetings.

Level Three — Complex Care Management

Our highest need/highest risk Members, comprise approximately 10% of all Members with high-risk and may also be in priority populations, such as heart disease, obesity, cancer, low birth weight, BH (SUD, OUD, tobacco) and specialized health care needs. This includes women with high-risk pregnancies; children, youth, and young adults in Foster Care; children and adults who are blind or disabled; adults over 65; individuals experiencing homelessness; and children with Prescribed Pediatric Extended Care needs. In addition to services available at Levels One and Two, Members at this level are enrolled in complex care management programs, including high-risk OB, High ER Utilization, and cancer care management programs with focused interventions.

Our clinical programs, complex care management, intensive Care Coordination, and targeted interventions described in Figure C.24.a-13 are designed to address their integrated care needs, including SDOH.

Level Three is distinguished by the intensity of interventions delivered by an assigned Care Manager who supports the Member in selecting and leading their MDT, as appropriate, working together on developing a person-centered care plan, assuring Member access to the services and supports identified on the care plan, and monitoring Member progress towards their goals. These Members typically have increased frequency of care planning, complex or comorbid needs supported by integrated rounds, and an increased focus on coordination of care with external entities, Providers, and agencies.

Figure C.24.a-13. Supporting Members with Complex, Chronic, and Co-occurring Needs

Meeting the Needs of Members with High Risk and in Priority Populations

Level 3 – High Risk and Priority Population Care Management – Telephonic, Face to Face, and Embedded Care Management Interventions (Interventions build from lower risk levels)

- Complex Care Management, Integrated Rounds, Multidisciplinary Care Team (MDT)
- Members with Special Health Care Needs
- High Outreach to Promote Engagement (HOPE)
- NICU Graduate Program
- Palliative Care Program and Advanced Illness Care Management
- Cancer Management program
- High Risk OB
- HERU – High ER Utilization
- 180 Health Partners
- Bluegrass Transitional Care
- Pediatric Prescribed Extended Care
- Lock-In Program
- Peer Supports

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We assign Members a nurse or licensed BH Care Manager with the expertise most closely aligned with the Member's primary needs. The Care Manager provides intensive coordination of services and supports, Provider collaboration and engagement, and facilitates communication among the Member's primary care, specialty, and ancillary Providers. Interventions may include coordination with other programs, agencies, and external case managers and outreach to community resources and programs by our Community Engagement Navigators. Level Three services include special programs delivered by our Provider partners, including Bluegrass Transitional Care and 180 Health Partners.

We have extensive experience implementing person-centered clinical programs for at risk Members, designed to improve quality of care and assist adult and child Members to reach optimal wellness. Through these specialized programs, we improve Member identification and engagement, and identify opportunities to improve health outcomes and patient safety, such as

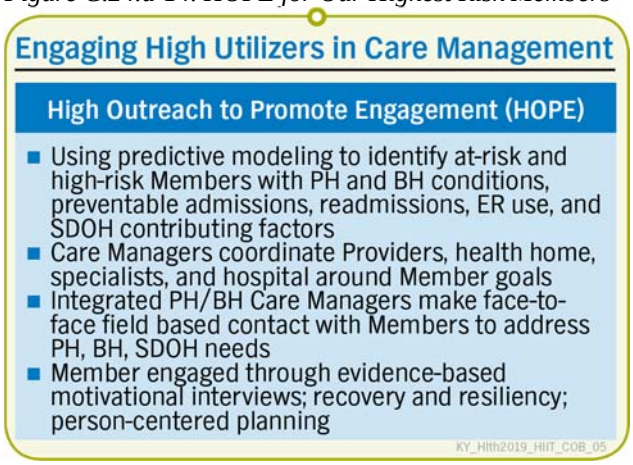
reduction in avoidable admissions, readmissions, and low-acuity ER visits. We describe some of these innovative programs next.

High Outreach to Promote Empowerment

High Outreach to Promote Empowerment (HOPE), summarized in Figure C.24.a-14, is a field-based care management program targeting our highest risk Members with complex PH and/or BH conditions who have frequent ER visits and multiple hospital admissions and who are not actively engaged in an existing care management program. We identify these Members through our risk stratification process and from referrals.

Our community-based Care Managers educate Members about how to utilize the most appropriate care to meet their health care needs through motivational interviewing, and person-centered planning. They work with Providers, such as PCPs, specialty physicians, and hospitals, to make sure all parties are working toward the same goals. The field-based Care Manager is the central point of contact for the Member, addressing their physical health, Behavioral Health, and social support needs. ***We experienced a reduction of 15.47% in Member utilization of the ER within six months of participation in the program.***

Figure C.24.a-14. HOPE for Our Highest Risk Members



New Baby, New Life Obstetrical Care Management

We enroll pregnant women in our New Baby, New Life program that is comprised of evidence-based Member and Provider interventions for pregnant Members at all risk levels, with specialized interventions for women with high-risk pregnancies, including individualized Obstetrical (OB) care management focusing on an individual woman's specific risks and needs. Our program offers:

- Individualized care management support for women at the highest risk
- Educational materials and information on community resources
- Incentives to keep up with prenatal and postpartum checkups

Our New Baby, New Life program complements the local Health Access Nurturing Development Services (HANDS) services provided by counties by supporting pregnant Members during the prenatal and postpartum period, and newborn Members (through the first 90 days of life), including those hospitalized and discharged from the NICU.

Our goal is to assure that pregnant women have access to appropriate obstetrical, medical, and BH Services. New Baby, New Life engages Members in care management as advocates for their own health care, and assists with the essential health care and supports that lead to a healthy pregnancy and newborn. Through this program, we identify pregnant women as early as possible, conduct a thorough individual needs assessment to assess each woman's risk, and then work closely with the Member to develop an individualized care plan for Members with high risk or those who request care management.

OB Nurse Care Managers may add additional assessment items to their screeners based on identified needs and branching logic to explore a Member's complex needs. Members may also submit a web-based health needs screener through the Member website, or they may submit it by mail. The completed OB High Risk Screener results in a Statistical Obstetrical Risk (STORK) score which indicates the Member's risk for delivering an infant requiring NICU admission based upon history of preterm labor or birth, prior baby with low birthweight, or diagnosis of hypertension or diabetes.

Members may also receive calls from OB Care Managers to provide inter-conception care management, with education and support in obtaining information to develop an inter-conception family life plan.

Pregnant Women with Substance Use Disorder

Substance use among pregnant women is a significant contributor to maternal mortality and can result in infants born with Neonatal Abstinence Syndrome. As a result, rapid engagement to initiate SUD treatment and intensive care management occurs immediately upon identification. Pregnant women that fall within the top 10% of our NAS Predictive Model score, are noted as having an urgent need, and are triaged into an ***OB SUD Care Management Queue***. The goal is to expedite Member enrollment into OB care management to facilitate treatment for SUD, improve the health of the mother, and reduce the incidence of NICU admissions for NAS.

In the Anthem Pregnant Women with SUD program, we provide intensive, wraparound care management through six months post-delivery. These visits can be facility-based, in the community, video conference (with approval) or telephonic. In these visits, Care Managers work with the women to support Care Coordination for overall health, including SDOH. Care Managers facilitate access to treatment and help the Member prepare for delivery, NAS treatment, discharge and post-discharge newborn care. Family planning is also addressed.

To help coordinate this program within Anthem, our Pregnant Women with Substance Use Risk (PWSUR) report is provided to assigned Care Managers weekly and highlights three areas of known risk for substance use in pregnancy:

- Current or recent prescriptions for controlled substances which can cause NAS
- Current or recent claims with diagnosis codes related to substance use or SUD
- Positive verbal screening answers ("Yes" or "Sometimes") on the OB screener questions related to substance use in pregnancy

With the information provided on the report, the OB Care Manager is better able to target their care management outreach and interventions efforts. The program also includes a NAS Provider Toolkit, a resource to increase PCP's familiarity with routine screening, brief intervention and referral to treatment (SBIRT) methods and tools; prevention and care of NAS and Neonatal Opioid Withdrawal Syndrome (NOWS); interventions known to decrease severity of symptoms in NAS newborns and reduce costs associated with NAS; local treatment and support resources; and available health plan resources.

This program has been rolled out nationally to all Anthem Medicaid affiliates. In the first operational year, May 2018 to April 2019, the program identified 1,044 pregnant Members at risk for substance use disorder. After the program, the percentage of babies born with NAS dropped from 19% to 12%, leading to $0.38 per Member per month (PMPM) in savings, or $384,396 in total annual savings. Our West Virginia affiliate also saw a similar decrease in the

percent of births with NAS before the program began (19%) and after one year of operations (12%).

180 Health Partners

Anthem's SUD strategy to support healthy pregnancies and babies will address substance use before, during, and after pregnancy. Anthem collaborates with 180 Health Partners in select Regions to implement StrongWell™, a proven program for mothers navigating substance use. We inform Providers how to make referrals to 180 Health Partners through our Care Management team. This field-based program provides support to pregnant moms with opioid use disorder to reduce the effects on the child through one year postpartum.

Through our partnership with StrongWell™, we optimize pregnancy avoidance or delay for women using a controlled substance, identify pregnant women using controlled substances, increase capacity for efficient and effective referral to treatment for pregnant women, promote evidence-based standards and consistency of treatment for newborns with Neonatal Abstinence Syndrome, and connect women to Providers for ongoing OUD treatment when indicated. Care Managers participate in weekly Complex Care Rounds with our Medical Directors as needed.

Anthem's NICU Readmission Program Achieves Results

Our inpatient NICU readmission rate prior to our May 2018 implementation was **22%**; since this program's implementation, readmission rates decreased to **17.3% — a 21%** improvement since 2018.

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NICU Graduate Program

We offer additional care management support to parents and caregivers of infants following their first 90 days after discharge from the Neonatal Intensive Care Unit. Once complex care management is no longer needed, parents/caregivers may choose to receive telephonic support and education from a Nurse Care Manager until their child is 15 months of age. Interventions include:

- Assessing the parent/caregiver and child's needs, including identifying parent/caregiver concerns; educational needs; and needed resources and referrals
- Reviewing age appropriate safety and educational material
- Addressing well-child checks, immunizations, and coordination during and following any ER visits, hospital admissions, and scheduled appointments

The Nurse Care Manager calls the family at least monthly to review the baby's progress, family needs, health concerns, recent health care visits, and plans.

The program has two primary goals within the Member's first year of life:

- Decrease the risk of illness as evidenced by fewer ER visits and hospital admissions
- Increase compliance with well-child checks, dental visits, and immunizations up to 15 months of age

By following the child for the first year of life, we encourage and help parents make the necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening appointments to help support the long-term health and well-being of these children. After program completion, we celebrate parent/caregiver success with a NICU graduation certificate of accomplishment and reiterate the goals they met along the way. We see a sense of pride from parents/caregivers in the goals they have achieved and that they now have the knowledge to continue to care for their infant.

Innovation: NICU Post-traumatic Stress Disorder

Children cared for by mothers with PTSD and depression are at significantly higher risk for psychological aggression, child abuse, and neglect, and the stress of having an infant in a NICU can result in PTSD symptoms. To address this, we will add a NICU PTSD component to our New Life, New Baby program in 2020 that incorporates a PTSD screening tool into our care for new mothers, infants, and their families to identify those at risk.

When a Member's baby transitions to a NICU, one of our OB nurses contacts the Member to screen the family for PTSD. Nurses refer parents found to have a positive screen to appropriate outpatient mental health Providers and internal BH support. We will complete the PTSD screening 30 days following delivery and include a follow-up call 30 days later, even if the infant has been discharged. Our Indiana affiliate health plan experienced significant engagement by Members and families and we expect similar results for our Members.

NICU PTSD Outcomes for Anthem's Indiana Affiliate

- **More than 10%** of families of NICU patients screened positive for PTSD symptoms
- **77%** accepted referrals for treatment
- **80%** remained engaged in the health care system at a one month follow-up

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Advanced Illness Support Program

Our Advanced Illness Support program provides an extra layer of support to Members facing a serious illness. Through this program, clinical Care Managers help Members find relief from the symptoms, pain, and stress of a serious illness; help Members and caregivers navigate the health care system; guide Members and caregivers through difficult and complex treatment choices; and provide emotional and spiritual support to Members and their families. Working together with a Member's primary doctor, they help Members manage symptoms such as pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, difficulty sleeping, and depression. These supports help Members gain the strength they need to carry on with daily life and tolerate medical treatment.

Children with Special Health Care Needs: Enteral Feeding Care Management Program

Our Advanced Illness Support program provides an extra layer of support to Members facing a serious illness. The children with special health care needs (CSHCN) process for identification, screening, and outreach helps Care Managers focus interventions on behaviors that can help improve Care Coordination, provide targeted education, decrease fragmentation of services, and increase access to care. Anthem developed and completed CSHCN-customized clinical training by clinical care management teams across the country. Training focuses on enteral therapy care, health promotion, Care Coordination needs, and emergency preparedness for pediatric populations. Anthem also developed a cross-training preceptor tool to support additional, specialized training of our Care Managers to engage with this age group of children with special needs.

The CSHCN screening tool is designed to improve Member identification, engagement, quality, scope of care management, and Member outcomes — decreasing costs related to avoidable admissions, infections, wounds, readmissions, and low-acuity ER visits. ***To date, we have achieved the following results nationwide:***

- Improved Member engagement rate by 44% in first year of implementation (from 21% to 70%)

- Achieved cost savings across affiliate markets of $8.1 million during the first year, from improved Member outcomes and service use

Cancer Management Program

Our Cancer Management program will connect Members receiving active cancer treatment to a local Anthem Oncology Care Manager who will support the Member through the various stages of cancer treatment:

- **Active Cancer Treatment Support.** The Care Manager provides condition-specific education and self-management support for high-risk Members while in active cancer treatment.
- **Post Treatment Support.** The Care Manager provides information for follow-up care and survivorship support to assist Members through the post treatment phase of their illness. This support helps Members adjust to physical and emotional changes they may be experiencing, as well as anxiety about potential recurrence of the disease.
- **End of Life Support.** For our Members with a terminal cancer diagnosis, the Care Manager helps coordinate services, and provides decision support for Members and their families as they transition to hospice or palliative care.

The Care Manager develops an individualized care plan with the Member and focuses on adherence to treatment plans, including medication management, monitoring symptoms, identifying when to seek medical attention, and identifying transportation support for PCP and specialty visits. They encourage Members to maintain a care journal and monitor emotional side effects of the disease in both the Member and any identified caregiver(s). If a caregiver has needs related to their emotional well-being, the Oncology Care Manager will conduct a caregiver assessment to identify specific emotional issues and address those needs in the Member's care plan.

A key focus of our program includes education and goal setting to address lifestyle issues, such as smoking, exercise, diet, and weight control. The Oncology Care Manager refers all Members who smoke, except those at end of life, to a smoking cessation program, as well as our Quit Smoking and Using Tobacco Healthy Behaviors program. They also stress the importance of exercise, diet, and weight control during both active and post-active treatment.

Our Care Managers will also leverage the resources and community supports available locally and nationally, including online support groups and resources through the American Cancer Society Clinician's Portal. Members will have special access to the American Cancer Society's web portal, which connects Members to many valuable resources such as lodging, breast cancer support, a personal health manager, support groups, cleaning services, and help with appearance-related side effects.

Anthem has also worked to improve the health and well-being of all people affected by cancer and has worked with others to create a suite of digital resources. These free tools are available to everyone, including patients, survivors, Providers, caregivers, employers, and coworkers:

- **Let's Talk Treatment Options.** Developed by Anthem, Inc., the Cancer Support Community, and Genentech, a free interactive web tool helps people diagnosed with cancer figure out what information and questions they should share with their doctor to find the treatment that is right for them.
- **Self-care During Cancer Treatment.** This mobile app helps individuals undergoing cancer treatment self-manage the physical and psychosocial symptoms that often arise during

treatment. The Self-Care app encourages app users to do a quick weekly check-in and review the strategies for dealing with the issues they are facing. The mobile app also helps individuals keep track of how they are doing and prompts them to share information with their doctor. It is available for free in the Apple® App Store and Google Play™.

- **Help for Cancer Caregivers.** Caring for a person with cancer is stressful. Oftentimes, caregivers overlook their own needs. As a result, Anthem, Inc. participated in the development of ***Help for Cancer Caregivers***, an interactive web tool for family caregivers with information and resources they need to care for their own health. Created in collaboration the Caregiver Action Network, CancerCare, Indiana University, and Michigan State University, the tool provides guidelines for creating a Personal Care Plan to address issues like depression and anxiety, coping with emotions, and managing money concerns.

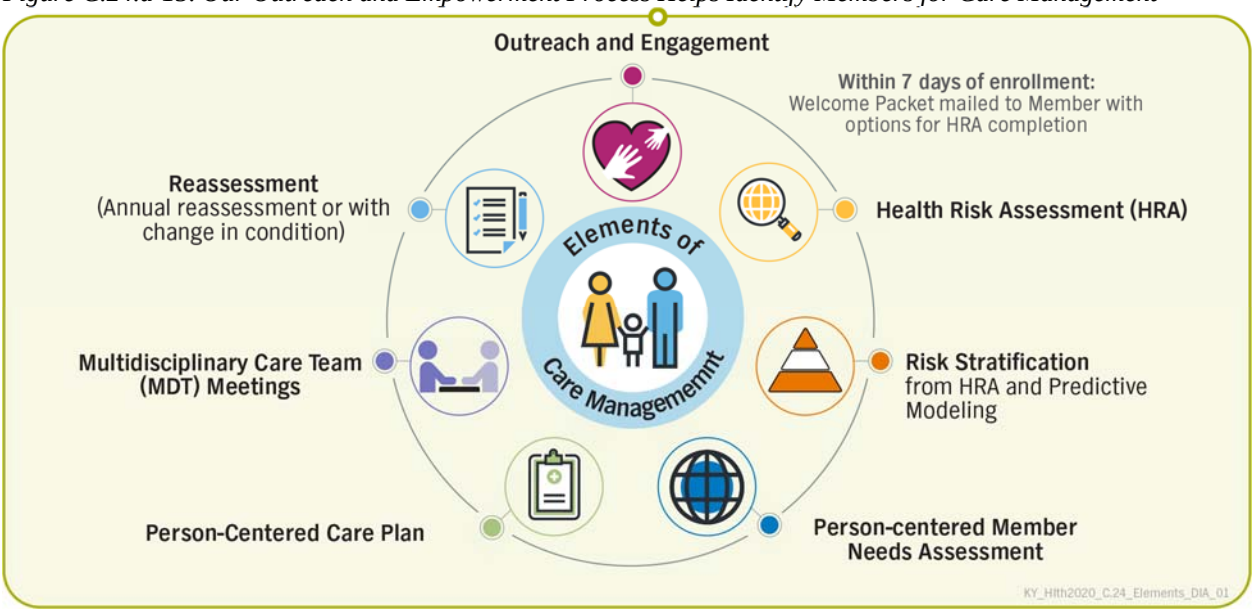
e. Care Planning Process

e. Description of the care planning process, including methods to ensure individualized and person-centered care plans, and summary of how the Contractor will include Enrollees, their caregivers, and multi-disciplinary teams.

Member Care Planning Process

As illustrated in Figure C.24.a-15, our care planning process includes a variety of methods to make sure we develop individualized and person-centered care plans, including the engagement of Members, family members, caregivers, and other participants of the Member's choosing on the MDT.

Figure C.24.a-15. Our Outreach and Empowerment Process Helps Identify Members for Care Management



The following are key components of our care planning processes.

Outreach and Empowerment

We begin by using enrollment data and predictive modeling to prioritize our outreach efforts based on Member risk and emerging risk. Our care planning process begins with outreach from our Member Services staff to welcome the Member to Anthem, provide information on their benefits and responsibilities, explain the types of services and supports available to them, and provide contact information for Members to reach us at any time.

In addition, during this call, Members have the option of completing the HRA with our Customer Care Representative. Upon completion, the Customer Care Representative forwards the HRA results to our PHM care management team. Upon receipt, a Care Manager with the expertise that is most closely aligned with the Member's needs is assigned to complete the Member Needs Assessment. We complete the HRA with Members within 30 days of enrollment to help identify Members with complex, chronic, co-occurring, and specialized health care needs.

The Care Manager reaches out to the Member and family members in-person and telephonically, to begin establishing rapport and explain the care planning processes, including:

- Role of the Care Manager
- Purpose of the MDT
- Importance and purpose of the Member Needs Assessment
- Types of services and supports available to the Member
- Specialized programs that are tailored to the needs of the Member

The Care Manager works with the Member to identify individuals the Member would like to participate on the MDT and schedules the assessment (telephonic, in-person), based on the Member's needs and preferences. Prior to meeting with the Member, the Care Manager engages in a discovery process, reviewing existing claims, authorization, and previous assessment data when available.

Comprehensive Member Needs Assessment

Once engaged, we work with the Member to complete a person-centered Member Needs Assessment that is comprehensive and fundamental to developing an effective, holistic care plan with the Member. Our Care Managers are trained in evidence-based practices, such as TIC, MHFA, integrated care, ACEs, and motivational interviewing to support relationship building and promote Member engagement in the assessment. Our comprehensive Member Needs Assessment tool includes a hierarchy with branching logic that probes more than 20 potential clinical areas for risk factors. Care Managers have a suite of over 200 specialized, evidence-based assessment modules, triggered with branch-tree logic, for specific conditions, needs, and populations as applicable, such as OB, pediatric, chronic conditions, weight management, tobacco usage, BH, and SUD assessments. Our Comprehensive Assessment tool includes:

- An initial assessment of the Member's:
  - Health status, including concerns specific to identified health conditions and associated comorbidities, including the Member's self-reported health status, events, and conditions that led to the Member's identification for care management

  - Functional status related to activities of daily living, such as bathing, eating, transferring, dressing, toileting, and continence
  - BH status, including cognitive functions, such as ability to communicate, understand instructions, and process information about their illness or condition; mental health conditions; and SUD, such as alcohol, medications, recreational drugs
  - SDOH, which are economic and social conditions that may affect health, functioning, and quality of life outcomes and risks that may affect the Member's ability to adhere to their care plan
  - Life planning activities and issues, including advance directives, living wills, and powers of attorney for health care
- Documentation of the Member's clinical and treatment history, including disease onset, if the Member knows; key events such as acute phases; and inpatient stays, treatment plan, current medications dosages and schedules, past medications and therapies or procedures that address the health condition
- Evaluation of Member:
  - Cultural and linguistic needs, preferences, or limitations including but not limited to: language/communication barriers; language spoken at home; ability to read/speak/write/understand English; and religious or social beliefs that may influence health care decisions
  - Visual and hearing needs, preferences, or limitations, as well as assessing and accounting for any difficulties that may affect communicating with the Member
  - Family and caregiver resources, involvement, and support
  - Available Member benefits, including any carved-out services and other pertinent information regarding benefits
  - Member access to and connection with community and natural resources
  - Medication Safety, including knowledge, adherence, frequency, dosage, and the need for medication reconciliation inclusive of prescription and over the counter (OTC) or herbal medications
  - Member's self-management capabilities and willingness to change
  - Member safety concerns or issues, including social support and environmental issues
  - Care Coordination needs, including those needed to support transitions of care and aging out of children's systems into adult systems of care
  - Nutritional status and access to food resources
  - Identification of barriers to a Member meeting goals or complying with the care plan, including but not limited to: language or literacy level, lack of understanding of condition/treatment plan, motivation, cultural/spiritual beliefs, visual/hearing impairment, financial/insurance issues, psychological impairment, and lack of access to transportation

Caregivers are an important but often overlooked factor in care planning, so we invest in understanding their competencies and building their strength to provide the necessary care. When a Member has an unpaid caregiver like a family member, the Care Manager will use our Caregiver Assessment tool to consider the caregiver's emotional needs and stress burden. The Care Manager, Member, and caregiver then address these identified needs as part of the Member's care plan to support the Member.

Throughout the assessment process, the Care Manager reviews identified concerns, barriers to health, or other specific needs and working with the Member and family, helps the Member identify personal goals, preparing for care plan development.

The Care Manager uses the results of the Member's HRA and Member Needs Assessment, including identified unmet health and social support needs, risk stratification, claims analysis, and other available information sources, including medical records, to help guide development of the Member's person-centered care plan.

Developing a Person-centered Care Plan

The Member, designated representative if applicable, PCP, other Providers, family members, and other participants desired by the Member form a MDT that contributes to the development of the person-centered care plan. The Care Manager supports the person-centered process and Member's perspective by:

- Scheduling a date, time, and location for care planning based on the Member's preferences. Care planning may occur by phone or face-to-face at the Member's home, in an inpatient or outpatient facility, or other setting, such as a shelter, based on the Member's preference.
- Identifying MDT participants of the Member's choosing that may include (in addition to the Member): Care Manager, Member's PCP, advocates, specialists, nutritionist, pharmacists or pharmacy technicians (as applicable), case managers from other programs, and community-based organization representatives. We advise the Member of the option to involve family members, caregivers, a friend, or anyone else they choose in the care planning process.
- Obtaining and documenting the Member's consent to participate in the care planning process and arranging participation of chosen individuals for inclusion in the MDT.

The Care Manager makes sure needed accommodations are in place and arranges interpretation services when necessary to support the Member's active participation.

Care Plan Goals

Because we take a holistic view of our Members, care plans include goals related to supporting Member's SDOH needs. Care Managers, with support from our Community Engagement Navigators, help locate and connect the Member to supports and service options within their community. Care Managers also have access to our Community Resource Link, available as a VAS for Members, which is an online resource that locates and displays all available local community-based programs, benefits, and services. They educate eligible Members about VAS to meet their SDOH needs, such as the Lifeline Phone Benefit, Criminal Record Expungement, Transportation Assistance, and GED prep courses and practice tests through our Jump Start program. The Jump Start program provides an online learning platform where Members can complete a skills assessment to identify and expand on their current skills, as well as see where they rank with health and financial literacy. Members receive live one-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certification(s).

The Care Manager, using motivational interviewing and person-centered planning principles, helps the Member identify personal short- and long-term goals, preferences, needs, and desired outcomes. The Care Manager explains the types of care, services, and supports available to meet the Member's unique needs, including carved-out services and services from other programs

such as social or education services. The person-centered care plan includes the Member's self-selected short- and long-term goals that are:

- **Culturally Competent.** The Care Manager incorporates cultural competency practices — such as honoring Members' beliefs, being sensitive to cultural diversity, and adopting attitudes and interpersonal communication styles that respect their cultural backgrounds — into the care planning process. Family members are included in care planning as desired by the Member.
- **Outcome-specific.** Care plans identify individualized, prioritized, measurable short-and long-term goals and intended outcomes. Prioritized goals consider the Member's PH, BH, prescribed drugs, health and social support needs and preferences with clear prioritization. Goals include target dates and timeframes for reassessment of progress and accomplishment of desired outcomes. Short-term goals usually address Member's immediate needs and medication management and adherence. Long-term goals aim to sustain improvement in the Member's overall health and functioning or attain optimal health and functional status.
- **Time-specific.** Care plan goals have designated target dates for achievement. They include scheduled timeframes for follow-up and evaluation of the Member's progress toward goals. Scheduled times for monitoring the care plan are captured through automated follow-up prompts in our Health Intech platform.
- **Evidence-based.** Care plans incorporate evidence-based interventions and goals and specific measures, such as ACEs and HEDIS measures.

The care plan provides a complete picture of the Member's needs and identified services and supports. Once it is complete, the Care Manager obtains the Member's consent for it in writing or telephonically and offers a copy, which may be mailed upon request. With the Member's consent, we share the care plan and assessment results with MDT participants via Health Intech, for those with access (such as Providers) and via secure email or in hard copy for all others, subject to privacy requirements.

Multidisciplinary Rounds Identify and Address Emerging Risks

Care Managers solicit feedback and expertise through biweekly meetings with a variety of disciplines, including PH and BH Medical Directors, UM clinicians, and psychiatrists. They discuss Member needs and seek guidance to resolve challenging coordination of care issues, and to break down barriers across systems of care. The team meets biweekly and reviews identified Members with the task of assuring our Members are getting the right level of care in the right setting. For example, the team brainstorms ways to intervene most effectively with Members identified as high-risk for potentially preventable events (PPEs) due to BH and SUD conditions or multiple psychiatric admissions in the month prior through our biweekly BH/PH multidisciplinary rounds.

Care Plan Updates and Reassessment

The Care Manager and Member regularly review and update the care plan as needed, with input from the MDT. This occurs at least quarterly for Members in Risk Level Two, monthly for Members in Risk Level Three, and when there is a significant change in the Member's needs, condition, caregiver, living environment, or preferences. The care plan is also updated following reassessment — at least annually or upon any significant changes in the Member's needs.

The Care Manager gathers information from the Member's PCP, Specialists, and other MDT participants as applicable for inclusion in the review and update. The Care Manager documents the care plan in Health Intech along with the Member Needs Assessment, provides a copy to the Member upon request, and assures access for other members of the MDT, with the Member's consent, through our Member and Provider secure websites.

Engaged Members remain in complex care management until they achieve their desired goals and outcomes, and the transition from complex care management to a lower level of support is appropriate to their needs.

f. Stakeholder Engagement Strategies

f. Stakeholder engagement strategies, including involvement of community resources to meet social needs.

Our stakeholder engagement strategies will build on our deep roots in Kentucky through our work with community partners, PHDs, schools, Providers, and other stakeholders, developing targeted inititiaves designed to meet Members where they are and improve their knowledge of their health and the resources available to them.

Anthem's Organizational Structure Faciliates Stakeholder Engagement

Our Community Engagement Navigator Team is comprised of seven (7), fully dedicated Community Engagement (SDOH) Navigators who report into our Director of Population Health Management, Vicki Meska, and will be located strategically to serve all Regions throughout the Commonwealth. Our objective is to meet our Members where they are. All our Navigators are currently certified Community Health Workers who will engage Members and help them remove barriers to SDOH. These talented professionals act as the communication liaison between our Care Management staff and referral sources. This team engages with Members who have experienced substantial barriers (related to SDOH) and helps the Member establish goals and next steps for addressing these barriers, as well as selecting a Provider or programs most appropriate to meet the Member's needs.

As a growth opportunity and enhancement to our Member's support system, all our navigators will engage in additional training to develop specialized expertise in public housing in the Regions they serve, and work in order to partner with local public housing authorities across the Commonwealth. This dynamic team will also have a specialized subject matter expert of ***a Housing Liaison*** to support collaboration between the navigators and the Commonwealth's Housing Authority entities to develop and implement our housing strategy and work with the local housing authorities for improved access. The housing strategy includes implementing and maintaining customized outreach plans for individuals experiencing homelessness and who are victims of domestic violence. This position will help assist Members with securing accessible, affordable housing through federal and local programs.

In addition, another enhancement to our Member support system, all of our navigators will serve in an ***Employment Liaison*** role, with a subject matter expert leading the strategy throughout the Commonwealth. The responsibilities of the role are to assist, coach, and provide information about job entry or new career paths the Member may need to identify. Our navigators will have solid established organizational and employment contacts in their regional communities to assist our Members in finding employment opportunities. They will also provide job skill and social skill preparation, conduct talent assessment tests, and provide advice about the results. Our

navigators will support our Members to search for jobs, and help them apply for work and maintain employment. They will also provide guidance and motivation in setting and achieving career develop strategies for the successful reintegration of reentrants out of the judicial system with respect to employment.

Finally, all of our navigators will serve in a ***Transportation Liaison*** role, with a subject matter expert leading the strategy throughout the Commonwealth. Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to healthy communities. Our navigators will assist our Members in finding reliable transportation to community events, job interviews, and other nonmedical needs.

Our navigators will engage Members, help them break down barriers, and support them on their path to health and success. This program was a creative solution that evolved from our ***First, We Listen*** values. Feedback from Members, Providers, and our leadership indicated the need for a closer connection to Members to guide them past barriers to care. This team is part of our Population Health program and an extension of our care management program. Our navigators act as a liaison between our care management team and referral sources and help Members in selecting a Provider or programs that will most appropriately address their needs. They will enhance access to services and Member engagement by creating links between our care management (CM) programs and services and our Members' care plans. Through this program, Members will also receive an assessment and personalized, actionable goal plans; access to the latest value-added services, tangible opportunities for economic mobility and improved health, linkage to social supports in the community, and ongoing support to overcome challenges that prevent a Member from attaining self-efficiency.

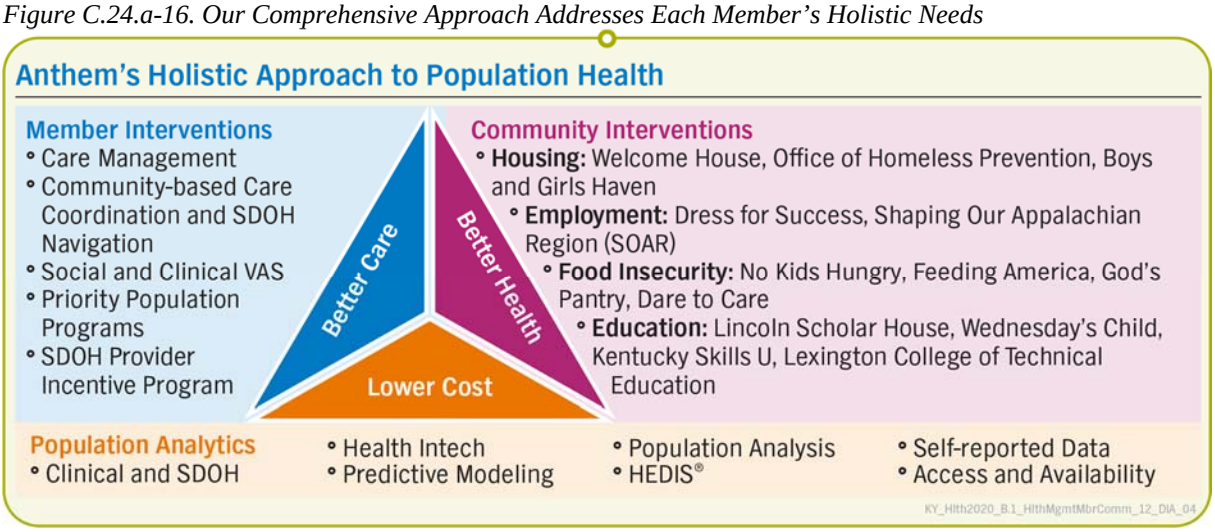
Community Outreach Specialist Team

Under the leadership of locally-based Director of Community Outreach, Amanda Stamper, Anthem will have eight (8) Community Outreach Specialists located strategically throughout the Commonwealth. Each specialist will live in the respective community they serve, assuring they have deep roots to and an abundance of knowledge around the population in their region. These individuals will develop meaningful relationships with community-based organization that serve the Medicaid population like local faith based organizations, schools, food banks, WIC centers, homeless shelters, FQHC, and other Provider groups etc. Additionally, when needed, they serve as a resource to our Care Management team and Public Health Consultants to help resolve challenges for Members and their families and to provide local, community-based assistance. With their strong knowledge of the community and resources available, they help our Care Management team and Public Health Consultants close gaps in care and provide support in connecting Members to the appropriate services and supports, offering recommendations for modifications to care plans based on the need for additional services.

Community Resources to Meet Social Needs

As depicted in Figure C.24.a-16, Anthem's approach to Population Health focuses on interventions at both the Member and community levels because we understand that the health of the individual and the health of the community are intrinsically linked. Our strategic engagement with communities goes beyond writing a check — we are at the table, bringing together partners, resources, and best practices to help expand the reach of our community partners and build capacity to help address critical social needs.

Figure C.24.a-16. Our Comprehensive Approach Addresses Each Member's Holistic Needs



Welcome House

We partner with Youth Housing Initiative to develop strategies to support the social needs of TAY experiencing homelessness. Through this initiative, we jointly developed strategies to address housing, income and benefits, and service coordination needs. This population is at risk for personal safety, disease progression, and Behavioral Health concerns. Our partnership supported Youth Housing to purchase a home in Covington to be used for transitional housing and co-located our Engagement Navigator in the "Welcome House" to help provide wrap around services for young adults. Each young adult receives assessments, outreach, case planning, financial education/budgeting, housing counseling, employment support, and community referrals services.

Wednesday's Child

Through our partnership with Wednesday's Child, we developed opportunities to provide additional support, education, and information to TAY. A few examples include assisting the Department for Community Based Services (DCBS) in locating computers for children in Foster Care, providing Transit Authority of River County (TARC) public transportation passes for young adults aging out of Foster Care, and contributing to the further development of their clothing necessity room where kids can choose from a variety of clothing.

- Supports unrestricted funds which:
  - Helps DCBS fund computers for child in Foster Care
  - Holiday party each year which includes Anthem volunteers
  - TARC bus tickets for TAY
  - Funds clothing necessity room

Association of Food Banks

Anthem collaborates with and supports the Association of Food Banks in Kentucky. Combined efforts and resources expanded the No Kids Hungry mobile meals summer program resulted in more than 3.2 million meals served over the summer of 2019. This included:

- Grant County School system establishing a first time mobile meal program
- Bardstown Independent Schools to continue offering their otherwise cancelled Mobile Meals program
- Ohio County Schools to expand their program

- KCEOC Community Action agency to reach children in an additional county and desperately needed funding to rent another van to serve meals
- Hardin County Schools to access another vehicle to reach children on an additional route

God's Pantry

To support the important work of God's Pantry, we worked together to increase awareness of and access to events in Eastern Kentucky, primarily through its mobile food pantry. In 2019, this resulted in 152,000 meals (7.5 tons of food) provided to individuals and families in the community experiencing food access needs. God's Mobile Produce Van allows God's Pantry Food Bank to expand its reach to kids and teens at summer food provision locations by providing fresh produce in manageable quantities for them to take home. Our partnership with the food bank illustrates how Anthem goes beyond providing access to health care services by supporting innovative programs that help address the barriers to total health, such as food insecurity, which have a negative impact on health and quality of life.

Dress for Success

In September 2018, we donated a fully renovated recreation vehicle (RV) to the Professional Women's Group (PWG). The RV was retrofitted to be a mobile "suiting" and training center that also hosts one-on-one training and small group sessions, enhancing the employability of women by providing access to necessary clothing and training for employment. Anthem also donated computers and Wi-Fi capabilities. PWG focuses on employment retention, employment advancement, and leadership development. ***The addition of the mobile unit has allowed PWG to expand services to Frankfort, Henry, Shelby, Spencer, Oldham, and Trimble counties, and 51% of their clients have either secured employment or are pursuing additional training and education opportunities.*** We are supporting PWG to expand current capabilities of the Dress for Success program through additional partnerships with rural communities to facilitate career readiness programs, financial empowerment, and computer literacy.

SOAR Innovation Grant

Shaping Our Appalachian Region (SOAR) is a non-profit organization working to expand job creation, enhance regional opportunity, and improve quality of life. In 2019, SOAR launched Innovation Offices in Ashland, Cumberland, Hazard, London, Morehead, Paintsville, Pikeville, and Richmond. These Innovation Offices are part of a contract from the Kentucky Cabinet for Economic Development to provide services to entrepreneurs, startups, and existing small businesses throughout Appalachia Kentucky. Recognizing the importance of this initiative, Anthem provided matching funds for launching "SOAR Innovation," which brought services

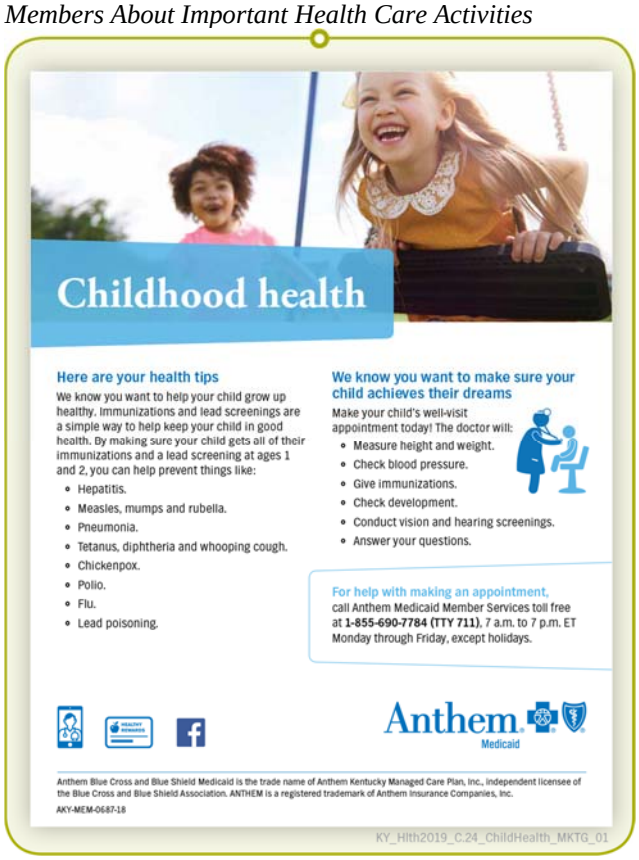
through a technology-driven program to scale up existing small businesses. With Anthem's support, SOAR has completed the following:

- Created a database of 446 clients interested in leveraging technology to grow existing customer bases, or create new markets through e-commerce and/or exporting; of those clients, SOAR has already been able to close 131 incentives/cases assisting clients on a variety of opportunities including technical assistance, marketing/website assistance, research/development, and funding
- Launched cohorts of COSTARTERS in Pikeville, Hazard, Morehead, Prestonsburg, Whitesburg, and London, serving 45 entrepreneurs, startups, or small business owners in this effort; COSTARTERS is a nine-week program that builds an entrepreneurial ecosystem in communities

Community Outreach

Our Community Outreach team currently works with community partners, Members, Providers, and social service organizations to determine how best to develop programs and provide supports within Kentucky communities. For example, over the past year, Anthem Community Outreach Representatives participated in over ***2,100 community meetings or events*** throughout the Commonwealth that included opportunities to disseminate health education materials, about topics like oral health, the value of hand washing, EPSDT requirements, and childhood health, such as the brochure illustrated in Figure C.24.a-17.

Figure C.24.a-17. Our Attractive Materials Inform Members About Important Health Care Activities



Going forward, our Public Health Consultants will be strategically dedicated to Regions across the Commonwealth to assure we reach Members and Providers in the community to improve access to care, health literacy, and understanding of the programs and resources available to Members in their area.

The Health Promotion team works directly with community organizations and partnerships to reach our Members and create targeted pilots within communities experiencing the most health inequities around chronic conditions. During community events, they will also educate Members about Kentucky Medicaid, community-based and health plan programs, as well as how to apply for benefits.

g. Information Sharing and Exchange

g. Technology and other methods for information exchange, as applicable.

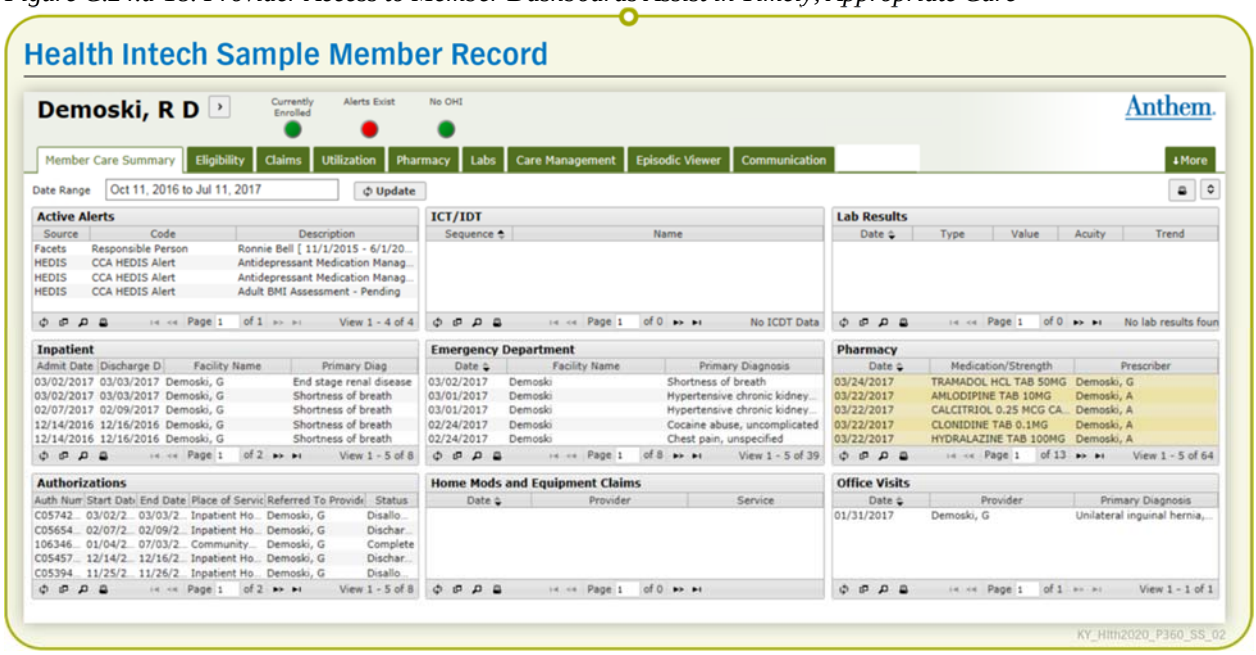
Timely exchange of accurate information is essential to assuring our Members receive the right care, at the right time, and in the right amount and location based on the Member's needs and preferences.

Technology for Information Exchange

Health Intech, integrates seamlessly with our Core Services System and data warehouse and represents the holistic record for Member Care Coordination and management information. Member utilization data, such as claims history, service use (physical health, BH, medications, LTSS), authorizations, immunization records, lab results, gaps in care, and PHM care management data are readily available in an organized format, delivering a holistic picture of the individual's service utilization, care plan, and gaps in care. Health Intech provides a holistic view of the Member's care for our Care Management team, UM clinicians, and Providers to identify and manage Members' services, supports, and resources identified on the person-centered care plan.

- **Member Dashboard.** Figure C.24.a-18 displays an example Member Dashboard that is available to Providers through our secure portal, providing electronic access to Member data (eligibility, claims, utilization, and labs) and enables Provider access to a single view that displays data in an easy-to-navigate dashboard. The dashboard includes HEDIS care alerts, authorizations, prescriptions, and claims; and is organized by type such as inpatient, Emergency Room, and office visits. It is also our primary method for sharing Member care management information, including health risk assessments, and the care plan.

*Figure C.24.a-18. Provider Access to Member Dashboards Assist in Timely, Appropriate Care**



**information for demonstration purposes only; does not include real Member or Member data*

- **Provider Care Management System.** We promote electronic information exchange with Providers through Availity, a web-based tool that delivers relevant clinical information to Providers, providing real-time information to support population health alerts, icons, hover-overs, drop-downs, and drill-throughs. Providers can filter Members by key conditions, risk factors, gaps in care, and visits. We distribute Care Gap reports monthly to PCPs that identify Members due or overdue for preventive services, including well-child and dental visits. We also provide a quarterly update that helps PCPs identify gaps in HEDIS compliance:
  - For example, our OB Profile report compares key clinical performance metrics to benchmarks of all OB Providers in Kentucky and nationally for measures that include preterm birth rate, low birth weight birth rate, C-section rate, timeliness of prenatal and postpartum care, and early elective delivery rate.

Our Member and Provider websites have public and secure self-service areas that provide access to education, tools, and the Member's EHR. This includes the HRA, online Provider Directory, and Health A to Z, an NCQA accredited web-based resource about health topics, preventive care, and programs to help manage Members' special health needs and is available to Members through a link at https://mss.anthem.com/ky. Our websites also support secure messaging and Members can print or order an ID card, access the Community Resource Link, check a claim's status, and select or change their PCP. Additionally, our Members can download our mobile app for iOS or Android, available in English and Spanish, to access many of the same functions, including accessing their ID card, Healthwise A to Z, Symptom Checker and Condition Lookup, and Provider Directory tool. Members can also use the mobile app to change their PCP and send a secure message to Member Services. ***Complementing our own data to evaluate quality, Anthem will also capture admission, discharge, and transfer (ADT) data from the KHIE in 2020 and incorporate it into our data warehouse to enhance our utilization data.***

Encouraging whole person health, we capture data related to SDOH barriers through our SDOH assessment and Member Needs Assessment related to SDOH barriers to prioritize outreach. We aggregate this data as part of our QM/QI Program to support identification and implementation of related population-focused interventions across Kentucky, fostering a proactive approach to SDOH risk mitigation based on Member needs. For example, ***we will be able to use geospatial mapping to identify Kentucky communities with documented SDOH issues and work with community partners to develop and implement solutions, enhancing quality for the entire community, not just Anthem Members***.

h. Service Provision Frequency

h. Frequency of provision of services.

All Members receive services at the ***frequency indicated by their needs and risk level***, with continuous monitoring through our ongoing data analysis for indicators of increasing or emerging risk, which includes missed appointments, gaps in care, use of the ER, hospitalization, and readmission. Table C.24.a-5, illustrates the types of services and supports available to our Members and the recommended frequency of Member participation.

Table C.24.a-5. Examples of the Types of Member Services, Supports, and Expected Participation Frequency

Service Types	Risk Level	Enrollment	Weekly	Monthly	Annually	As Needed
New Member welcome packet	All	✓				
Member Services, 24/7 nurse hotline, BH Services Hotline	All	✓			✓	✓
Health Risk Assessment	All	✓		✓	✓	✓
Member Needs Assessment	Two, Three	✓		✓	✓	✓
Member educational materials	All	✓			✓	✓
Follow-up outreach — ER visit	Two, Three		✓			✓
Follow-up outreach — admission, readmission	All		✓	✓		✓
Care Manager contact based on Member needs and preferences	Two, Three	✓	✓	✓	✓	✓
Primary care preventive visits	All				✓	✓
High-risk pregnancy care	Three		✓	✓	✓	✓
Maternal postpartum care	All		✓	✓		✓
Child health — postpartum	All		✓	✓	✓	✓
Child health — well visits	All			✓	✓	✓
Adults — well visits	All				✓	✓
BH Services	All		✓	✓		✓
Dental care — routine	All			✓	✓	
Dental care — emergent	All					✓
Vision services	All				✓	✓
Outbound calls for gaps in care	All			✓	✓	✓
Member appointment reminders	Two, Three		✓	✓	✓	✓
Specialized care management program	Two, Three		✓	✓		✓
Tobacco cessation	All		✓			✓
VAS	All					✓

i. Population Health Management Priority Areas

i. Priority areas (e.g., specific health risks, conditions, social determinants of health, etc.).

Anthem's Population Health Management program's objective, aligned with IHI's Triple Aim, is to improve our Members experience and access to care, improve health outcomes, and reduce the cost or incidence of low value, unnecessary care. Our experience and population analysis has supported our identification of priority populations, in addition to those identified by the Commonwealth, to shift our care management approach from reactive to proactive to the needs of our Members. Our Population Health Management program has evolved as we have proven the value of our local, community-based organizational structure, efficient and timely

information systems and access to population health data, and coordinated involvement across the system of care.

We define a priority population (area) as an identified at-risk group or sub-population who would benefit through care and population health interventions in order to reasonably have a positive impact on health outcomes.

Using Data to Identify Anthem Priority Populations

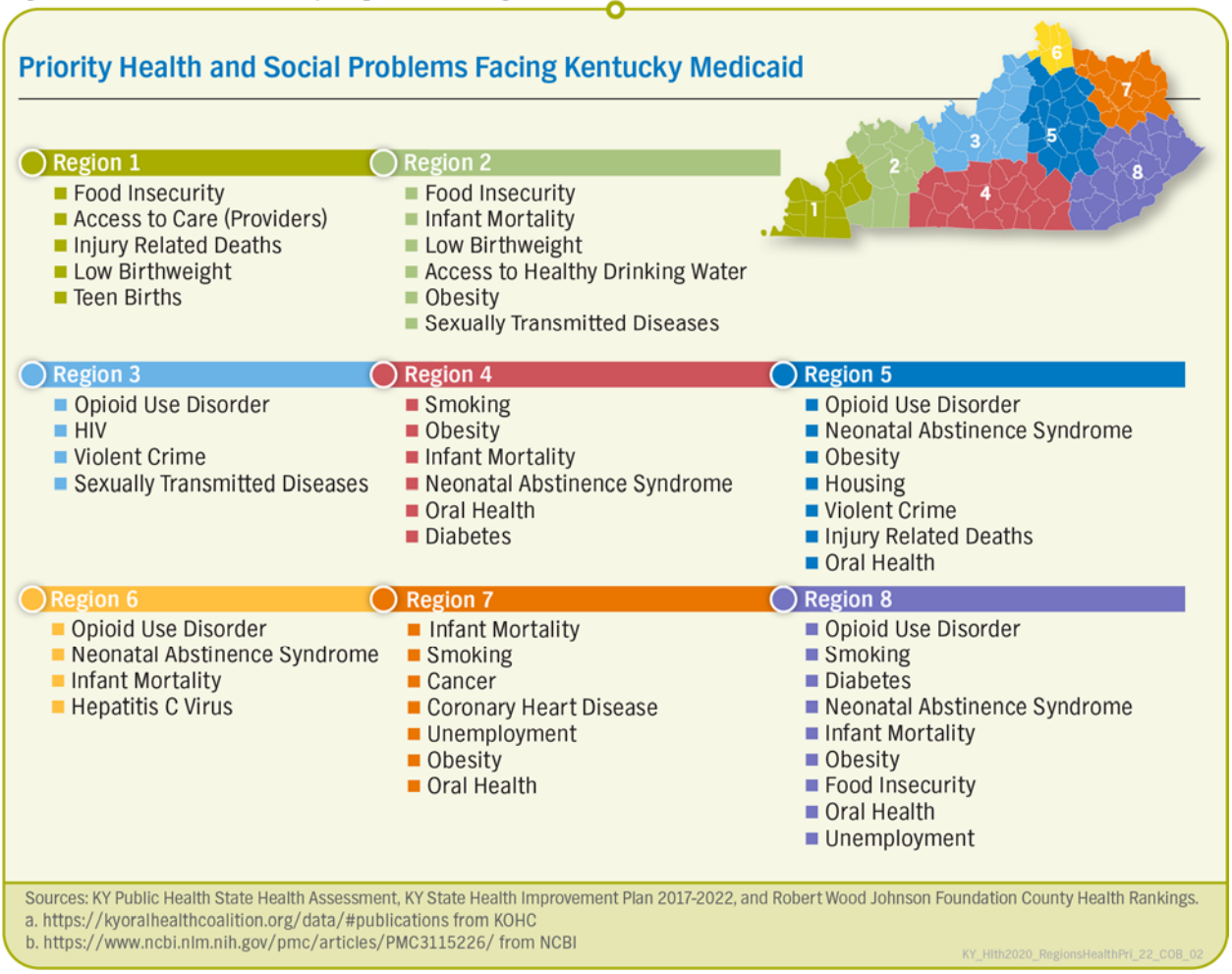
Anthem annually uses data to identify populations most impacted by priority health and SDOH issues. Included in this analysis is consideration or identification of health disparities across Anthem Members. Our data includes:

- Member enrollment data including age groups and gender
- U.S. Census Reports — U.S. census data on residents that speak a language other than English
- Social determinants by state such as literacy reports, and crime rates
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey results on respondent race supplemental question related to satisfaction with doctors representing cultural and language needs
- Self-reported Member race/ethnicity/disability
- Cultural needs and assessment reports
- Utilization data — Top inpatient and outpatient diagnoses
- Predictive modeling and analytical reports on specific diseases/conditions

This information can be compared to census data, community health needs assessments (CHNA) and public data published by nationally recognized organizations such as Kaiser Family Foundation, Robert Wood Foundation, CDC and National Institute of Health (NIH). For example, in a recent 2019 data analysis, Anthem reviewed our top diagnoses by region to ensure that our care and population health management programs are designed to be responsive to our Member's needs. The top five diagnoses by claims in all eight Regions included Opioid Dependence, with five Regions identifying Opioid Dependence as the highest submitted claim (by count). In our 2018 Population Analysis (2019 is currently underway), essential (Primary) Hypertension issues were identified as accountable for nearly 15.4% of all health care utilization. Nicotine dependence, cigarettes, uncomplicated accounted for the next highest diagnosis at 11.4%, followed closely by acute URI at 11.3%. For children and adolescents, acute upper respiratory infections were dominant and accounted for 24.1% of diagnoses. Depression was identified as the highest disease band (8.62%) across our Anthem Member population.

Figure C.24.a-19 includes the priority populations identified by the Commonwealth and nationally recognized organizations, and the Anthem priority populations, including SDOH, identified through our analytics.

Figure C.24.a-19. Our Priority Populations Align with DMS' Goals Across the Commonwealth



Anthem's priority areas of focus are aligned with the Commonwealth's health priorities and populations and recognize the challenges Members face in accessing resources and the conditions prevalent among Kentuckians. For example, given that Kentuckians have a higher percentage of people with diabetes than the U.S. average and opioid overdose deaths have tripled from 2006 to 2015, Anthem has included diabetes and OUD in our PHM priority population programs. Our research and local knowledge of the population informs our approach. For example, to address the prevalence of diabetes in our population, Anthem will launch a comprehensive DPP that is already recognized as a best practice from our commercial affiliate.

We drew upon the findings of the Kentucky Public Health State Health Assessment and State Health Improvement Plan, as a well as the Robert Wood Johnson County Health Rankings, to develop a map of the priority health and social problems facing Members in Kentucky Medicaid, displayed in Figure C.24.a-19. Common issues include:

- Infant mortality (five Regions) and low birth weight (two Regions)
- Neonatal Abstinence Syndrome (four Regions) and opioid abuse (three Regions)
- Obesity (four Regions) and food insecurity (two Regions)
- Oral health (four Regions)
- Smoking (three Regions)

- Substance Use Disorder (statewide with acute emphasis on opioid use disorder in Region 8)

In some Regions, chronic conditions like diabetes and coronary artery disease are a priority health issue, as are infectious diseases like STDs, HIV, and Hepatitis C. Other identified priorities include housing, employment, and safety. We are offering additional staff to help meet these priorities. For example, our Housing Liaison and Community Engagement Navigators will help connect Members to resources for housing, employment, and nutrition and working with communities to help identify ways to increase access.

In 2019, based on the information about the utilization of the Anthem Medicaid population, Anthem focused its energies on developing programs and stronger Provider relationships to support opioid use disorder, NAS, cancer, and diabetes. We have also concentrated our 2019 Health Disparities on Food Insecurity and barriers to education and employment. We will also be offering new programs that target specific priority populations such as Members with diabetes, high-risk pregnancies, obesity, and SUDs as described in previous sections.

j. Population Health Management Staffing

j. Description of staffing for each risk level, including staff to Enrollee ratios, modes of interface with Enrollees, and use of care managers.

There are many factors that determine the Care Manager ratio and a Care Manager's caseload. As an example, Level 3 care management for CSHCN requires more time and involvement than Level 2 care management for a Member with a controlled chronic condition. A Care Manager who meets with Members face-to-face in a rural area will not be able to handle the same caseload as a telephonic Care Manager. A Care Manager's caseload will vary based on Member need, taking into account a continuum of activities and supports provided by the Care Manager. Our person-centered methodology for assigning and maintaining optimal care management ratios considers several case-mix factors to assure each Member's health and safety such as:

- Level of Care Coordination and care management required
- Acuity and complexity of the Member's clinical and SDOH needs
- Language and cultural preferences
- Geography and population distribution
- Contact frequency and modalities
- Amount, scope, and duration of service needs
- Care Manager qualifications, experience, access to supportive staff, and proximity to the Member

Members are assigned a Care Manager with experience that best meets their needs. We employ a case-mix methodology that uses a weighting system to inform average Care Manager-to-Member ratios, but allows for caseload complexity. These ratios are based upon current experience and levels of Member engagement with the Medicaid population in Kentucky.

Depending upon the Member's level of care, we offer care management supports designed to meet their needs. This person-centered approach typically follows Members for two to three months for those with newly diagnosed conditions which are not catastrophic but may be self-managed, and for longer time periods for Members with multiple complex social and health needs. Regardless of Member's level of care management, we always consider primary condition, language, location, preference.

Our care management staff understand and respect the many challenges experienced by Members and caregivers, including what may be an overwhelming number of contacts from

Providers and others involved in Members' care, and confusion about how to access services. Although Care Managers will recommend a contact method, frequency, and scheduling, guided by the Member's risk tier, the Member ultimately determines frequency and means of contact (face to face, telephonic). By default, Care Managers arrange for weekly, biweekly, monthly, or quarterly contacts with Members in our High Risk, Medium Risk, or Low Risk tiers, respectively, unless a Member requests another method of engagement. See Table C.24.a-6 for a summary of all standards for care management outreach frequency and type.

Table C.24.a-6. Our Staffing Model Allows Us to Meet the Needs of Our Members Across all Care Management Tiers

Care Management Tier	Contact Requirements
Level 3 — High Risk	• Minimum of one contact monthly in Member's preferred setting; weekly, biweekly, or monthly contact based on Member preference • Reassessments upon change in condition of Member/MDT request • Care plan reviewed and updated monthly
Level 2 — Medium Risk	• Monthly or quarterly contact based on Member preference • Face-to-face MDT contact by community-based Care Manager, Community Engagement Navigator, CHW, Community Paramedic, or peer support based on Member preference • Care plan reviewed and updated, and reassessments as indicated
Level 1 — Low Risk	• Ongoing predictive risk monitoring • As needed, targeted care management outreach and education
Community Well	• Ongoing Care Coordination for all Members, such as through Community Engagement, telehealth, social media, Member Services call center, and incentive programs

We consider the unique circumstances of each Member when connecting them to Care Coordination or care management services. We employ integrated Care Managers as well as specialized Care Managers for Members with conditions or circumstances such as CSHCN, High Risk OB, and Post-Discharge. All Care Managers are supported by an MDT and hold daily rounds that include integrated Care Managers and social workers, UM clinicians, Care Manager and UM Team Leads, Population Health and Care Management Director, and Medical Directors. Care Managers have access to expertise, best practices, and physician sub-specialties across our affiliate plans. In our stratification and risk level protocols, we address Members' needs holistically; we do not separate the management of Members' physical, behavioral, and biopsychosocial care, instead offering interventions that promote whole person health. Our outreach and delivery methods may vary based on personal preference of Members, their barriers, and cultural needs. Our care management goals are to:

- Provide statewide community-based care management options — Community-based or telephonic Care Managers, health coaches, peer support specialists and other team members, and Care Coordination by our Community Engagement Navigators, CHWs, and Community Paramedics (CPs)
- Empower Members by providing information and education for self-management
- Confirm understanding of health needs and aid in identifying goals and interventions
- Promote access to appropriate and high quality health care
- Help Members manage and monitor their health conditions and events to improve outcomes

Table C.24.a-7 explains our staffing for each risk level, including Care Manager ratios, modes of interface with members, and the staff involved in Care Management.

Table C.24.a-7. Population Health and Care Management Staffing by Risk Level and Modes of Interface

Anthem Risk Levels	KY PHM Risk Levels	Care Manager Ratio	Modes of Interface	Staff Involved in Care Management
Level 1: Members with Low Risk	Prevention and Wellness	1:3,000	• Telephonic • Mail • IVR • Texting	• Customer Care Representatives • Community Outreach Representatives • Quality Management Patient Centered Care Consultants • Health Guides
Level 2: Members with Emerging Risk	Chronic Condition Management	1:200	• Telephonic • Mail	• Care Managers • Chronic Condition Care Managers • Health Guides • Community Engagement Navigators/CHWs • Care Management Team support staff • Outreach Care Specialists • Peer Support Specialists
Level 3: Members with High Risk	Complex Care Management	• In-person CM 1:35 • Telephonic CM 1:60	• In person • Telephonic • Video conferencing	• Embedded Care Managers • Care Managers • Community Engagement Navigators/CHWs • Outreach Care Specialists • Care Management Team support staff

Care Management Team Staff Qualifications

Anthem has designed a comprehensive staffing approach to support recruitment, hiring, and retention of a highly qualified, experienced, and trained Care and Population Health Management team that can successfully perform all required Contract functions and provide the best possible services to our Members, Providers, and the Commonwealth.

Care and Population Health Management Team Staff Qualifications

Position	Education	Minimum Required Experience
Care Management Director	RN and/or LCSW	5 years of experience as Care Manager for Medicaid program; demonstrated member communication skills
Integrated Care Manager or Community-based Care Manager		
Nursing	RN	3 years of clinical experience or equivalent combination of education and experience working in pediatrics, BH, or chronic care
Social Work	BSW	3 years of experience working in a social work agency
Licensed BH Clinician	LCSW, LGSW, LICSW, LPC, or clinical psychologist; or master's degree in SW, counseling, or related BH field or nursing	3 years of BH experience or combined equivalent education or experience
Specialized Care Managers		
CSHCN Care Manager **Post-discharge Care Manager** **High Risk OB Care Manager**	RN	3 years of clinical experience; integrated care management experience working in area of specialization
Utilization Managers	RN, clinical psychologists, master's-level licensed clinicians	3 years of recent acute care experience, experience in BH healthcare setting, and/or managed care. Care management and BH experience (SMI, SED, SUD, dual diagnosis)
Other Care Management Team Staff		
Community Health Worker **Community Engagement Navigator**	High School Diploma or GED	5 years of experience supporting member services
Peer Recovery Specialist	Associate's Degree (BA/BS preferred)	2 years of experience in health services, BH or peer support services; understanding of care coordination concepts or combined equivalent education or experience
Outreach Care Specialist	High School Diploma or GED	1 year of experience, understanding of Medicaid/managed care or combined equivalent education or experience
Community Paramedic	EMT-P	Minimum Required Experience: Per Community Partner*

All licensed staff are licensed in the State of Kentucky.
*Paramedics are employed by communities and serve as part of our local Anthem, Inc. Management teams.

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k. Value-based Payment to Support Provider Involvement in the PHM Program

k. If applicable, value-based payment (VBP) or incentive models the Contractor will include in Provider agreements to support involvement in the PHM Program.

Anthem has been utilizing Pay for Performance and other Value-based Payment programs for several years. Currently 45% of Anthem's expenditures are tied to Providers with value-based payments. Our goal is to be able to increase this percentage by 1–2% each year. Anthem's value-based payment and incentive programs promote Provider involvement in our PHM programs. Each program, displayed in Table C.24.a-8, includes defined quality measures, desired outcomes, and targets.

Table C.24.a-8. Anthem Maintains a Full Set of Value-based Payment Programs

Program Name	Target Provider	HCP-LAN Category	Effective Date
Provider Quality Incentive Program (PQIP)	PCPs with at least 1,000 Members	3A	2016
Behavioral Health Quality Incentive Program (BHQIP)	Outpatient BH Providers (CMHCs, individual BH specialists) with > 100 attributed Members	2C	2017
Provider Quality Incentive Program Essentials (PQIP Essentials)	PCPs with 250-999 attributed Members	3A	2018
Behavioral Health Facility Incentive Program (BHFIP)	Hospitals and free-standing BH facilities	2C	2018
Pay for Quality (P4Q) HEDIS Program	PCPs; no size threshold	2	Proposed for 2020, with approval from DMS
Obstetrician Quality Incentive Program (OBQIP)	OB/GYNs with >10 attributed deliveries	2C	
Integrated Care Quality Incentive Program (ICQIP)	PQIP Providers and Outpatient BH Providers (CMHCs, individual BH specialists) participating in BHQIP	Incentive Program	
Pediatric Residential Treatment Quality Incentive Program (PRTQIP)	RTFs or psychiatric RTFs that provide inpatient residential services to Medicaid-eligible individuals under the age of 21	2C	
Social Determinants of Health Provider Incentive Program (SDOHPIP)	Participating PQIP, PQIP Essentials, BHQIP Providers; Providers who participate in future state program upon implementation (OBQIP)	Incentive Program	

Table C.24.a-9 list sample measures included in our VBP programs, varying by type of program.

Table C.24.a-9. Examples of Outcomes Measures Included in Our VBPs

Focus Area	Sample Measures
Measures of Improved Member Health	• Readmissions within 30 days of inpatient discharge • New Member PCP visit within 60 days of assignment • Frequency of PCP visits • 7-day follow-up visit after mental health inpatient discharge • 30-day follow-up visit after mental health inpatient discharge
Measures of Reduced Inappropriate Utilization/Cost	• ER utilization rate • 7-day follow-up visit after mental health inpatient discharge • 30-day follow-up visit after mental health inpatient discharge • 30-day BH-related readmission rate • 60-day BH-related readmission rate • 90-day BH-related readmission rate • Outpatient procedures performed in hospital setting
Measures that Demonstrate Healthy Behaviors/Self-Management	• Reduced ER utilization rate • Reduced readmissions
Measures that Promote Whole Person Care	• Completed SDOH Member Assessments • Billing appropriate SDOH-related diagnosis codes • Community Health Link Referrals to community-based organizations • Successful Referral Status Updates in Community Health Link

I. Methods for Evaluating Success of the PHM Program Services

I. Methods for evaluating success of services provided.

Program outcomes are regularly evaluated through the identification and monitoring of appropriate psychosocial, behavior change, clinical and health status, consumer satisfaction,

quality of life, and financial outcomes. Care Management teams use dashboards to follow trends over time as well as drill down on specific Member populations to monitor outcomes. Our business intelligence and analytic tools can further stratify this data to deliver ad hoc reports and program analyses. Formal annual evaluations are used to assess the overall effectiveness of our Care Management and Population Health programs and reflects an assessment of our targeted programs. These formal and informal evaluations are then used to inform our Population Health program improvements and to develop new care management programs. Continuous evaluation and reporting helps our leadership ensure that Members have the care and services they need and that program goals are being met.

Our overarching strategy for evaluating success of care management services provided aligns with the four NCQA focus areas for population health:

- Keeping Members healthy
- Managing Members with emerging risk
- Member safety or outcomes across settings
- Managing multiple chronic illnesses

Within these areas we focus on specific programs impacting the largest numbers of Members, enabling objective evaluation of recognized measures, such as HEDIS — displayed in Table C.24.a-10.

Table C.24.a-10. We Use Multiple Measures to Evaluate Effectiveness

Measures Evaluating Success of Our Population Health Management Program	
Keeping Members Healthy	
Target Population: Pregnant Members enrolled in New Baby, New Life	
Meet or exceed the NCQA Quality Compass 50th percentile each measurement year for the following HEDIS measures	• Timeliness of Prenatal Care • Timeliness of Postpartum Care
Target Population: Members in Medicaid from birth to under age 21 years	
Meet or exceed the NCQA Quality Compass 75th percentile each measurement year for the following HEDIS measures	• Anthem is NCQA accredited for Childhood Immunization Status (CIS) – Combo 2 • Lead Screening in Children (LSC) • Immunizations for Adolescents (IMA) – Combo 1 • Children and Adolescents' Access to Primary Care Practitioners (CAP) – All Age Groups • Well-Child Visits in the First 15 Months of Life (W15) – 6+ Visits • Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) • Adolescent Well-Care Visits (AWC) Weight Assessment & Counseling for Nutrition & Physical Activity for Children • Children/Adolescents Weight Assessment and Counseling (WCC) – All Age Groups
Meet or exceed the 50th percentile each measurement year for the following HEDIS measures	• Childhood Immunization Status (CIS) – Combo 10
Meet or exceed federal CMS participation goal of 80% as calculated on the CMS-416 report template	• Childhood Immunization Status (CIS) – Combo 10 • EPSDT Screening & Participation Ratios
Managing Members with Emerging Risk	
Target Population: Child or adult Members in Medicaid identified by CI³, our prospective predictive modeling software, as high risk and from internal and external referrals, and engaged in complex care management	

Measures Evaluating Success of Our Population Health Management Program	
Meet or exceed the following measures	• Score of 95% or greater on Care Manager's adherence with documentation of medications, to include schedule and dosage of all prescription, over-the-counter, and herbal medications on audits • Score of 95% or greater on the overall care management audit • Score of 90% or greater on Care Management Satisfaction Survey
Member Safety or Outcomes Across Settings	
Target Population: Child and adult Members in Medicaid receiving potential safety risk medication	
Meet or exceed the following measures for BH/Elderly/Child Age Appropriate Polypharmacy	• Observe Behavior Change (that is discontinuation of 1 or more medications) in > 20% of population intervened on as measured by: Total number of Members with a Positive Behavior Change/Total number of Members evaluated for Behavior Change
Meet or exceed the following measures for Diabetes Polypharmacy	• Adherence to diabetic medication: 80% Proportion of Days Covered (PDC) in at least 25% of the Members successfully intervened on as measured by: number of Members who achieved a PDC of at least 80% for their diabetes medications/Total eligible population
Meet or exceed the following measures for Asthma	• Asthma Medication Ratio (AMR): achieve a 5% increase in targeted Members (Low AMR) to an AMR Ratio greater than or equal to 0.50 • Medication Management for people with Asthma (MMA) program: to achieve at least a 75% PDC in 2.5% of Members successfully outreached by the MMA calling program
Meet or exceed the following measure for Pharmacy Lock-In	• Decrease in the number of controlled substance prescriptions of identified high-utilizers
Target Population: Members in Medicaid with a Readmission Score (RAS) ≥ 25 enrolled in the Post Discharge Management Care Management program	
Meet or exceed the following measure for HEDIS All Cause Readmissions	• Reduce 30-day readmission rate after hospital stay (all causes) of three days or more by 2 percentage points compared to baseline.
Managing Multiple Chronic Illnesses	
Child or adult Members in Medicaid identified by CI³, our prospective predictive modeling software, as low-moderate and moderate-high risk for asthma, CAD, CHF, COPD, diabetes, HIV/AIDS, major depressive disorder, and schizophrenia	
Meet or exceed the NCQA Quality Compass 75th percentile each measurement year	• Asthma • Asthma Medication Ratio • Medical Management for People with Asthma • Diabetes • HbA1C < 8 testing • Diabetic retinal eye exam • Depression – Antidepressant Medication Management Continuation Phase that includes adults who remained on an antidepressant medication for at least 180 days

We also actively monitor and evaluate the performance of our Care Management processes. We believe this is an essential step to understand the effectiveness of our tools as well as the success our Care Managers have in determining Member clinical and social needs.

We use several ongoing, quarterly, and annual monitoring tools to measure performance.

- Monthly reporting of open and closed care management cases, and frequency of engagement
- Quarterly quality audits on a sample of Care Managers' cases to review timeliness of Member engagement and interventions, completeness of assessments and care plans, consistency between the care plan and treatment plans, and for identifying Member opportunities for improvement
- Annual care management program evaluation, including Member satisfaction
- Monitoring of complaints with care management process or Care Managers

- Achievement of care plan goals, medication adherence, and follow-up activities

We establish baseline measurements, set measurable goals, use established quantifiable measures, and conduct periodic re-measurements. We monitor care management performance against these goals:

- 95% or greater on the overall Care Manager audit
- 90% or greater on Member Satisfaction Survey (CAHPS)
- 95% or greater on Care Manager adherence to each of four medication-related metrics

We also evaluate Member experience by analyzing care management-related complaints, and administering a quarterly survey of Members who were actively enrolled in care management services. ***In our third quarter 2019 Care Management Satisfaction Survey, 100% of surveyed Anthem Kentucky Members reported that our Care Managers "helped (me) meet my needs," and "helped (me) make my life better."***

m. Communicating and Coordinating with Primary Care and Other Providers

m. Methods for communicating and coordinating with an Enrollee's primary care Provider or other authorized Providers about care plans and service needs.

Anthem encourages and supports the PCP's and treating Providers' role in care planning as imperative to the efficient coordination of services and alignment of clinical treatment in care plan goals. If the Member has a significant change in needs or services, change in health status, or in level of care or if they experience ER use or an inpatient admission there may be a need to adjust or modify a Member's existing care plan. ***Our Care Manager notifies the PCP by phone, fax, or email — depending on the Member's needs, circumstances and treatment status — and shares the updated care plan with the Member's PCP and applicable specialty Providers at a minimum annually, or as status updates change the care plan.*** The Member's care plan is available to Providers though our integrated Health Intech information sharing platform.

We share care plans and identified service needs with Providers to support coordinated service delivery throughout the care planning process. Care Managers incorporate PCP and Provider feedback into care plans and assessments. Our integrated Health Intech system provides PCPs access to near real-time claims and encounter data, as well as claims history, so Providers can access actionable physical and behavioral health and pharmacy information. It houses Member utilization data and clinical information, including service authorizations, lab results, immunization records, care management data, and disease management data. With consolidated Member clinical data from various sources, it provides PCPs a holistic picture of each Member's utilization, care plan, and gaps in care. We provide education to Providers on the availability of information on the portal and how they can leverage the information to optimize the flow of communication between health care stakeholders — such as professional and facility Providers, health plans, and pharmacies — through a secure web-based exchange.

Care Managers contact the Member, and as applicable the PCP or specialist Provider, as they identify changes or potential issues from their reviews for additional information. Through discussion, troubleshooting, and planning, and in concert with the UM team, our Care Managers make sure the Member's care plan remains current and relevant. The assigned risk level and the Care Manager's activities are fluid; we adapt to respond to changes in Member's needs. Reassessments and care plan

updates are coordinated with, and made available to, the Member and caregiver, PCP, treating Providers, and other applicable system partners.

Health Insight Provides On Demand Access to Member Health Records

Providing care for Members is a team effort in which PCPs and our Member's other Providers play a crucial role. Providers receive information about their attributed Members through the following:

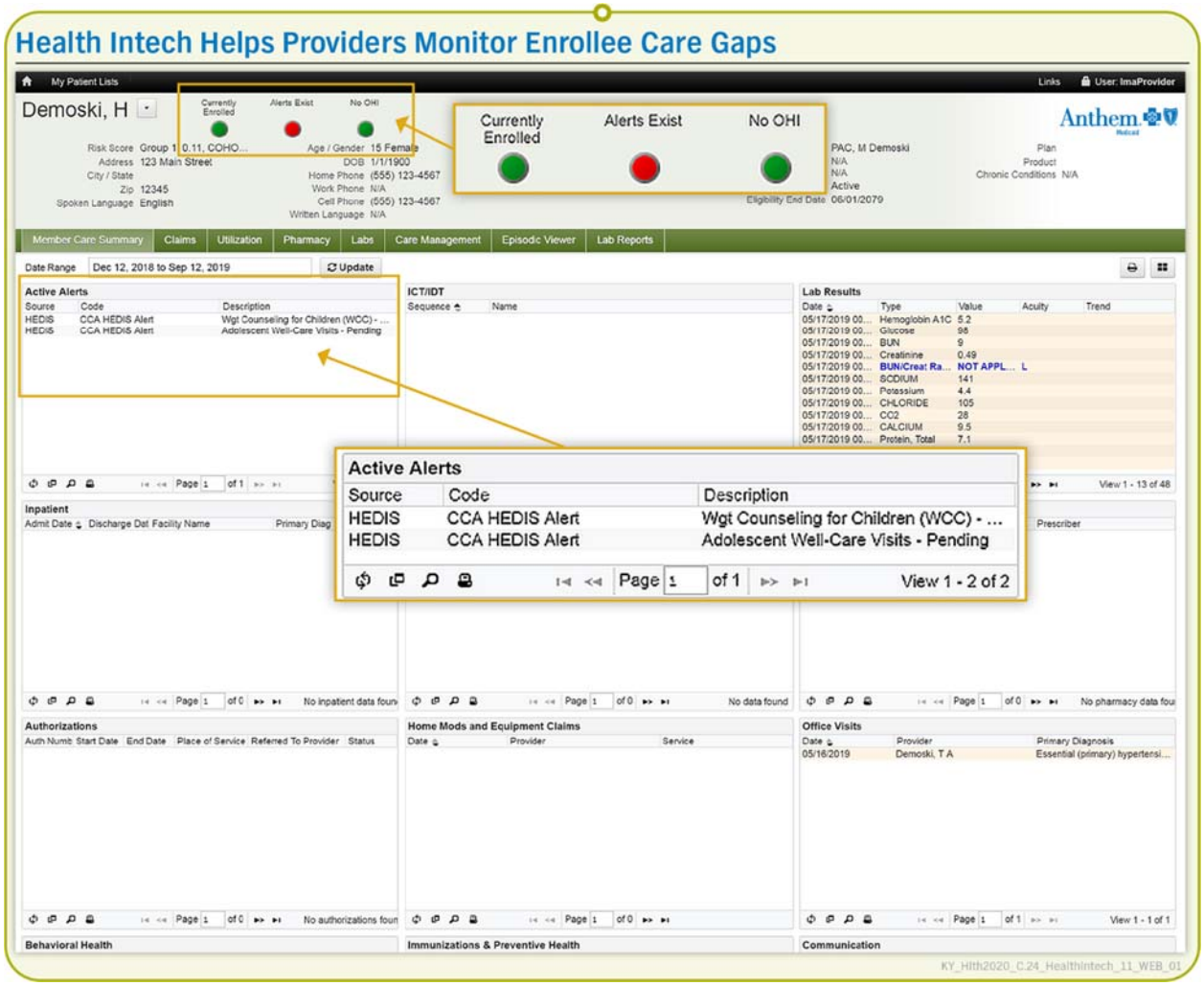
- **Member Dashboard.** Located on our secure Provider website, Providers have 24/7 access to a holistic view of the Member's needs and care in near real time.
- **Provider Relations team.** Field-based Provider Relations Consultants who are assigned to Regions across the Commonwealth meet in person with Providers and their staff to support continuing education, improving operational efficiencies so our Providers can focus on health care.
- **Public Health Consultants.** Regionally-based team members who will build positive relationships and work collaboratively Providers in the community to provide information on Member resources and Anthem programs, as well as identify opportunities for, develop, and implement educational community outreach strategies, programs, campaigns, and community events that promote wellness initiatives and public health priorities.
- **Care Management team.** Our Medical Directors provide consultation to Providers for Members with complex needs upon request. Care Managers and UM clinicians provide telephonic support to Providers, such as referral resources and questions about the Prior Authorization process.

For all Risk Levels (One, Two, Three), we also produce ***Gaps in Care reports*** for PCPs to identify underutilization of certain services — ***44.7% of Anthem Members are assigned to a Provider in an APM (PQIP or PQIP Essentials).*** This includes incentivized measures for the following: Well Visits for Adults, Adolescents, and children (3-6 years of age)

- Immunizations — CIS Combo 10
- Adolescent — IMA Combo 2
- Breast Cancer Screening
- Diabetes control
- Diabetes eye exams

This information is shared with the Providers and available on demand. Providers use these reports to outreach to our Members and encourage the Member to receive the needed service. Care Managers use the same gaps in care information, which is captured in Health Intech, to outreach to Members and work collaboratively with Providers to meet our Members' needs.

For Members in Risk Levels 2 and 3, Care Managers communicate program information, including the Member assessment and the care plan, to the Member, PCP, and MDT. The Care Manager solicits input and collaboration from the PCP and MDT through conference calls, information sharing, and meetings to address the Member's needs. The PCP and MDT participants also have access to Member-specific information through our Provider and Member websites in compliance with HIPAA requirements and through role-based access. Member 360° provides a dashboard view of the Member's gaps in care, tests out of range, recent hospitalizations and ER visits, so that all team members can be kept up to date with the Member's progress and goals met.



Specialists Serving Our Members as PCPs

Anthem recognizes that primary care services for Members with complex, underlying health conditions may best be managed by having an appropriate specialist serve as the Member's PCP. Our guidelines of which specialists can serve as PCPs reflect the unique needs and circumstances of each Member. For example, in some instances where appropriate, we may allow another Provider, such as a psychiatrist or psychiatric nurse practitioner, to serve as a PCP for Members with complex BH conditions. We will assist these Providers with care management supports, such as coordination of prevention, health, and wellness screenings, in order to meet the holistic needs of the Member. We support specialists who assume the PCP role with strategic tools to help them monitor for potential gaps in care to facilitate coordination of care. We will educate them how to use Health Intech to identify care gaps and send reminders about their patients' upcoming or missed care opportunities. We will supplement Provider on demand access to this real time data, with our health promotion and targeted health education activities, reminding Members of upcoming preventive screenings and availability of resources and tools to support their care needs.

Care Management Communication Supports Continuity and Coordination of Care

Care Coordination and continuity of care are embedded throughout our care management processes, including UM, screening and assessments, and care planning activities. Our approach in addressing current and future care and service needs is to ensure each Member has access to the appropriate array of treatment and services that they might need, when they need it, to support their overall health and well-being. This is most important:

- At times of transition, such as between care settings
- Upon discharge or change of Medicaid coverage
- When Members are receiving care and services from multiple agencies, community resources, social services, and Providers described
- For coordinating between PCPs and children's dental Providers
- When Members experience a change in Providers

Care Managers directly coordinate Member care, managing coordination and communication with and between Providers, with community supports, and services provided by third parties including agencies or other payers. We also take seriously the need to coordinate care that may be covered by sources other than Anthem, incorporating Provider treatment plans and care plans developed by external agencies or MCOs.

In addition, we have well-established processes for preserving continuity of care for Members who are new to Anthem as they transition to our plan and to Providers in our Network, including the CHIP population; new Members may access out-of-network (OON) Providers who are their main source of service for the first 60 days of enrollment. We identify and assess all new Members for potential coordination and continuity of care concerns to proactively identify those who would benefit from Care Coordination ensuring that all Members are safely, smoothly, and timely transitioned. We routinely monitor for and initiate Care Coordination for transitioning Members including, but not limited to individuals who are:

- New to Anthem transitioning from Kentucky Medicaid fee-for-service (FFS) or another MCO
- Hospitalized at the time of enrollment with Anthem
- With a high-risk pregnancy in their third trimester, or within 30 calendar days of delivery
- Newborns admitted to the NICU
- In active treatment with cancer, organ transplant, or dialysis
- With a mental health or substance use disorder including opioid use disorders, or during admission and discharge for Opioid Treatment Program services

Provider Portal

All Anthem Providers can access on demand information about our PHM Care Management program as well as evidence-based training through our Anthem Provider Portal. Available on the portal, the Provider Manual includes:

- An overview of our health education resources and programs
- How Care Managers work with Members in our programs
- How to enroll a Member in complex care management or chronic condition management
- Program contact information (phone number, address, and email address)
- How to provide feedback on our programs
- How we provide feedback to PCPs about their Members' care plans and services

Providers also have access to information about our care management programs, including New Baby, New Life, our chronic condition management programs, and how to refer Members to care management.

n. Kentucky Health Information Exchange and PHM

n. Role, if any, the Kentucky Health Information Exchange (KHIE) will play in the Contractor's PHM Program as a resource.

KHIE is vital for timely and efficient information sharing to improve the coordination of care across the care delivery system. It is not only valuable at the point of care to Providers and hospitals engaging with Members, but also to Anthem's care and population health management programs. Anthem believes that bidirectional data sharing with the KHIE can improve identification of Members who can benefit from chronic condition management or complex care management, support timely outreach and Member engagement, and improve coordinated transition and discharge planning through timely exchange of assessment, care planning, treatment, and health care utilization data. It can also be leveraged to identify additional demographic or recent Provider interactions for Members whom we have been unable to reach. As a partner to the Commonwealth, we fully support the continued growth of KHIE to facilitate improved Care Coordination to achieve higher quality care and better outcomes. Prior to the KHIE enhancement project, Anthem was connected to KHIE to assist with our Care Coordination and quality improvement efforts. We utilized KHIE to receive daily feeds of Admission, Discharge and Transfer data. ADT data from KHIE informed us when Members had an admission or discharge related to an inpatient stay or an Emergency Room visit. This data, along with our UM daily census, provided useful information for our care management and outreach staff. Our care management team notified the Member's PCP, or other Providers, that the Member was admitted or had an Emergency Room visit. Providers were then able to engage with their patient during the inpatient stay, complete discharge planning, and schedule the appropriate follow-up visits. Anthem's experience shows the most effective way to educate and deter Members from utilizing the Emergency Room for non-emergent services is to contact them as quickly as possible after a visit occurs to review the visit, connect them with their PCP, discuss the importance of seeing their PCP, and help them schedule a follow-up visit.

Anthem has experienced a temporary disconnection to KHIE due to the KHIE enhancement project; however, Anthem continues to communicate with our KHIE coordinator on a monthly basis, and we also attended the KHIE Summit in August 2019 to collaborate on best practices related to KHIE connectivity.

In November 2019, Anthem was notified by our KHIE coordinator that our connectivity to the upgraded KHIE system will be deferred to early 2020. We will continue to collaborate with KHIE to facilitate the advancement of health information technology (HIT) and health information exchange (HIE) efforts in Kentucky. Additionally, we will continue to work with DMS on solutions to ensure Care Coordination and high quality care are maintained.

Concurrent to Anthem's efforts to leverage KHIE directly, we know the importance of encouraging individual Providers and practices to connect with KHIE to ensure Member data is robust so PHM solutions can be targeted. Our Provider Relations team will work in concert with KHIE consultants and Regional Extension Centers (RECs) Implementation Specialists to inform

and educate Providers about the benefits of KHIE. Anthem will provide the following targeted support:

- Focus the agenda on KHIE for our quarterly town hall meeting in Q3 2020 with reminders about the benefits of KHIE during all subsequent town hall meetings
- Schedule a web-based training on KHIE for launch during Q3 2020
- Execute on an outreach campaign in February 2020 to inform Anthem's rural Providers about the Provider Assistance Program, which provides grants to critical Providers in rural areas to build the IT infrastructure needed to exchange data. Anthem is aware that grant applications are due by June 30, 2020, so we understand the urgency to get this information out to Providers. In addition, our Provider Solutions team will provide support to Providers that may need assistance in completing applications
- Provide IT support to Providers that may have issues with connectivity to KHIE or other IT issues related to exchanging data

As an additional incentive for Providers to use KHIE, Anthem has established a fund of $100,000 that can be made available to Providers through $2,000 dollar grants on a first come, first served basis.

Anthem National Focus on HIE Best Practices

Anthem, along with our Ultimate Parent Company and our affiliate Medicaid health plans, maintains a cross-functional national team that stays abreast of developments in HIE. This cross-functional team includes representatives from a variety of functional areas impacted by HIE, including care management, Population Health Management, Provider collaboration, Provider contracting, health care analytics, and IT. Team members monitor state HIE developments, including meeting with HIE players across each of our Medicaid markets to determine best practices and to understand opportunities for involvement in data sharing and innovative ways to use technology to enhance health care and make it more accessible for Members in Medicaid.

We remain steadfast in our focus to promote, deploy, operationalize, and capitalize on the continually evolving health information technology systems and HIE opportunities available today. Our commitment to HIT interoperability is evidenced by Anthem's considerable work expanding access to data and incorporating new technologies and programs that simplify the health care world for both Members and Providers, including:

- Expanding access to electronic health records
- Implementing electronic prescribing (e-prescribing) and electronic prior authorizations (ePAs)
- Integrating with state and regional HIEs
- Incorporating benchmarking and performance metrics
- Expanding access to telemedicine
- Enhancing self-service and mobile technology
- Implementing Admission, Discharge, and Transfer alerts

v. Coordination with Authorized Providers Such as WIC

v. Provide the Contractor's proposed approach to coordination with other authorized Providers such as the WIC program and others.

As an essential stakeholder working with families, partners, and communities, Anthem works together with the Kentucky Department for Public Health, Division of Maternal and Child Health,

including the Early Childhood Development Branch, Health Promotions Branch and Nutrition Services Branch, and WIC to link Members with public health prevention and support services.

We have existing Memorandums of Understanding (MOUs) for information sharing and referral pathways within our care management processes to align with public health services. We have a personal and informed knowledge base of the health and social needs of our most vulnerable Members and we have built our program to complement, not duplicate, existing programs and resources.

We begin by prioritizing education and training so that our entire Care and Population Health Management teams are knowledgeable about available social services and can readily connect with public health agency staff to refer Members, and co-manage, those who can benefit from KPH's programs and services. Our Care Coordination procedures are established with each agency. When a Member is identified for referral, or a Member is identified as currently receiving services, the Care Manager contacts the agency to discuss next steps including making arrangements for participation with interdisciplinary team (IDT) meetings and streamlining the assessment/care planning process (to try to reduce Member assessment fatigue).

DPH: Division of Maternal and Child Health

Anthem uses several methods to identify children who may be at risk and may benefit from early intervention services, including data analytics, predictive modeling, authorization monitoring, and targeted claims data analysis. We also have a "no wrong door" approach and capture referrals from mothers, Providers, schools, county targeted case management staff, as well as through public health nurses conducting HANDS, First Steps or WIC visits. In many situations, depending on assessment of the child's needs, we coordinate with public health and targeted case management to coordinate or arrange for additional services.

DPH: Nutrition Services Branch/Women, Infants & Children

We are actively engaged with the Nutrition Services Branch Women, Infants, & Children (WIC) program. In addition to providing nutritious food to Enrollees, we recognize that the WIC program improves the health of our Members by providing education and counseling on nutrition and breastfeeding as well as health monitoring and referrals. All eligible newly enrolled and existing Members are educated about the availability and benefits of the WIC program through the Member Handbook, interactions with our care management and population health teams, and family planning materials.

Enhanced nutrition services include comprehensive nutrition assessments, care plan and nutrition counseling beyond the basic WIC nutrition education. These services are essential for nutrition related medical conditions and our Care Manager's work closely with the Registered Dietitian as part of the Member's treatment plan.

Caregivers of newborns and newly enrolled children under the age of five receive information about a wide range of community and public health resources, including WIC, as part of the Welcome Packet. We also work closely with our Provider Network that cares for this population to promote these programs to their patients.

Pregnant Members may be identified through eligibility files from the Commonwealth, health assessments, data and analytics, and Provider or Member referrals to specialty care. Our Care Management and Population Health teams are staffed with highly trained, culturally competent,

and trauma-informed professionals who reach out to our pregnant Members and support them to ensure they receive the care and services they need, including referral to the WIC program.

DPH: Health Promotion Branch

Our Population Health Management is grounded on the principle of encouraging healthy living and preventing disease progression. We have developed programs and interventions designed to improve population health across Kentucky, helping to support communities and wellness. We have invested in additional resources specifically to support public health outcomes and services within Kentucky's public health department structure, and to connect Members to its valuable programs and education.

Our team of Public Health Consultants will be located regionally throughout the Commonwealth. Our Public Health Consultants will be responsible for driving education, participation, and sustained health engagement. They will provide population-based public health programs and services and will work collaboratively with school districts, public health agencies, Providers, and law enforcement to provide specialized support. They will also be responsible for creating informational and culturally competent material to promote health education programs and services and effective health messages to the communities throughout Kentucky. They will cooperate with DMS and our local health department partners to advance public health priorities in collaboration with Providers. They will identify Members who may benefit from public health programs that support local Care Coordination and Member engagement in their health, and connect them with these services, such as home visiting programs.

Additionally, our Public Health Manager will provide strategic direction for this team through planning, implementation and evaluation of Anthem health promotion and Community Engagement initiatives to advance public health in the Commonwealth, utilizing public health principles and public health research to oversee work that addresses social determinants of health, health equity and population-level health improvement.

We are also implementing additional outreach efforts to strengthen our collaboration with these the Department of Health. For example, we will be targeting WIC offices as partners for pilots and referrals programs, and know that strengthening our relationship will further our efforts to support and fully inform Members who benefit from both our service offerings and WIC services. Additionally, we will also begin doing community-based health outreach and education at Head Start sites. We will identify a staff member to serve as a liaison between Anthem and Head Start, systematically identify Members who should be referred to Head Start or who enroll with Anthem and are already receiving Head Start services, and explore methods for having Head Start share intake information on our Members with us and with the Member's PCP.

DPH: Early Childhood Development Branch

We work with the Early Childhood Development Branch to identify children who may benefit from Kentucky's early childhood programs including HANDS, Child Care Health Consultation for Healthy Start in Child Care (CCHC), Early Childhood Mental Health (ECMN), and First Steps.

Our Community Engagement Navigators and Public Health Consultants work with Members to help them select and access community-based organizations that provide services, supports, and

resources to our Members with care needs, including SDOH. Table C.24.a-11 describes a number of the community-based organizations we work with, and refer Members to, based on their needs.

We work with many authorized Providers across the Commonwealth, including but not limited to those identified in Table C.24.a-11.

Table C.24.a-11. Community-based Authorized Providers Essential to Meeting Members' Needs

Provider	Description
WIC	Care management team members refer pregnant women and those with small children to the WIC center in their communities to access additional resources for nutrition education and services, breastfeeding promotion and education, monthly food prescription of nutritious foods, and access to health care services. We also assist in scheduling appointments and arranging transportation as needed.
Food Banks	Anthem and our community-based staff have developed relationships with food banks across the Commonwealth to promote food security and nutrition for Members. For example, Anthem Medicaid donated a new, custom vehicle that will serve as a Mobile Produce Distribution Van to God's Pantry, helping the non-profit meet the nutrition needs of kids and teens during the summer months by providing healthy fresh alternatives. The Mobile Produce Van will allow God's Pantry Food Bank to expand its reach to kids and teens at summer feeding sites by providing fresh produce in manageable quantities for them to take home. Our staff provide information on this program, food pantries located in their communities, as well as the Kentucky Association of Food Pantries that provides information on food pantries across the Commonwealth. To assure access, we will also Members with access to our Community Resource Link (VAS) to identify additional resources, and provide transportation for the Member as needed.
Head Start	We identify Members who can benefit from and provide information on the Head Start programs, located in the Commonwealth's 120 counties, to all Risk Levels of our PHM program. We include information on Head Start on our Member website; in our New Baby, New Life packet; targeted mailings to pregnant women and parents of young parents; and through our Care Managers and Community Engagement Navigators who identify the needs of children through the HRA and Member Needs Assessment. We assist Members in identifying the Head Start program in their area and applying for the program.
Plan of Safe Care	In our commitment towards protecting infants who are or may be affected by prenatal substance use and supporting their mothers and families in their capacity to provide care for them following hospital discharge, we adhere to and talk to our Members about Kentucky's Plan of Safe Care initiative through: • Early identification, screening and engagement of pregnant women who are using substances, including completion of the HRA for all pregnant Member at each trimester • Outreach and engagement to ensure women receive prenatal care and are connected to treatment in a timely manner, including access to medication assisted treatment (MAT) if needed, and the resources they may need, such as housing, food security, and transportation • The adherence to nationally-recognized guidelines and best practices for treatment that include preparing mothers for the birth of their infant who may experience withdrawal syndrome and potential involvement with Child Protective Services, as well as developing a Plan of Safe Care prior to the child's birth • We coordinate Providers who adhere to Plan of Safe Care to assure our pregnant Members and their babies are safe.

Provider	Description
HANDS	Care Managers and Community Engagement Navigators routinely connect our pregnant Members to their local HANDS program, which provides a parent visitor who will discuss any questions or concerns the Member and family have about her pregnancy or their baby's first years. Members receive information and learn about resources for new parents available in the community to receive further support through home visitation as needed. We work with the Member to schedule an appointment with HANDS, arrange transportation if needed, and contact the local office to make sure the Member attends the appointment.
Senior Farmer's Market Nutrition Program (FMNP)	When working with Members who are age 60 and older, we identify food security and nutrition concerns during the HRA, SDOH assessment, and Member Needs Assessment. Upon identification, we provide the Member with a number of resources, including the FMNP that provides them better access to fresh fruits and vegetables. Members receive $28 in checks to purchase fresh, unprocessed, locally grown fruits, vegetables, and herbs at Commonwealth-approved farmers' markets.
Quit Now Kentucky (Quit Now)	When a Member is identified as a smoker through the HRA, a Care Manager contacts the Member through text message to provide information on the Quit Now program. Members who respond, are sent information or receive outreach from one of our team members to provide information on Quit Now and other Providers who offer counseling, as well as covered cessation products. Other ways Members can receive information about or be referred to the Quit Now includes Care Managers during the Member Needs Assessment, Provider referral, Member website, and Anthem social media campaigns.

vi. Population Health Management Program Ongoing Review

vi. Describe the Contractor's approach to ongoing review of its PHM Program, including potential real-time measurement, and how the Contractor will use results to address identified issues.

Anthem uses a data-driven approach to reviewing and analyzing the results of our PHM program. Evaluating the needs of our Member population does not occur at a single point in time. Instead, we continuously monitor the population's health status and social needs and then adapt our programs based on the results. We regularly conduct a comprehensive analysis of the impact of our PHM strategy that includes the following:

- Quantitative results for relevant clinical, utilization, and experience measures
- Comparison of results with a benchmark or goal
- Interpretation of results

Reporting that Informs Our Population Health Management Program

We use a variety of reports and metrics to help us understand the populations we serve, including the Population Health Management Impact Report. We analyze the results from each of these reports on an ongoing basis and then use that information to tailor our PHM programs to meet the needs of our Kentucky Members.

Population Health Management Impact Report

Because the value and impact of the PHM program cannot be assessed by any single measure, Anthem has organized a number of measures within the domains of clinical care, patient safety outcomes across settings, cost and utilization, and Member experience to create a comprehensive set of results from which to conduct our analysis. Delivered on an annual basis, the PHM Impact Report provides data to inform our PHM model and strategy. The data methodology for each measure is included in Table C.24.a-12. For each measure, the quantitative and qualitative analysis process is described and the measure results are assessed to understand the PHM program and its impact on areas of focus.

In recent years, results from the PHM Impact Report have led to process improvements for Anthem's PHM team. For example, 2018 report showed that Members with SUD were in need of additional resources post-discharge, so in 2019, we began embedding Care Managers in SUD residential facilities to assist Members with finding the support they need. Additionally, we learned that PCPs were not always aware of Members' gaps in medication refills for chronic conditions, so we developed an anti-depression medication management refill reminder program to assist.

Table C.24.a-12. Anthem's PHM Impact Report Provides Quantitative Results on Clinical Measures

Domain: Clinical Areas of Focus		
Specific Area Monitored	**Description of Indicator**	**Frequency**
1. Keeping Members Healthy	Maternal and Child Services Care Management Program HEDIS measures: • Timeliness of Prenatal Care • Postpartum Care Goal: Meet NCQA Quality Compass (QC) 50th percentile EPSDT Outreach Program HEDIS measures: • Childhood Immunization Status (CIS) – Combo 10 • Human Papillomavirus Vaccine for Female Adolescents (HPV) Goal: Meet QC 50th percentile	Annual
2. Managing Members with Chronic Conditions	Diabetes; Asthma and Depression DM Programs- Goal: NCQA Quality Compass 75th percentile HEDIS Measures: • Diabetes o HbA1C testing o Diabetic retinal eye exam • Asthma o Asthma Medication Ratio (AMR) o Medical Management for people with asthma (MMA) • Antidepressant Medication Management (AMM) o AMM Effective Acute Phase Treatment o AMM Effective Continuation Phase Treatment	Annual
3. Patient Safety or Outcomes across Settings	Patient Safety BH/Elderly/Child Age Appropriate Polypharmacy: • Goal: Observe Behavior Change (that is discontinuation of 1 or more medications) in > 20% of population intervened Diabetes: • Goal: Polypharmacy – adherence to diabetic medication: 80% Proportion of Day Covered (PDC) in at least 25% of the Members successfully intervened Asthma: • Goal: Asthma Medication Ratio: to achieve a 5% increase in targeted Members (Low AMR) to an AMR Ratio greater than or equal to 0.50 Goal: Medication Management for people with Asthma program: to achieve at least a 75% PDC in 2.5% of Members successfully outreached by the MMA calling program Outcomes Across Settings: • Anthem Post Discharge Care Management Program HEDIS Measure: Plan All Cause Readmission (PCR). Goal: <0.50	Annual

4. Managing Members with Emerging Risk	Performance Improvement and Enhancement Audits Complex Case Management Program Measures: • Score of 95% or greater on the overall CM audit • Score of 90% or greater on CM Satisfaction Survey • Score of 95% or greater on CM adherence with: o CM adherence with documentation of notifying physician of the Member's engagement in complex case management CM adherence with documentation of medications, to include schedule and dosage	Annual
Domain: Cost/Utilization of Care		
Specific Area Monitored	**Description of Monitor**	**Frequency**
5. Health Care Management	Inpatient Hospital Utilization HEDIS Measures • Inpatient Hospital Utilization – General Hospital/Acute Care (IPU) o Total IP ALOS • Ambulatory Care (AMB) ER Visit/1,000	Annual
Domain: Member Experience		
Specific Area Monitored	**Description of Monitor**	**Frequency**
1. Case Management	Care Management Member Experience Survey Results • Complex Case Management Member Survey	Annual
2. Disease Management	Disease Management Member Experience Survey Results • Disease Management Member survey	Annual

Anthem Medicaid

25. Enrollees with Special Health Care Needs

Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

C.25. Enrollees with Special Health Care Needs

C.25.a. Innovative and Evidence-based Approaches to Meeting Member's Special Health Care Needs

a. Describe innovative approaches and evidence-based practices the Contractor proposes to use in providing services to Enrollees defined in Section 35.0 "Enrollees with Special Health Care Needs" including. Include a summary of how the Contractor's experience in providing services to these populations has informed the approaches.

For more than six years, Anthem Kentucky Managed Care Plan, Inc. (Anthem) has been serving Enrollees (Members) with Special Health Care Needs (SHCN) who have chronic physical, developmental, behavioral, neurological, or emotional needs. Members with SHCN typically have a broad range of physical health (PH), Behavioral Health (BH), pharmacy, long-term services and support (LTSS), and durable medical equipment (DME) needs. Our proven analytical tools, predictive models, and screening and assessment processes help us identify Members with SHCN as soon as possible following enrollment for targeted outreach, assessment, and engagement to support their PH, BH, and social needs.

Anthem currently serves the following Members with SHCN in Kentucky:

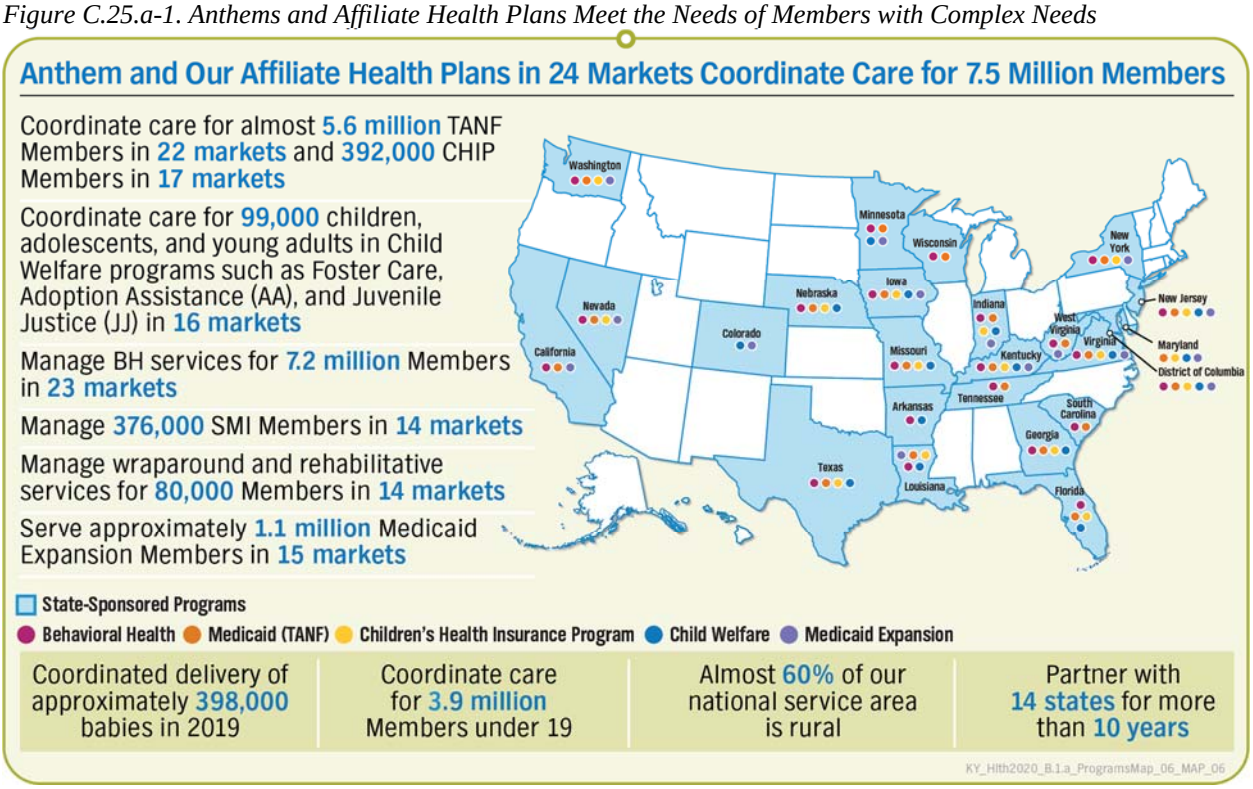
- ***12,048*** Members who are categorized as Aged, Blind, and Disabled (ABD), older adults and persons with disabilities, and Members with supplemental security income (SSI)
- ***1,554*** Children, youth, and young adults in Foster Care (FC)
- ***19,042*** Members diagnosed with substance use disorder (SUD)
- ***1,422*** Members with serious emotional disturbance (SED)
- ***17,459*** Members with serious mental illness (SMI)
- ***311*** Members with HIV/AIDS
- ***4,514*** Members with dual eligibility

We also benefit from the vast experience of our affiliate health plans across the nation that serve more than ***798,000*** Members eligible for Medicaid through the SSI and ABD categories. As illustrated in Figure C.25.a-1, Anthem affiliate health plans serve:

- Members with SMI and SED in 14 markets.
- Members with I/DD in 16 markets.
- Children and youth in FC, Adoption Assistance (AA), and with Juvenile Justice (JJ) involvement in 16 markets, including over 99,000 children in all markets, of which 33,000 children, youth, and young adults are covered through the Georgia Families 360°SM program. Our Georgia affiliate is the single, statewide managed care program serving children in FC, receiving AA, and select youth in the Georgia JJ system. In addition, our affiliate in Louisiana was selected as a health plan of choice for their fully integrated, statewide FC managed care program.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Figure C.25.a-1. Anthems and Affiliate Health Plans Meet the Needs of Members with Complex Needs



Promoting and Supporting Highly coordinated, Specialized Care

Anthem promotes highly coordinated and specialized care for Members with SHCN through collaboration and coordination with specialized Network Providers, care management staff with specialized expertise and training, and innovative specialized programs, and initiatives.

We have Care Managers with specialty expertise, including high-risk OB, autism, SMI, SED, and I/DD, who are assigned to Members with needs most closely aligned with their expertise. As illustrated in Table C.25.a-1, our Anthem Training Academy assures care management staff and Providers receive information and training on techniques and approaches that promote Member engagement, determine the Member's risk level, and support the delivery of person-centered care as identified in the Member's care plan.

Table C.25.a-1. Types of Training Topics Relevant to Members with Specialized Health Care Needs

Topic Area	Description
Principles of person-centered approaches	• Person-centered care • Trauma-informed care (TIC) • Adverse childhood experiences (ACEs) • Motivational interviewing • Mental Health First Aid (MHFA) • Recovery and resiliency • Cultural sensitivity and diversity • Unconscious and corporate bias
Unique special populations	• Understanding PH, BH, and social determinants of health (SDOH) needs • Substance use and substance exposure • Evidence-based treatment practices • Behavior management • Crisis and crisis support

Topic Area	Description
Approaches to service delivery	• Integrated care coordination and management • Engagement and collaboration • Coordination of care • Confidentiality • Case Management Society of America (CMSA) standards • Caregiver support
Specialty populations	• Understanding SHCN and Disabilities • Complex, comorbid, and co-occurring conditions (children in FC, diabetes, cancer, heart disease, SMI, SED, HIV/AIDS) • Meeting the needs of adults and children with SHCN and disabilities • Serving homeless populations

Our training tools also include condition specific education, developed based upon nationally recognized standards developed by organizations including, but not limited to:

- American Academy of Family Physicians (AAFP)
- American Congress of Obstetricians and Gynecologists (ACOG)
- Agency for Healthcare Research and Quality (AHRQ)
- American Psychiatric Association (APA)
- American Society for Addiction Medicine (ASAM)
- Centers for Disease Control and Prevention (CDC)

These trainings, as well as clinical practice guidelines adopted from these organizations, are made available to Provider and Anthem staff. We have also developed education for Providers and our staff about the prevalence of comorbid conditions and risk factor identification among Members with SHCN.

Anthem's High Outreach to Promote Engagement (HOPE) Initiative Helped Anne to Recovery and Stability

Anne is a patient with newly diagnosed HIV who has struggled with complying with her medical treatments and, as a result, has had many long hospitalizations. She has also struggled with cocaine use. The HOPE BH Care Manager initially engaged Anne over the phone upon her discharge from a two-month hospitalization. Anne and her Care Manager found that they were better able to establish rapport and communicate in person. Initially, the Care Manager visited Anne at least weekly to assess the situation and develop a plan with Anne for the services and support needed. The Care Manager also coordinated services with Anne's medical Providers in both primary care and infectious disease (ID) care, which encouraged Anne to stay engaged in treatment through regular appointments. The Care Manager was able to meet Anne at her medical appointments as often as she needed. Since her engagement and support through the HOPE program, Anne has attained sobriety and attends most of her PCP and ID appointments. She is experiencing improvements in her medical status. She has also obtained stable housing, with reliable transportation to her Provider appointments supported by Kentucky Medicaid.

KY_Hlth2020_C.23_Anne_RS_03

Engaging Members in Specialized Care Management Programs

We recognize that Members with SHCNs, as well as other populations we serve, have complex, often comorbid conditions, with multiple PH, BH, pharmacy, and social needs. Since 2015, Anthem has offered a fully integrated multidisciplinary care management model in Kentucky that provides specialized resources across the full spectrum of clinical and social needs. We serve more than ***56,000*** Members with SHCN and assure each Member's care plan incorporates necessary services and supports, including Covered, and non-covered Services, to address all clinical, functional, and social needs. We engage Members with SHCN in our specialized care management programs tailored to their needs, such as the following:

High Outreach to Promote Engagement Program

Our High Outreach to Promote Engagement Program (HOPE) program focuses on our Members at the highest risk who have complex PH or BH with frequent Emergency Room (ER) visits and multiple hospital admissions, but are not actively engaged in an existing care management program. We identify these Members through our risk stratification process and from referrals.

Our cross-trained Care Managers educate Members about how to utilize the most appropriate care to meet their health care needs through motivational interviewing and person-centered care planning. They work with Providers, such as PCPs, specialty physicians, and hospitals, to help assure all parties are working toward the same goals. The Care Manager is the central point of contact for the Member, addressing all clinical, and social support needs.

Neonatal Intensive Care Unit Graduate Program

We offer additional care management support to parents and caregivers of infants following their first 90 days after discharge from the NICU. Once complex care management is no longer needed, parents and caregivers may choose to receive telephonic support and education from a Care Manager until their child is 15 months of age. Interventions include:

- Assessing the parent, caregiver, and child's needs, including identifying parent, and caregiver concerns; educational needs; and needed resources and referrals
- Reviewing age appropriate safety and educational material
- Addressing well-child checks, immunizations, and coordination during, and following any ER visits, hospital admissions, and scheduled appointments

Anthem's NICU Readmission Program Achieves Results

Our inpatient NICU readmission rate prior to our May 2018 implementation was **22%**; since this program's implementation, readmission rates decreased to **17.3% — a 21%** improvement since 2018.

KY_Hlth2020_C.25_NICU_20_COB_01

The program has two primary goals within the Member's first year of life:

- Decrease the risk of illness as evidenced by fewer ER visits and hospital admissions
- Increase engagement in well-child checks, dental visits, and immunizations up to 15 months of age

By following the child for the first year of life, we are encouraging, and supporting parents to make the necessary Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screening appointments — which will help to address problems early, ameliorate conditions, and intervene as early as possible, improving the long-term health, and well-being of these children.

The Care Manager calls the family at least monthly to review the baby's progress, family needs, health concerns, recent health care visits, and plans. ***Care Managers work with family members and caregivers to identify and address caregiver stress.*** This includes identifying family members and friends who may be able to help, locating support groups, providing educational resources on stress management techniques, and engaging in health, and wellness programs, such as our Online Well-being program value-added services (VAS) that promotes BH wellness through instruction, games, goal setting, and monitoring.

In addition, our Caregiver Toolkit is an introduction to and overview of community and Anthem resources to support the Member and caregiver, including a notebook for caregivers to support general organization and an array of forms and tools, such as health promoting items for the caregiver and a state-specific information packet on key resources, all packaged in a branded

box. Our Care Managers also have access to board certified Neonatologist, Dr. Stephen Golden and Dr. Susan Brown, through weekly rounds.

Aspire Program Offers Community Based Palliative Care For Members Facing Serious Illness

Implemented in 2019, ASPIRE is a home-based palliative care service that treats Members with an advanced illness (primarily cancer, congestive heart failure, and COPD), estimated to be in their last year of life, and at high-risk for high utilization rates. A team of physicians, nurse practitioners, nurses, social workers, and chaplains help Members and their families manage the Member's symptoms and remain comfortable in their homes based on the Member's preferences.

Meeting the Needs of Children with Medically Complex Conditions

As an example of our specialized approach for Members with SHCN, we have developed a program to meet the needs of some of our most Medically Complex Children, their families, and Providers through a collaboration with ***The Kidz Club***, the largest and oldest Prescribed Pediatric Extended Care (PPEC) Provider in Kentucky. We have served 110 children through this specialized program to date. Our dedicated PPEC Care Manager:

- Participates in quarterly joint operations meetings to review cases, referral patterns, and identify and implement best practices
- Travels to The Kidz Club PPEC sites to meet face-to-face with Members and The Kidz Club staff when they enter or leave the PPEC program
- Provides care management to children at The Kidz Club, assisting with the child's Care Coordination needs, and working with the parents or guardians to facilitate coordination between the caregiver and The Kidz Club

Additional Anthem staff attend quarterly Joint Operations Committee (JOC) meetings, including our Medical Director, Director of Population Health Management (PHM), Director of Utilization Management (UM), Director of Provider Solutions, and Manager of Health Promotions. During these meetings, we share important information such as recent PPEC admissions and discharges; Anthem information resources for Providers, such as our Health Intech platform, our care management information system, which is accessible to all Network Providers; and troubleshoot solutions to issues of concern, such as how to increase parent engagement.

Anthem's Care Manager Helps a Young Member with Paraplegia Just Be a Kid

Seven-year-old Corey has paraplegia due to being crushed by a motor vehicle when he was four years old. He uses a wheelchair for ambulation and can use a walker and stander with bracing and assistance. Corey lives with his mother, Yvette, in the Ronald McDonald House, which enables him to receive therapy and treatment, with the goal of maximizing independence and function.

Erica, our Complex care manager, reaches out to Yvette to explain our care management program and share information on how it can benefit Corey and her family. Upon Yvette's request, Erica immediately became involved in the case, explaining general benefits, completing a full medical and social assessment to determine needs, and developing an person-centered care plan with Yvette's input. Erica also researched specialty therapies, both in and out of Kentucky, to assure that Corey was receiving the most progressive, injury-specific therapy possible to maximize rehabilitation.

When Yvette and Corey were preparing to move to a new city for therapy, Erica assisted with finding local Providers, community resources, schools, and activities for Corey. He is now in public school for the first time, learning with peers and enjoying the socialization, and he has shown improvement with robotic, progressive therapy. Erica was able to coordinate with our UM team and the Medical Director to obtain a specialty tricycle for Corey, which will allow continued gains in muscle recovery. Yvette is delighted that his trike will also allow Corey just to be "a kid" and interact and play with other kids his age.

Although Corey and Yvette have moved away, Corey's mom recently sent Erica a video of him happily riding his new bike.

KY_Hlth2020_C.25_Corey_15_RS_07

We will continue to promote this type of engagement with larger Providers serving our Members with SHCN, identifying a Care Manager as the designated point of contact for the Provider and the Anthem Members served by the Provider.

Anthem Care Management Program to Support Safe Care at Home

Children with Child Special Health Care Needs (CSHCN) who require enteral therapy are at greater risk for ER visits, inpatient admissions, and readmissions due to the complexity of their care. We identified a need for enhanced Member identification and expanded skills training for Care Managers to support Members in transition from facilities as well as Members in-home receiving enteral therapy.

Anthem informed our strategy by the evidence-based practices of the American Society for Parenteral and Enteral Nutrition (ASPEN) and the Feeding Tube Awareness Foundation and specially designed for these complex children and youth. We developed and implemented customized clinical training for Care Managers across the country focused on safe enteral therapy care, health promotion, Care Coordination needs, as well as emergency preparedness for these underserved Members. We also developed a cross-training preceptor tool for our clinicians. ***Since program inception in 2018, our Member and family engagement rate has increased by over 40%.***

C.25.b. Facilitating Access to Appropriate Services

b. Describe the Contractor's approach to facilitate access to appropriate services for Individuals with Special Health Care Needs to include:

i. Approach to identifying Enrollees.

ii. Process for screening and assessing individual Enrollee needs.

iii. Approach to providing education to Enrollees and caregivers.

iv. Approach to providing transition support services.

We have extensive experience leveraging all available data to identify and connect Members with SHCN to appropriate services and programs, which are detailed in the following subsections. Key elements to the success of our model are:

- Comprehensive strategies to identify and stratify the risk of Members most likely to benefit from interventions, such as predictive modeling, claims review, and results from the Health Risk Assessment (HRA) and Member Needs Assessment
- SHCN Assessment tools available in Health Intech
- Evidence-based, person-, and family-centered approach
- Trained and qualified Kentucky-based care management team members with local knowledge and expertise, including Care Managers, and support roles such as our Community Engagement Navigators who complete the HRA, as well as assist Members and families in identifying and accessing needed community-based resources
- Qualified Provider Network partnerships engaged in Care Coordination and PHM
- Technology-driven solutions based on analytics and actionable data that support timely, comprehensive interventions
- Emphasis on identifying and addressing all barriers to health care outcomes

i. Identifying Members

i. Approach to identifying Enrollees.

Identifying Members Through Data Sources

We identify Members with SHCN who would benefit from care management support upon enrollment and throughout their membership using enrollment data, claims analysis, screening and assessment, predictive modeling and risk stratification, information from Providers, and referrals. Through our continuous case finding process, we mine our data monthly to identify and prioritize Members for care management. In addition to risk stratification, we embrace a "***no wrong door***" approach to referrals from a variety of sources, including self-referral, families and caregivers, Providers, community-based organizations, UM, and our Customer Care Representatives, based on information from calls such as the new Member welcome call. In this way we ease access for families no matter how the connection is made.

We use robust methods to identify Members with SHCN and initially and continuously stratify their levels of risk. Upon enrollment, our Customer Care Representatives reach out to new Members to welcome them to the plan, discuss benefits, confirm demographic information (including language needs and the use of interpreters), complete an initial HRA, and assess for SDOH needs.

We immediately refer Members who indicate medical complexity or other specialized health care needs to a Care Manager for follow-up and a Member Needs Assessment. The Care Manager inquires about current or emergent needs for services, including previous or potential needs for long-term care (LTC), to assure continuity of care and anticipate all of the Member's needs.

Data Analysis to Identify Members with Specialized Health Care Needs

In addition to above, our data analytics team continually mines all available information about diagnoses, past health care utilization, and demographics that help us identify risks and anticipate the specialized health care needs of our Members. Data analyses will also include information from UM processes, chronic condition management programs, medical and social service Providers, and Member self-reporting for a more complete picture of their needs. This data is analyzed by our proprietary predictive modeling software, Chronic Illness Intensity Index (CI^3), to produce a risk profile in one of three categories: low, medium or emerging, and high-risk. We use these categories to inform Care Managers on how to best engage the Member in-person-centered care planning.

Identifying Members Through Comprehensive Data Sources

We use the following data sources and analytics to support continuous case finding:

- **834 enrollment file.** We scan each enrollment file to identify new Members who have a specialized health care needs indicator for referral to care management outreach.
- **Predictive modeling tools.** CI^3 synthesizes data to indicate the Member's overall illness burden and develop an individualized Member risk profile and score.
- **Historical claims file.** We review all Commonwealth historical claims data to initially flag previous high-risk patterns of use and establish an initial risk profile through predictive analytics.

- **Demographic data.** Provided by the Commonwealth and confirmed by our welcome call, demographic data is used as a part of the predictive analytics model to establish an initial risk score.
- **UM data, including authorizations, claims, and non-covered services.** We monitor UM data to identify Members who have high patterns of use or claims for non-covered benefits. We review authorization data for services that indicate emerging or high-risk and also look at the converse — Members who have authorizations or orders but no matching claims for that service. These Members are referred to our care management team to determine whether they have specialized health care needs, if there is an unmet need, or why Members are not fully accessing their health benefits. We also identify Members with SHCN through our concurrent review and discharge planning processes prior to Member transition from a hospital or facility.
- **Pharmacy claims data.** We routinely review Pharmacy Claims data to flag medication over-utilization, as well as under-utilization, which may indicate a lack of adherence. This will require follow-up with the Member to assess and address the root cause.
- **HRA.** Conducted with all new Members during the welcome call, our initial HRA is tailored to the needs of the population and provides real-time information about a Member's needs, including any specialized health care needs. Members who answer these questions affirmatively are referred to our care management team for follow-up, including more comprehensive assessments, and to a Care Manager if they meet specialized health care needs criteria.
- **Member Needs Assessment.** All Members identified as high-risk for adverse outcomes, unmet needs, or high cost will complete a Member Needs Assessment with a Care Manager to review their PH and BH history, diagnoses, SDOH needs, ongoing issues, and service needs.
- **Supplemental assessments.** We perform additional assessments with Members who have been identified as at high-risk or with specialized health care needs to assess risks and appropriateness of specialized case management programs, including care management. Examples include the Home and Community-based Services (HCBS) assessment and the Lead Toxicity and Follow-up assessment for children.
- **Referrals.** An important source for identifying Members with SHCN, we embrace a "***no wrong door***" approach by encouraging referrals from any source, including internal Anthem staff, Member self-referral, family and caregivers, Providers, Commonwealth agencies, and community-based organizations, such as homeless shelters.
- **Input from Care Managers working with Members.** Care Managers working with Members may identify additional data points and concerns and can escalate or lower their risk profile at any time due to changes in status, social needs, or Member responses to interventions that would indicate a need for a change to their status or care plan. Anthem's adult guardianship liaison participates in transition planning and continued Care Coordination with Members with SMI that are transitioning from licensed personal care homes, psychiatric hospitals to community based settings.

Using all of this information, Member risk is stratified across all Members with SHCN monthly to prioritize outreach and identify the care management needs of all new and existing Members. This includes Members with specific conditions or diagnoses, such as asthma, diabetes, obesity, heart disease, high-risk pregnancy, end stage renal disease, depression, SMI, Hepatitis C, HIV, and children who attend a PPEC. We will also incorporate Homeless Management Information System (HMIS) data into our identification and outreach processes to improve

access to and delivery of services, strengthen community planning, and support resource allocation for Members experiencing homelessness.

Innovation — Locating Members Experiencing Homelessness

Individuals experiencing homelessness often do not have a phone or access to a stable mailing location, so our usual methods of communication (phone and letter) will not work. In order to locate and engage with these Members in a timely manner, we will access the HMIS, which collects Member-level data, and information on housing and support services for individuals and families experiencing homelessness. As an HMIS user, we will be able to use the "client tracker" — a valuable application that helps locate Members by viewing where they receive services in the community. Upon location, we will reach out to engage both the Member and service organization for coordination of care.

Identifying Members from Referrals

We receive internal and external referrals of potential Members with SHCN from our internal staff, Providers, Department for Community Based Services (DCBS), Department of Aging and Independent Living (DAIL), Members, or families, community-based organization partners, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and Department of Juvenile Justice (DJJ).

Identifying Members Through the Health Risk Assessment

The initial HRA is often our first opportunity to welcome Members to Anthem and identify their immediate and ongoing needs. The Kentucky HRA supports the identification of Members who may be have specialized health care needs based on the findings related to a Member's diagnoses, previous service use, daily living needs, and gaps in services, or supports.

We use multiple outreach and completion methods, displayed in Table C.25.b-1, including an online five-minute HRA option, to promote completion of the HRA within required timeframes — within 30 days of a new Member's enrollment or earlier, if the Member is identified or self-identifies as having a specific health care or social need.

Table C.25.b-1. Multifaceted Outreach Increases Care Needs Screening Completion

Outreach Method	Description
Welcome call	New Members receive Automated Voice Response System (AVRS) welcome calls that include an IVR HRA option, as well as the option to transfer to a Customer Care Representative at any time during the call for help completing the HRA, arranging an initial PCP visit, or other assistance.
New Member welcome packet	Notification in the new Member welcome packet describes the need for the initial HRA through an online tool or direct contact with our staff, and the incentive available for completion. It includes information on how to complete the HRA and who to contact to qualify for the incentive.
Online and texting	The HRA tool is available online on the Member website. Members are notified of the option to complete the HRA online in the welcome packet and through text messages for those opting in to texting.
Live outbound calls	Members of our Care Management team call identified Members who have not completed the HRA, including those in a priority population or identified as high-risk through data analysis or from internal or external referrals.
Locate and engage visits	Our Outreach Care Specialists and Community Engagement Navigators work collaboratively with Providers and community partners who may have recent contact with hard-to-reach Members, prioritizing Members who cannot be reached by any other method

Outreach Method	Description
	for locate and engage services. Navigators will also identify available community partners and Providers who employ Community Health Workers (CHWs) to go into the community and find these Members. They supplement this outreach when needed, providing in-person outreach to Members experiencing homelessness or who have other high-risk factors identified from prior claims history, Daily Hospital Census Reports, or from internal, and external referrals.

ii. Screening and Assessment

ii. Process for screening and assessing individual Enrollee needs.

Screening and assessment tools are an integral part of our PHM and Care Management programs. We have developed these tools to be easy and logical, as we understand 'assessment fatigue' for Members who have complex conditions or health needs. As this information is vital to identification of Member needs, we have developed new strategies to improve Member engagement and completion of these vital contributors to meeting Member health needs.

Initial Health Risk Assessment Helps Early Identification of Care and SDOH Needs

Timely and complete screening of new Members is an essential component of our care management program to quickly identify and engage Members in need of care and services. We have multiple avenues for the Member to complete the initial HRA, assuring we have access to these results as quickly as possible to discern which Members should be in which level of care management, such as identifying those Members with complex or specialized health care needs, or those who may benefit from our wellness and prevention programs.

The HRA assists us to identify each Member's holistic, integrated needs, including SDOH needs. Members can complete the HRA during the new Member welcome call assisted by a Customer Care Representative, in writing through the hard copy included in the new Member welcome packet, online through our Member website or smartphone app, or with our Community Engagement Navigators telephonically or in-person. Results of the HRA are captured in the Member's electronic health record (EHR) located in our care management system, Health Intech, which feeds directly into our care management work queues for outreach and assignment to Members identified with clinical or SDOH indicators of need.

Once our processes have identified a Member for outreach, our goal is to quickly reach out to and engage the Member in addressing any immediate needs and determine if care management would be of benefit. Anthem staff who interact with Members are trained to recognize immediate

indicators, such as indicators of depression or suicide, for engagement of interventions if needed and referral to care management. We offer Members the option of completing the Member Needs Assessment telephonically or in-person based on their needs and preferences.

Our Care Managers work with identified Members to define the level of engagement the Member wants. Anthem has assessment and reassessment tools for specific conditions, SDOH, lead risk, HCBS, and other conditions to assure proper identification. We know levels of risk can increase or decrease at any point in time, so we run monthly analyses and reports from aggregated data to update every Member's risk profile. Our continual case finding process includes ongoing updating of utilization and clinical data (ER visits, hospitalizations, readmissions) and risk score adjustment for Members on a monthly basis.

For Members we are unable to reach, our Community Engagement Navigators use historical contact information to attempt to locate, engage, and complete the HRA with Members.

Assessing Adult and Child Members with Specialized Health Care Needs

Our assessment process is based upon person-centered principles, individualized to each Member's needs. We gather comprehensive information, identifying the current care and services provided to a Member as well as considering the total needs of a Member, including BH needs, and existing services and supports.

Care Managers obtain this holistic view through our extensive suite of assessment tools, evidence-based practices, and training that helps them to rapidly engage members in the appropriate level of care management. While we have sophisticated tools to guide stratification of Medicaid Enrollees, we have vastly expanded these processes to reflect the myriad of non-clinical factors that influence the health and well-being of Members. For example, we use a trauma-informed approach to gather information without unnecessary reassessments with Members who have a known history of, or current trauma, when appropriate. In addition, our approach incorporates interviews with the Member, families, and caregivers based on the Member's preferences, to encourage a family-driven approach to care management.

We obtain and review existing assessments and screenings from Providers, agencies, schools, and other Managed Care Organization (MCOs) to make sure we have current, accurate, and complete information. We continue to gather this information on an ongoing basis to support continuous care management. All previous screenings — including for PH, BH, pharmacy, dental, and vision exams — are reviewed and results inform our care planning processes. Care Managers also have access to continuous data analytics, identifying risk factors such as escalation of likelihood of a potentially preventable event or condition specific outcomes.

Anthem's BH Care Manager and Empowerment Navigator Ease Dwight's Journey Back to Good Health

When Betty, an Anthem BH Care Manager, met Dwight, 51, he was struggling to meet basic needs, so she referred him to our Empowerment Program. Though he had once owned a construction company and worked as a property manager, the death of his long-time partner had left him homeless and in deteriorating physical and mental health. He was living in his truck in the Paducah area, unable to access homeless services because of extreme anxiety and fear of people. Dwight had been approved for SNAP benefits, but he was afraid to go into the grocery store because crowds overwhelmed him. Morgan, a Community Engagement Navigator, realized she would initially have to get services to Dwight where he felt safe, so she sought local resources who would be willing to deliver food to him in his truck. Paducah Cooperative Ministries responded, putting together a bag of emergency food for him to keep there.

As Dwight began to feel more comfortable with Morgan, he asked if she knew of any local churches that might help him feel more connected and get on his feet. Morgan helped him identify a church and encouraged him to attend, telling him to sit in the back so he could leave if he became anxious. Dwight stayed for the whole service. Afterward, he spoke to the pastor, then continued to attend for the next few weeks. The pastor then offered Dwight a week's stay at a local hotel. At the hotel, Dwight asked the manager about employment, and they agreed that he could stay in one of the rooms in exchange for maintenance work. Dwight is now living at the hotel and receiving a part-time stipend for maintenance work. He has applied for permanent housing and is in the process of applying for disability assistance. With the help of Anthem's BH Care Manager and Community Engagement Navigator, Dwight has begun getting help for his mental health conditions at Four Rivers; he has a PCP that he is seeing regularly and he has received dental care. In the last few months, Dwight and his team at Anthem have continued to work together to improve his health and sense of belonging to a community.

KY_Hlth2020_Betty_RS_02

Our Member Needs Assessment tool uses a hierarchy and branching logic that probes more than 20 potential clinical areas for risk factors and includes specialized, evidence-based assessment modules for specific conditions and populations. Care Managers receive prompts to ask additional questions based on Member response to trigger questions, but the tool also allows the Care Manager to avoid unnecessary questions, which supports efficient completion of the tool. Supplemental assessments for specific health conditions such as asthma, depression, diabetes, SDOH, as well as for Members with priority needs, such as high-risk OB and at-risk children, are also available, and coordinated by the Care Manager.

For example, if a Member acknowledges suicidal ideation during our standard assessment, this will trigger completion of a more comprehensive BH assessment and evaluation. Anthem developed our tools using evidence-based assessments, such as the Patient Health Questionnaire (PHQ-9) for depression.

Using these results along with findings from our risk stratification process, Care Managers prioritize Members for specific care management programs, including health education, chronic condition management, and complex care management, using evidence-based guidelines to guide interventions.

iii. Educating Members and Caregivers

iii. Approach to providing education to Enrollees and caregivers.

All Members have access to a variety of sources from which to obtain education, as displayed in Figure C.25.b-1. However, for Members with SHCN and their caregivers, personalized education through telephone calls and in-person contact from the PHM Care Management team members, Providers, and community-based organization staff (Peer Supports, CHWs) are often the most effective way to provide essential education. This includes:

- Telephonic education from Outreach Care Specialists, Care Managers, and Community Engagement Navigators
- In-person education from community-based organization staff, such as Providers, Peer Support Partners, and CHWs
- In-person education from health plan employees, including Care Managers, Community Engagement Navigators, and Public Health Consultants

Peer Supports Specialists and our Community Engagement Navigators can also attend appointments with Members to support the Member in understanding the information provided during the appointment.

We encourage all Anthem staff and Providers, including specialists, to use each contact with a Member and family as an opportunity to provide education regarding the Member's individual health needs and conditions. In addition, Member, and caregiver education is an essential component of our PHM and Care Management programs. We encourage Member and caregiver education and self-care through motivational interviewing and collaboration, coordination of health care services, and by offering additional resources, tools, and interventions through integrated care management. For example, our Jump Start VAS provides Members with access to our online learning platform where they can complete a skills assessment to identify and expand on their current skills, as well as see where they rank with health and financial literacy. Members receive

Figure C.25.b-1. Multiple Sources of Member Education Empowers Members

Members Can Easily Access the Information They Need

Educational Content	Materials and Methods Used						
	Member Handbook	Member Website	Member Services Hotline	24/7 Nurse Hotline	Mobile App	Care Management In-Person Outreach	Telephonic Outreach
Operations							
Key contact information	•	•	•	•	•	•	•
Member rights and responsibilities	•	•	•		•	•	•
Role of the PCP	•	•	•	•	•	•	•
Member Grievances and Appeals	•	•	•	•	•	•	•
Covered Services							
Covered and non-covered services	•	•	•	•	•	•	•
Service limitations	•	•	•	•	•	•	•
Value-added services	•	•	•	•	•	•	•
Prior Authorization process	•	•	•	•	•	•	•
How to obtain services, including after hours and on weekends	•	•	•	•	•	•	•
Health Promotion							
Health promotion and wellness information	•	•	•	•	•	•	•
Value of preventive care and screening	•	•	•	•	•	•	•
Population Health Management programs	•	•	•	•	•	•	•
Care Management programs	•	•	•	•	•	•	•
Condition- and disease-specific information		•		•	•	•	•

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live one-on-one coaching to help determine next steps, whether that may be obtaining a GED, attending trade school, or obtaining necessary certification(s).

Accommodating Language Preferences

We inform and help connect Members to interpretation services (in more than 200 languages), and all written materials include taglines of the top 15 prevalent non-English languages in Kentucky, explaining the availability of written translation to understand the information provided. We create materials in alternative formats, including large print, braille, and auditory translation. All audio materials, including videos, webinars, and recorded presentations, have accessible captioning from origination available to Members.

We also provide information to Members who are deaf about the availability of teletypewriter (TTY) services to promote effective communication with Providers, Care Managers, Community Engagement Navigators, and others involved in their care.

iv. Transition Support Services

iv. Approach to providing transition support services.

Facilitating Safe and Successful Transitions

Transitions of all types are stressful for Members and increase the risk of disruption of care and services that contribute to poor outcomes. Anthem proactively supports Members and their families and caregivers through all types of care transitions to promote continuity, while continually respecting Member choice. Anthem deploys an array of programs to support Members as they transition between care settings. We have specialized Care Coordination for Members transitioning from an inpatient setting, including unique Provider partnerships to further strengthen supports. Our goal with any transition of care is to verify Members' well-coordinated care and services continue uninterrupted.

Supporting Members During Transitions: Post-discharge Management

Our Post-discharge Management program (PDM) provides short-term intervention for Members in an inpatient setting at highest risk for readmission and not already engaged in complex care management. A PDM Care Manager (nurse or BH clinician) contacts the Member prior to discharge when feasible, or as soon as possible following discharge, and engages them in at a minimum of weekly calls for the first 30 days.

Anthem Post-discharge Management (PDM) Proven Effective

We review the effectiveness of our PDM program annually and make modifications for continuous improvement. Most recently, we:

- Revised training with additional education and focused on the Coleman Transitions model; this was incorporated into training tools and delivery through our learning and development department
- Developed management tools and reports to assist managers
- Created dashboards to track performance
- Shared best practices in implementation during Integrated Care Management Solutions meetings

In 2018, our enhanced operational model had a statistically significant impact on acute inpatient utilization and ER cost, achieving savings more than 50 times the savings from the prior model.

KY_Hlth2019_C.25_PDM_COB_04

The Care Manager works closely with the Member's PCP, BH Provider as applicable, hospital discharge planner, social worker, and our UM Clinicians to support the Member's discharge home or to an alternative and most integrated setting. Together, they coordinate treatment plans, transition plans, and care plans, including Member goals, natural supports, and barriers following the discharge, interventions,

authorizations, medication reconciliation, and a plan for home-based services. For Members with SHCN, our Care Managers may provide in-home Care Coordination and engagement, with the Member's permission. We also conduct multidisciplinary rounds (Complex Case Rounds) weekly to collaborate on the coordination of care for our inpatient Members with SHCN and support their safe discharge, removing any barriers.

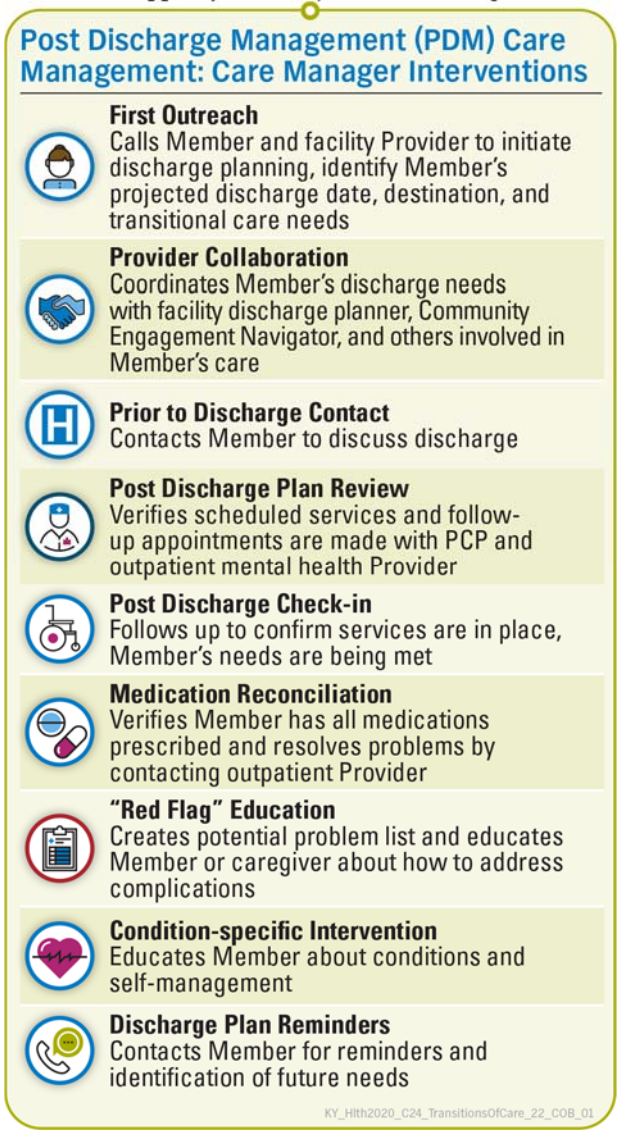
Anthem's PDM Care Management incorporates the evidence-based, nationally recognized Coleman Care Transitions Intervention® (CTI) for safer, coordinated care transitions through:

- **Medication Reconciliation.** Using our Clinical Pharmacists to review medications and provide recommendation and education regarding medication
- **Red-flag Recognition.** Identifying the root cause of inpatient admissions and detecting early warning signs to develop a readmission prevention action plan
- **Follow-up Care.** Supporting Members to reconnect with Providers for follow-up visits
- **Member Health Records.** Providing Members with medical histories and discharge plans

As illustrated in Figure C.25.b-2, to make sure we promote ***safe and effective*** transitions for Members with SHCNs we:

- Review enrollment and disenrollment files daily to promote safety
- Update service authorizations as appropriate
- Schedule and complete referrals to new Providers and appointments
- Complete or update assessments and care plans as required
- Monitor and follow-up to confirm services and address gaps
- Maintain contact with Members in facilities for safe transition
- Promote self-identification and reporting of "red flags"
- Make sure all critical supports are in place, such as access to PH, BH, DME, housing, and employment
- Monitor for any barriers or gaps to support long-term success
- Collaborate with Member and support team to make sure all community options are considered before placement decision is finalized
- Establish a return-to-home plan and begin discharge planning on admission to a facility placement

Figure C.25.b-2. We Engage Members Early and Provide Additional Support for 30 Days Post Discharge



- Identify and coordinate options to support community living

Care Management Before, During, and After Transitions of Care

Anthem leverages established processes to promote seamless transition between institutional settings, such as nursing facilities and Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), and community-based settings. Care Managers work closely with Members, their natural supports, facility staff, and our Medical Directors, pharmacists, and other specialists to review discharge plans to verify care plans reflect the services and supports recommended based on the Member's needs.

Our transition planning process includes:

- Determining needs upon transition, such as DME, or other medical supplies
- Addressing unmet social needs (such as communication technologies)
- Assessing the new environment for accessibility needs and developing action plans
- Communicating with Providers to promote continuity of care
- Collaboratively planning the transition Providers, natural supports, and facility staff
- Educating Members and caregivers to confirm they understand all aspects of the care plan, such as clinical services, and medication schedules
- Following-up appropriately to monitor for continuity

Assisting Members with Complex Care Needs

Angela, a 26-week pregnant 33-year-old Anthem Member, was diagnosed with cancer and had a radical neck dissection and total laryngectomy. Her Complex Care Manager, Katrina, coordinated with her caregiver and Providers to secure home health services, DME, medications, and feeding tube and tracheostomy supplies prior to her transition home. Katrina talked to Angela about applying for SSI and submitted a referral to Change HealthCare to assist her with her SSI application. Katrina monitored Angela's pregnancy and based on Angela's personal goal to have more quality time with her baby and less transportation burden on her caregiver, arranged for Angela's cancer treatment to be closer to home after her baby was delivered at 35 weeks. Katrina also worked with Angela on her SNAP application and HCBS Waiver screening. When Angela was approved for SSI and HCBS waiver program, Katrina contacted her Providers to assist with transition needs to assure continuity of care, so she experienced no disruption of treatment and services. Angela is doing well and spending quality time with her baby.

KY_Hlth2020_C.25_Angela_RS_01

Throughout the transition, Care Managers remain engaged to provide support and education as needed and to identify and mitigate any potential barriers to optimal outcomes. As appropriate, they call on our community-based care management team members, including community navigators, and CHWs, to provide heightened assistance. For example, the Member may have housing or nutrition needs or need on-the-ground coordination with the local Center for Independent Living. We also rely on our community partners, such as AAAs/ADRCs to conduct caregiver and home assessments as needed.

For Members transitioning from the community to a residential setting, we first collaborate with the Member and multidisciplinary care team (MDT) to confirm they considered all community-based options before making a placement decision. When placement occurs, we verify the Member is in the most integrated setting, establish a return-to-home plan, and begin discharge planning, as appropriate, to encourage a return to the community. Upon a return to the community, we provide options to support community reintegration, such as CHW visits, or our Caregiver Toolkit to support potential caregivers that may have additional responsibilities.

Transition Age Youth Entering the Adult System of Care

Care Managers play a key role in supporting Members as they prepare for transition to the adult health care and social support system and for other life transitions, such as from school to employment. Well in advance of the transition to adulthood, Care Managers engage the MDT to assess the services and supports that will best position the Member for successful transition, identify any potential care gaps that may result from a change to adult benefits and corresponding plan to avoid them, and facilitate any Provider changes as needed. The Care Manager updates the care plan and coordinates authorization of newly-identified services and supports.

Information Sharing and Communication

Care Managers share Care Coordination and Member information, including the HRA, assessments, and the care plan, with the Member, PCP, and MDT. The Care Manager solicits input and collaboration from the PCP and MDT through conference calls, information sharing, and meetings to address the Member's needs. The PCP and MDT participants also have access to Member-specific information through our secure Provider website, which complies with HIPAA requirements and uses role-based access. We provide a dashboard view of the Member's clinical information, including gaps in care, tests out of range, recent hospitalizations, and ER visits, so all team members can be kept updated with the Member's progress toward goal attainment.

We also deliver gaps in care reports to Providers that list their Members who are under-utilizing available services, for example, missing wellness visits, preventive screenings, and immunizations. This information is shared with Providers, and also available on-demand so their offices can reach out to schedule appointments, augmenting Member outreach calls, and texts from Anthem.

In addition, promoting full care integration, through Availity, Providers can access a Member's BH Review (BHR). The BHR provides a high-level overview of the BH Services and prescription medications provided to Members during the prior three months. With this information, Providers can more readily identify Members who may not be adhering to their treatment plan or who may not be in compliance with evidence-based guidelines.
Enhancing their line of sight into each Member's history and needs, Providers can drill down to specific items in a Member's medical record, such as:

- ***Demographic information***. Member eligibility, other health insurance, assigned PCP, and assigned Care Managers
- ***Care summaries.*** ER visit history, lab results, immunization history, and due, or overdue preventive care screenings
- ***Claims details.*** Status, assigned diagnoses, and services rendered
- ***Authorization details.*** Status, assigned diagnoses, and assigned services
- ***Pharmacy information.*** Prescription history, prescriber, pharmacy, and quantity
- ***Care Coordination-related activities.*** Assessment, care plans, and care goals

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26. Program Integrity

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

C.26. Program Integrity

C.26.a. Anthem Kentucky's Comprehensive Program Integrity Plan

a. Provide a detailed summary of Contractor's proposed Program Integrity plan, including a discussion of the following:

i. The Contractor's fraud and abuse detection/prevention program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification and reporting of issues to all required parties, and ongoing training.

ii. An overview of the Regulatory Compliance Committee.

iii. The proposed appeals process.

iv. Proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in Kentucky or other states.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) pride ourselves on being good stewards of the Commonwealth's funds and working collaboratively with the Department for Medicaid Services (DMS) and the Medicaid Fraud Control Unit (MFCU). We remain committed to our efforts to prevent, detect, and correct Fraud, Waste, and Abuse (FWA) in the Kentucky Medicaid program. We will continue to deploy a wide array of proven strategies and tactics ranging from "feet on the ground" local insight to industry leading, high-tech systems, and analyses to combat FWA.

More than **80%** of our total savings in 2018 came from prevention activities.

KY_Hlth2019_C.26.a_Prevention_COB_01

Through cross-departmental policies and processes, our Program Integrity (Payment Integrity) team collaborates with Care Coordination, Indiana Vendor Management, Provider Services, Utilization Management, Claims, and Medical Management teams to avoid, detect, and correct suspected FWA as described throughout this response.

At Anthem, we focus substantial efforts on prevention. While we will continue to pursue recovery of overpayments and recoup payments that stem from instances of FWA, stopping payments when appropriate before they are made is more efficient and effective. This focus on prevention also includes identifying outlier Provider billing or coding practices and working closely with Providers to drive behavior change. In 2019, our mitigation activities in Kentucky yielded more than $73 million in total prevention and recovery savings.

We leverage proven systems, controls, operational processes, and experience to guard against FWA in the Kentucky Medicaid program. By combining local and national resources, we:

- Identify and implement system and oversight activities to reduce instances of fraudulent activities
- Use advanced data analytics to expand detection capabilities across a broad spectrum of clinical services
- Continuously review and improve processes and tools to optimize savings for DMS, capitalizing on the best practices, innovations, and insight from affiliates in 23 other markets
- Collaborate with the DMS Program Integrity (DMS PI), MFCU, and other agencies as necessary to combat fraud and abuse
- Collaborate with other Kentucky Medicaid Managed Care Organizations (MCOs) and our commercial affiliate in Kentucky to better identify local fraud and abuse trends and issues

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

- Protect and preserve the integrity and availability of health care resources for our Enrollees (Members)

Anthem has a strong record of partnership with DMS and the MFCU to identify, investigate, sanction, or prosecute fraud, and abuse. Over our tenure in Kentucky, we have built a trusted and collaborative relationship, resulting in regular communication between investigative staff and our Payment Integrity Unit (PIU), who provide assistance with investigations. This close relationship between our PIU staff, DMS, and MFCU, cultivated from the dedication and commitment of all individuals involved, provides tangible benefits to preventing fraud and abuse across the Kentucky Medicaid programs. On multiple occasions, our PIU staff has provided MFCU investigators with information that assists with getting investigations started, obtaining search warrants in ongoing investigations, or ultimately assisting with prosecution. We will continue to provide MFCU investigators with information and any requested assistance.

Sharing Information Across MCOs

Recognizing the value of sharing information and collaboration across MCOs, in 2017 Anthem proposed initiation of regular meetings focused on detecting and preventing FWA in Kentucky Medicaid.

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Anthem's PIU is proud to host the monthly MCO Collaboration meeting with DMS, MFCU, and the other MCOs. We value the collaboration that this meeting provides, with each MCO presenting a new or interesting case on which they are working. Providing a forum for investigators — all focused on the same mission — to share information and compare notes delivers tangible benefits to combating fraud and abuse in the Kentucky Medicaid program.

Anthem maintains and executes an established, comprehensive, and effective Payment Integrity plan that complies with all State and federal laws, the RFP requirements, the Draft Contract, and Appendix M, Program Integrity Requirements. Our efforts have grown and evolved over the last six years as new fraud and abuse trends and schemes have emerged, investigative units have expanded, and technology has improved. We review and update our Payment Integrity plan each year to incorporate new DMS requirements, confirm alignment with Medicaid regulations, and integrate policies, and procedures addressing the detection and prevention of fraud and abuse.

Anthem's PIU provides DMS with exceptional customer service. Anthem has comprehensive and integrated teams that independently focus on the many aspects of Payment Integrity. As one of the many departments involved with protecting the integrity of the Medicaid programs, the PIU employs a multi-faceted investigative strategy using a variety of actions and tools, either in combination, or simultaneously to investigate allegations of fraud, waste, and/or abuse perpetrated by Providers or Members. The national Special Investigations Unit (SIU) Workgroup and Analytics Team (SWAT), PIU, to include the SIU, collaborate focus on possible emerging FWA schemes and trends by reviewing various claims data reports. When an outlier is identified, the lead is reviewed by the PIU to determine possible enterprise exposure. These actions aid local markets. Other PIU services include:

- Kentucky investigator developed training, presented at the National Health Care Anti-Fraud Association (NHCAA), teaching how to identify, and work drug diversion cases using data analytics, as well as to how to avoid time-consuming mistakes
- Conducting FWA training with the health plan
- Collaborating with State and federal agencies such as the Health and Human Services Office of the Inspector General (HHS OIG), United States Attorney's Office (USAO), DMS,

Kentucky Office of Inspector General, Kentucky State Police, Kentucky Attorney General's Office MFCU, and the Federal Bureau of Investigations (FBI)
- Hosting and leading monthly collaborative meetings to include other Kentucky MCOs, the DMS PI, and MFCU.

The PIU works to identify the most egregious Providers through data mining to enact a variety of administrative activities, such as addressing anomalous billing behavior; negotiating settlements to get repaid; placing consistent offenders on prepayment review; supplying data analysis for Kentucky regulatory partners and law enforcement agencies, and collecting additional evidence that solidifies an investigation.

i. Fraud and Abuse Detection, Prevention, and Correction Activities

i. The Contractor's fraud and abuse detection/prevention and correction program activities for employees, caregivers and providers, including reporting and follow-up, continuous monitoring of compliance, identification and reporting of issues to all required parties, and ongoing training.

We believe that a comprehensive fraud and abuse detection program begins with promoting a culture of compliance. We continually drive visibility and awareness so every employee understands their obligation to maintain the confidentiality of Member information. Compliance is an essential part of the Anthem culture, and our Compliance team works hard to educate our employees and monitor their adherence to policies and federal and State regulations. To help assure compliance with Anthem's Member confidentiality and privacy policies, we:

- Educate, train, and remind employees about policies, making sure:
  - Frequently Asked Questions and resources related to confidentiality and privacy are readily available on our company intranet site
  - Anthem departments routinely discuss privacy and security during team meetings
- Provide a workspace designed to support Member privacy, which includes:
  - Providing employees with locking cabinets and drawers at their desk
  - Making sure locked shred bins are readily available to securely dispose of information, in accordance with Anthem's Records Management program
- Display visual aids throughout the office as reminders, such as:
  - Posters that remind employees about their responsibility to protect Member information and address topics like "HIPAA Do's and Don'ts" and "HIPAA Individual Privacy Rights Tips"
  - Automatic screensaver messages on employee computers that reinforce privacy policies
- Provide options for employees to report compliance concerns, including:
  - Speaking with a manager or Human Resources Representative
  - Contacting the Compliance Officer
  - Calling or emailing the Ethics and Compliance Helpline
  - Reporting concerns anonymously via our website
- Perform regular workspace walkthroughs by our Compliance team to inspect for compliance. During these walkthroughs, the team will:
  - Inspect office space, including desks, printers, conference rooms, and break areas
  - Discuss compliance with employees to confirm their understanding
  - Immediately address any concerns and, if necessary, initiate follow-up action
  - Complete and leave a workspace audit checklist to document areas for improvement

We build upon this internal culture of compliance with activities, tools, and processes to make sure services delivered to eligible Members are effective, efficient, and provided by, and

associated payments made to, legitimate Providers. Our comprehensive Payment Integrity plan includes sections on prevention; detection; PIU goals, operation, and training; reporting requirements; the investigative process, including prepayment and post-payment review; Provider recoveries; training and awareness; and coordination with external entities.

A comprehensive set of tools and processes, highlighted in Table C.26.a-1, enable us to monitor for many different types of Provider and Member FWA.

Table C.26.a-1. Our Payment Integrity Plan Includes Activities to Prevent, Detect, and Correct FWA

Key Activities to Prevent, Detect, and Correct FWA	
Prevent	• Execute ongoing training and awareness activities for Members, Providers, and employees • Confirm that credentialed Providers have necessary licensure and monitor to make sure excluded Providers are not credentialed or paid • Maintain clear Provider billing policies and rules and adjudicate claims accurately (clinical and policy coding edits, Coordination of Benefits (COB) and Third Party Liability identification and processing, and prepayment review) • Maintain effective claims processor training and quality audit programs
Detect	• Promote a culture of vigilance among all employees and awareness of our compliance hotline and other reporting mechanisms • Use advanced analytics and data algorithms and collaborate with DMS and MFCU to identify membership, Provider billing, and payment errors • Maintain a quality and compliance review program for Providers • Provide explanation of benefits (EOBs) to a random sample of Members to verify receipt of services billed
Correct	• Resolve over- and under-payments • Report suspected cases to DMS and MFCU promptly and in accordance with the Contract • Conduct initial investigations promptly and provide updates to DMS or the appropriate agency • Conduct at least three on-site visits per quarter, after DMS approval • Implement actions to change behavior, such as education, prepayment review, and record audits • Use the Lock-In Program, when appropriate, to address Member overutilization of services • Terminate non-compliant Providers, if necessary

In the following sections, we provide detailed information about how Anthem meets DMS requirements and the organizational structure, activities, and processes we employ to detect, correct, and prevent FWA:

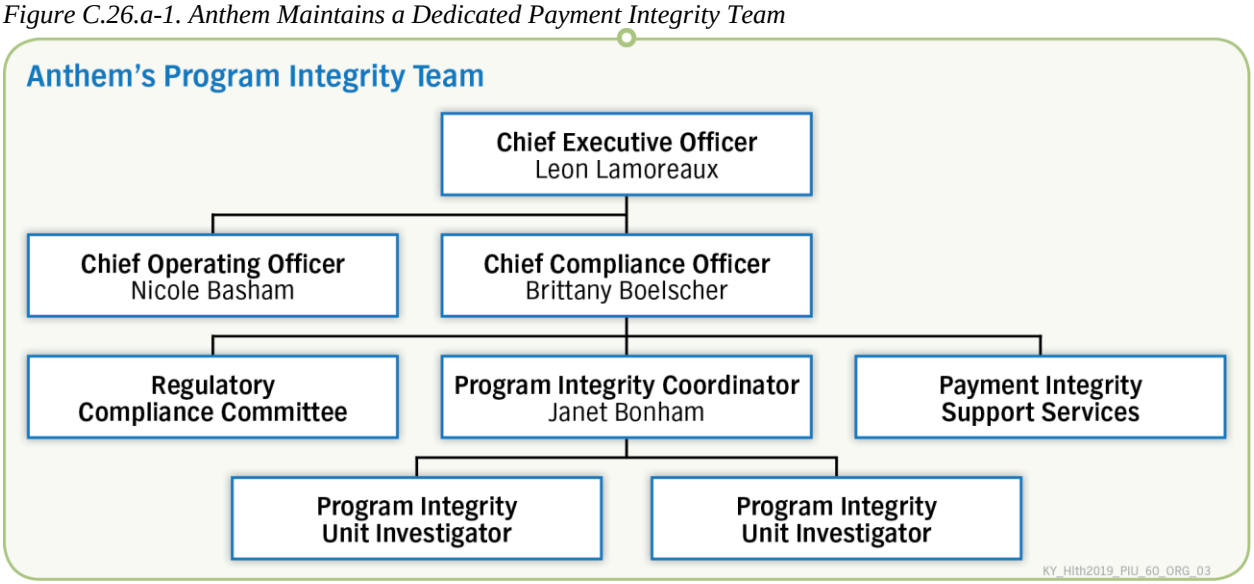
- ***Our Comprehensive Payment Integrity Organization.*** Describes our PIU, as well as other teams that support overall payment integrity across our Kentucky operations
- ***Detecting FWA.*** Discusses methods to detect FWA, including referrals, and sophisticated data mining
- ***Correcting FWA.*** Discusses activities to correct FWA and the process investigators use to address allegations
- ***Ongoing Training and Awareness Programs.*** Discusses educating employees, Providers, and Members about FWA detection and prevention
- ***Anthem's Focus on Innovation and Continuous Improvement.*** Discusses our approach to maintaining compliance and expanding and extending capabilities

Our Comprehensive Payment Integrity Organization

Anthem's comprehensive FWA and payment integrity efforts incorporate dedicated staff who are empowered by an integrated system of activities, processes, and controls that involve virtually every Anthem department and our national support services team. Our organizational chart, shown in Figure C.26.a-1, shows the areas of the organization and key staff responsible for implementing our FWA plan and performing ongoing research and monitoring to carry out the

plan's objectives. Our Anthem team is fully integrated into the Payment Integrity component of our Kentucky support services team to meet DMS requirements and prevent, detect, and correct FWA in Kentucky Medicaid.

Figure C.26.a-1. Anthem Maintains a Dedicated Payment Integrity Team



Anthem's PIU receives valuable support from the Payment Integrity support services organization, which includes multiple teams working together to make sure proper payments are being made to legitimate Providers for reasonable services rendered to eligible Members, as shown in Figure C.26.a-2. Together with our Anthem team, the Payment Integrity team uses advanced analytics and strong enterprise governance to prevent, detect, and correct FWA.

Figure C.26.a-2. Anthem's Efforts to Prevent FWA Include Multiple Payment Integrity Teams

Diverse teams of highly trained, experienced individuals implement, and participate in our overall strategy and work in concert to execute Anthem's Payment Integrity plan.

The ***Claims Integrity*** team is responsible for two major areas, COB, and data mining. COB functions include identifying and validating other coverage and identification of recovery and prevention savings. Data mining functions (pre- and post-payment) include identifying and executing claim overpayment and other concepts to assure compliance with claims processing guidelines and detect potential FWA.

The ***Quality Code Reviews*** team is responsible for two major areas, Provider education, and Provider audit. Efforts include educating Providers on appropriate coding practices for frequently misused codes, documentation requirements for each CPT® code, and how to bill correctly for services rendered. Audit functions include complex Provider audits, as well as reviewing medical charts for correct coding and documentation.

The ***PIU*** investigates known or suspected fraudulent or abusive activities by Providers, Members, or employees; increases awareness of methods to detect, correct, and prevent fraud and abuse; and collaborates with regulatory agencies and law enforcement to mitigate fraud and abuse.

The ***Reimbursement Policy Management*** team is responsible for developing and maintaining reimbursement policies, code editing (such as administrative edits, correct coding, clinical edits, and customized edits for FWA), and medical edits that apply industry-standard logic to claims coding, such as inappropriate code-to-code relationships.

The ***Subrogation*** team recovers expenses when a claim results from accident or injury and another party is liable.

The ***Strategy and Planning*** team is responsible for overall Payment Integrity governance, strategic initiatives, regulatory compliance, and financial performance.

The ***Recovery, Adjustments, and Collections*** team is responsible for claim overpayment validation and adjustment, Provider aged debt collection, overpayment inquiry and dispute, and Provider cash receipts, and refunds.

Our Payment Integrity Unit

Our Kentucky PIU is a unique and critical part of Payment Integrity and our health plan operations. Our PIU is composed of three Kentucky-based staff, a Program Integrity Coordinator, and two investigators — who are 100% dedicated to the Kentucky Medicaid program — as well as a certified professional coder, investigative assistant, and manager who share time with some of our affiliates.

Our Program Integrity Coordinator, Janet Bonham, worked in the Kentucky Attorney General's Office for more than 10 years in Medicaid fraud investigation and is an Accredited Health Care Fraud Investigator and has a Police Officer Professional Standards certification. One of our full-time investigators, Bradley Reid, spent four years with the Kentucky Office of the Inspector General and two years with the DMS Division of Payment Integrity and is a Certified Program Integrity Professional.

In addition to sharing data analytics and best practices with the national team, they leverage the skills of more than 35 pooled

Spotlight On

Janet Bonham

Janet Bonham brings 16 years of experience in health care fraud investigations to her role as our Program Integrity Coordinator. She is a member of the National Health Care Anti-Fraud Association (NHCAA) and is a certified Accredited Healthcare Fraud Investigator (AHFI). As a part of the Program Integrity Unit, she investigates Medicaid fraud, assists in providing regulatory reporting, and works with counterparts, other MCOs, law enforcement, and Providers, to reduce Anthem's and the Kentucky Medicaid program's risk of exposure to Fraud and Abuse. Prior to joining Anthem, Janet served as an investigator and supervisor in the Medicaid Fraud and Abuse Control Unit (MFCU) of the Kentucky Attorney General's Office. A Kentucky native, Janet is also dedicated to serving her community, where she is the Vice Chairman of the School Board of the Elk Creek district.

KY_Hlth2019_Janet_60_SL_02

resources available to supplement the investigative process. The PIU receives and investigates all allegations of fraud and abuse, regardless of their referral source (employees, subcontractors, Members, Providers, or data mining). We notify DMS PI and MFCU promptly of all suspected instances of fraud and abuse.

To increase our reach, investigators from all of our affiliates — including Medicaid, Medicare, and commercial teams — meet monthly to present case specific outcomes and highlight known or emerging schemes across the country. These regular meetings create a valuable environment for collaboration, including sharing tips on data mining, investigative techniques, and case development, and greatly expands our capacity to detect and prevent fraud.

Our PIU also shares leads with our Kentucky commercial affiliate on specific Providers when exposure is identified across lines of business and, as regulatory requirements allow, tries to coordinate our investigations. In our efforts to prevent and detect fraud and abuse in Kentucky Medicaid, we are fortunate to be able to gain insight and coordinate with a Kentucky insurer serving more than 1.6 million individuals through Medicare and commercial plans, including employees of Kentucky. This sharing of schemes and investigative techniques provides a valuable and constant supply of best practices and lessons learned from across the country.

The PIU also participates in a number of national initiatives, such as the Federal Healthcare Fraud Prevention Partnership and the NHCAA. As part of ongoing operations, the PIU interacts regularly with regulators and law enforcement, participating in, or hosting task forces with various law enforcement and prosecuting agencies.

To support efforts to investigate illegal opioid prescription distribution, our Anthem PIU works with the Appalachian Regional Prescription Opioid (ARPO) Strike Force, a team of federal investigators and prosecutors working in areas of the country hardest hit by opioid addiction, including Louisville. Our investigators share information with ARPO regularly and respond to ad hoc requests to support the efforts of the Strike Force.

Anthem’s leadership team maintains a close and collaborative relationship with the PIU and the Payment Integrity team through ad hoc and regularly scheduled meetings and oversight. Monthly meetings include a review of PIU processes and results. Weekly reports detail recovery efforts, including project concepts, and dollars. Monthly reports detail all open cases for Members, Providers, and payment holds, and we receive ongoing notification from the PIU regarding letters sent to Providers.

Detecting Fraud, Waste, and Abuse: Methods for Widespread Identification

Anthem employs a number of methods to detect FWA, including referrals from internal, and external sources, use of sophisticated data mining algorithms, and Member verification of services.

Regardless of the source, all referrals recorded in our Investigations Case Management System go to the PIU for triage and review. A component of the triage process looks for information to support the allegation. In 2019, of the 230 referrals received, this initial review determined that 120 were legitimate leads and required an initial investigation.

Our Investigations Case Management System meets DMS requirements in Section V, Case Tracking, and Case Management, of Appendix M, Program Integrity Requirements. Effective case tracking avoids duplication of efforts, improves internal and external communication, and

helps investigators maintain an account of investigations and monitor progress. Tools allow us to generate scheduled and ad hoc reports for any period of time to support internal and DMS information needs, including those specified in Appendix D, Reporting Requirements, and Reporting Deliverables.

Internal and External Referrals

Combating FWA includes encouraging individuals to report suspicions and providing multiple channels to make it as easy as possible — especially for those wishing to remain anonymous. Anyone, including Members, Providers, employees, Subcontractors, and law enforcement officials, can report suspicions of FWA, through multiple channels, including:

- Email: MedicaidFraudInvestigations@Anthem.com
- FWA Hotline: 1-866-847-8247 (available 24/7)
- Ethics & Compliance Hotline (with option to remain anonymous): 1-877-725-2702
- Mail: 4425 Corporation Lane, Virginia Beach, VA 23462
- Member Services: 1-855-690-7784
- Provider Services: 1-855-661-2028
- Direct contact with any member of our Compliance team
- Cabinet for Health and Family Services Office of the Inspector General: 1-800-372-2970

We maintain a strict non-retaliation policy and we do not tolerate any form of retribution or retaliation against individuals who report known or suspected misconduct and violations of laws and regulations through any available reporting methods. This policy adheres to the Whistleblower Act guidelines.

Sophisticated Data Mining Helps Identify Fraud and Abuse

Anthem will continue to employ a comprehensive, sophisticated, and flexible set of data analytic algorithms for fraud prevention (proactive) and detection (reactive). Our experience in Kentucky, coupled with that of our affiliates across the country, clearly demonstrates the value data mining brings to fraud prevention and detection. We apply data analytic algorithms across the claims life cycle — during adjudication, after adjudication and prior to payment, and post-payment. Where indicated, based on prevalence, risk, and other factors, fraud and abuse situations found post-payment may result in creation of a new concept we can execute prior to claim payment.

We detect anomalous behaviors using coding software, fraud and abuse analytics, and our internal, proprietary health care analytics. Mining claims data is the primary way investigators detect and deter fraud and abuse and our data mining tools and methods enable discovery of payment integrity issues, investigative leads, and new research areas through statistical and machine learning

Spotlight On

Fraud & Abuse

Through data mining, we identified a Kentucky Behavioral Health Provider with spikes in billing specific lab codes for all patients on the same date of service. The Provider's average billing was $30K per month for urine drug screens, then billing spiked to an average of $75K per month.

Efforts to change behavior through an on-site visit, followed by post payment and prepayment review, were not successful. The Provider continued ordering both definitive and presumptive testing on every patient. Concurrently, the Anthem Program Integrity Unity identified additional billing issues and referred the case to DMS. Medicaid Fraud Control Unit is investigating the Provider.

This case provided solid evidence for another federal health care fraud case in which the lab running and billing the definitive tests for this Provider was pass through billing the claims to a third party lab. Anthem's SIU continues to support federal and Commonwealth agencies on this case and other related cases.

KY_Hlth2020_26.a_DataMining_50_SL_06

models. Coding software and data analyses (such as exploratory, confirmatory, and predictive analytics) drive decisions in reviewing atypical Provider behaviors. Predictive modeling tools can analyze Provider claims and billing practices against their peers and detect instances not specifically restricted to CPT codes.

We identify cases for investigation primarily through data analytic algorithms and proportional sampling, and we mine our internal claims data to detect potential fraud and abuse. Our coding software and analyses drive our review of aberrant Provider behaviors. We also employ predictive modeling algorithms to analyze Provider claims and billing practices compared to peers, rather than solely focusing on CPT codes. Through this review, if it appears that a Provider is over-utilizing services, we contact the Provider for an explanation, and if the explanation is unsatisfactory, we may apply prepayment review. We will continue to work closely with DMS and MFCU on fraud and abuse activities.

Data Analytics Support Prepayment and Post-payment Activities

Prevention activities prior to claim payment are highly efficient since they avoid suspicious claim payments, rather than attempting to recoup overpayments. In our experience, these upstream activities account for roughly three times the savings of downstream post-payment recoveries. Prevention processes include adjudication edits, review of identified Provider claims, executing algorithms to look for specific situations, and other prevention tools.

When claims enter the processing system, our custom-built internal review and validation tool scans those from identified Providers that contain specific CPT codes billed during a particular period. The tool routes applicable claims to a PIU-specific queue for review, including attached medical records. After review, claims are either paid, partially denied, or denied, and a notice to the Provider is generated with the status or request for additional detail.

After adjudication and prior to payment, we execute a series of more than 120 algorithms that search claims for identified concepts. Concepts are added, modified, and removed to address changing threats and look for a variety of situations, including Providers on PIU prepayment review. Query output goes to a dedicated Pre-pay Claims team for validation and correction, and may be routed to other specialists for further review and potential investigation.

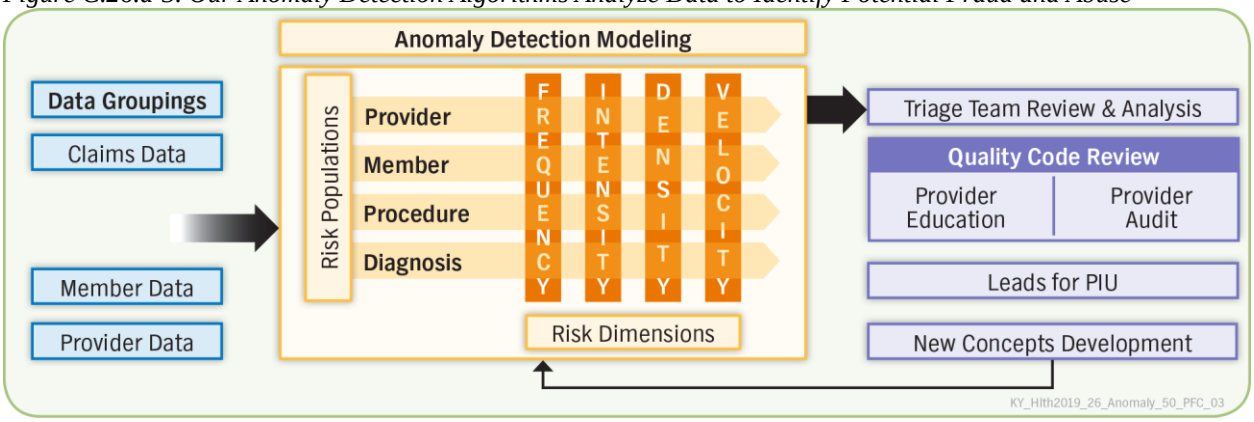
Anomaly Detection is a suite of proprietary advanced models that predict and flag suspicious trends in Provider billing patterns. Models access large amounts of data to identify high-risk areas that were previously undetected. Model algorithms look for abnormal trends, sudden spikes, or longer surges of payments, patients, or visits. They also observe peer comparison to flag specific procedures billed by specific Providers across several dimensions. Anomaly Detection models include algorithm learning techniques that enable the analyst to select a confirmed suspect and identify other Providers with similar poor behavior for further investigation. Insights generate leads for formal investigation and Provider education, as well as opportunities for development of new concepts for detection.

Our proprietary models use industry leading technology and business intelligence software, including Tableau®, Cloudera Impala, Python, Apache Hive, and Apache Spark. These tools support the ability to quickly access data and present it through an interface that supports data visualization and allows users to sort, filter, and drill down into the data to spot trends and identify areas that require further investigation. A key design premise of Anomaly Detection is

the ability to quickly modify existing models or parameters and implement new models to be responsive to new and changing fraud and abuse threats.

Shown in Figure C.26.a-3, Anomaly Detection models are tools used to review and analyze data and support decision-making. For example, the Triage team, staffed with registered nurses, certified professional coders, and employees with investigative experience, uses Anomaly Detection models along with other sources to generate Provider and concept-based leads to the PIU. Similarly, within the Quality Code Review team, Provider Education uses Anomaly Detection models as one of the sources to identify Providers with aberrant billing trends and teach correct usage of coding guidelines, billing policies, and claim editing logic.

Figure C.26.a-3. Our Anomaly Detection Algorithms Analyze Data to Identify Potential Fraud and Abuse



Models include a series of data analytic algorithms to analyze risk populations (Provider, Member, procedure, and diagnosis) against risk dimensions (frequency, intensity, density, and velocity). Specific models are:

- ***Abnormal Procedure Profile.*** Uses peer comparison to identify abnormal patterns in procedure code usage by Providers relative to peer groups across 12 key cost, density, and frequency metrics.
- ***Treatment Frequency and Trending.*** Identifies overtreatments based on the frequencies and the time intervals of the same procedure performed on the same Member, including flagging claims at the Provider level to identify Providers with a tendency for consistent overtreatment.
- ***Provider Trend.*** Uses a time series and peer comparison-based framework to identify abnormal Provider trends, including sudden spikes (month-to-month outliers) or longer surges (outlier trends over a four month window) of payments, patients, or visits.
- ***Procedure Trend.*** Identifies procedure codes that show sudden or unusual changes in usage (spikes or surges) across payments, patients, or visits.
- ***Provider Procedure Trend.*** Identifies Provider and procedure combinations that show abnormal change in usage across payments, patients, or visits.
- ***Provider Network.*** Identifies potentially suspect relationships or collaborations between Providers, including shared patients, procedures, or payments.
- ***Provider Peer Scoring Engine.*** Identifies Providers consistently driving risk across multiple dimensions by combining risk scores from other models into a single, unified risk score, and reason code for identified Providers.
- ***Cluster Analysis.*** Provides a holistic view of Providers across multiple dimensions of risk behaviors.

- ***Abnormal Outpatient Facility.*** Identifies abnormally high procedure code usage by facilities through peer comparison on 12 key cost, density, and frequency metrics.

Monthly reporting and analysis also supports the generation and verification of leads related to potential Provider fraud and abuse. The PIU Dashboard displays a rolling 13 months of data and supports sorting, filtering, and drill down analysis on a number of elements, including county or city, Provider tax ID, and top procedure codes. A summary of a Provider's billing history, including changes, and peer comparisons, represents a key part of the investigative process and a strategy to detect and prevent Provider fraud and abuse.

In addition to data mining algorithms, we conduct retrospective clinical reviews of claims. We also make announced and unannounced on-site visits to a Provider location(s) (with DMS pre-approval) and conduct interviews.

Hospital Upcoding and Inpatient Unbundling

Through data analysis, the Anthem Kentucky Medicaid SIU identified numerous cases that had disproportionate amounts of high level Emergency Room evaluation and management claims, specifically for 99284 and 99285. Facilities identified were among the top billers of these codes throughout the Commonwealth of Kentucky and exhibited aberrant volumes of 99284 and 99285 claims as compared to urban, metro, or trauma one hospitals. While many of these cases are ongoing, the majority have findings of upcoding or missing documentation for services rendered. These facilities represent a combined $38 million paid by Anthem Medicaid over a period of four years for the 2 codes.

During the investigations related to the upcoding of 99284 and 99285 CPT codes, unbundling related to the G0378 CPT code, a code designed to cover the expenses of outpatient observation care, was also discovered. Ten facilities were identified to be participating in the unbundling scheme, which involves admitting the patient for observation, code G0378 with revenue code 762, and not converting to an inpatient DRG claim after 23 hours of observation care. All ten facilities were owned by the same corporation, which has facilities in 29 states. The Anthem Kentucky Medicaid SIU confirmed this scheme affected both Medicare and Medicaid markets nationwide. These investigations are currently being finalized for referral to DMS for further investigation.

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Member Verification of Services

Anthem executes a monthly process to verify with Members that services billed by Providers were received, in accordance with DMS requirements and 42 CFR 455.20.

Each month we use the prior month's paid claims to select a random sample of 750 claims, which include 600 medical claims, and 50 claims each for pharmacy, dental, and vision. Sampling methods exclude claims for sensitive procedures such as women's health care, family planning, sexually transmitted disease testing, or Behavioral Health. We mail a letter to the Member (written in English and Spanish) that asks them to review the information to make sure the services billed match the services provided. The notice explains that if they see services they did not receive, it may be fraud and ask that they contact Anthem by mail or by calling Member Services at 1-855-690-7784 if they have any questions.

Calls to Member Services reporting possible fraud are documented in our Investigations Case Management System for PIU review.

Correcting Fraud, Waste, and Abuse: Changing Behavior and Investigating Allegations

Just as there are multiple methods to identify possible FWA, we have a variety of actions that we may implement to change behavior and to prevent FWA before it happens. Types of appropriate actions include the following:

- ***Provider letter.*** We send certified letters to Providers who are under investigation that document the findings and the need for improvement, and we request a timely response. We base further action on the Provider's response or lack thereof.
- ***Education.*** Depending on the nature of the case, we may arrange additional, and targeted education.
- ***Medical record audits.*** Our team, including clinicians, may review medical records to validate claims submissions.
- ***Plans of correction.*** When appropriate, we prepare, and request that Providers sign a plan of correction, confirming the understanding of the changes they must make to come into compliance, as directed by DMS.
- ***Member Lock-In Program.*** Restricting a Member to a single Provider or pharmacy to address overutilization of services.
- ***Prepayment review.*** When billing issues are egregious or a Provider fails to comply despite intervention, we may place the Provider on prepayment review for further monitoring and evaluation.
- ***Recoupment of overpayments.*** We may seek recoveries through either direct reimbursement by the Provider to us or through a recovery process.
- ***Reporting the Provider.*** We may report the Provider to the appropriate legal or regulatory agency and medical board, as directed by DMS.

Two teams within the Payment Integrity organization execute most of our activities related to correcting aberrant billing practices and allegations of fraud and abuse. Within Quality Code Reviews, the Provider Education team works directly with Providers to change billing behavior. Our PIU investigates allegations of fraud or abuse. We provide additional information on Provider education and PIU investigations.

Provider Education Focuses on Behavior Change

When behavior appears to be the result of confusion, the Provider Education team within Claims Integrity works to change Provider behavior through identification, prevention, education, and monitoring. The Provider Education team includes certified professional coders and investigators and researches medical trends, CMS guidelines, CPT codes, and more to identify concepts that can find potential abnormal Provider billing practices. Concepts relate to the most commonly abused codes and codes with misinterpreted coding guidelines — with the goal to expand understanding and help Providers with appropriate coding, resulting in accurate reimbursement. In 2019, Provider Education sent 3,572 letters to Kentucky Providers. The top six concepts included education on documentation requirements for:

Provider Education Helps With Appropriate Coding

Since January 2018, Provider Education has conducted outreach to **6,865** Kentucky Providers to help with appropriate coding:

- **3,293** in 2018
- **3,572** in 2019

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- High level Outpatient Evaluation and Management services (1,349 Providers)
- Utilizing modifier 25 (843 Providers)
- Psychotherapy service code 90837 (388 Providers)
- High level Inpatient Evaluation and Management services (341 Providers)
- Performing a therapeutic injection in combination with an Evaluation and Management service (223 Providers)
- High level Emergency Room Evaluation and Management services (178 Providers)

Data mining tools, including Anomaly Detection models, also help identify outlier behavior. Our Anthem Provider Services team reviews the list of Providers flagged for education, along with the reason, prior to outreach. With this information, we can reinforce messaging with our Providers during our normal interactions and also make any necessary updates to our training and education materials so that all Providers can benefit.

Provider Education Concept Examples

Provider utilization of high level service codes for:
- Outpatient Evaluation and Management
- Emergency Room Evaluation and Management

Utilization of physicians prescribing opioids to Members with morphine equivalent for extended periods of time (risk of opioid use disorder)

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Outreach is initiated by a letter mailed to the Provider that explains that our intent is collaborative and educational. The letter details the types of claims analyzed and the findings (for example, utilization percentage is higher than Providers in specialty and peer group). The letter also furnishes Providers with the current medical practices that will help their decision-making process while caring for our Members. The letter encourages Providers to contact our Provider Education team with questions or for more information, providing the direct hotline number, as well as email, fax, and mailing address.

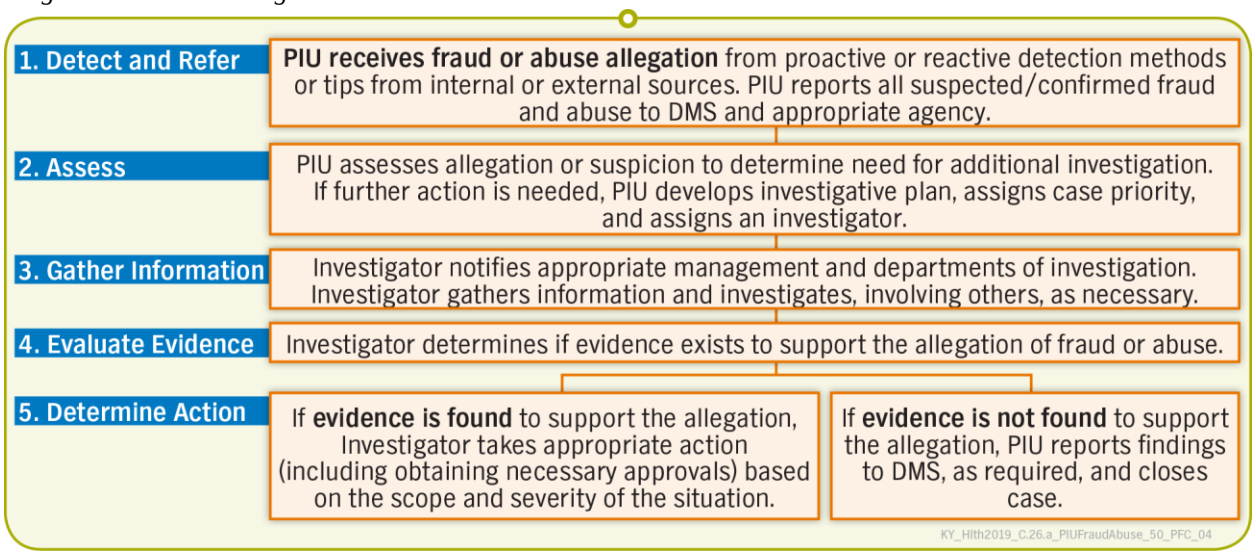
Ongoing data analysis helps determine whether education results in a sustained change in Provider billing behavior. Failure to demonstrate a change in billing behavior may result in a referral for medical record audit or to the PIU for possible investigation.

Investigations into Allegations of Fraud or Abuse

When we receive a referral for investigation, PIU staff follow a structured process, as shown in Figure C.26.a-4. Our Chief Compliance Officer works closely with our PIU, the staff with primary responsibility for the investigative process.

Not all leads result in a formal investigation. In 2019 the PIU received 230 leads from all reporting methods. Of those leads, 68 became cases requiring formal investigation.

Figure C.26.a-4. Investigators Follow a Formal Process to Evaluate Potential Fraud and Abuse



As investigators gather information, they apply their skills and experience to obtain, process, and report information derived from a variety of sources, such as interviews, record reviews, and other sources of investigative information. Investigators have full access to a variety of data mining and analysis tools and databases.

For each case where evidence supports the allegation of fraud and abuse, Anthem, in partnership with DMS, will take appropriate action. Appropriate actions for each case vary based on scope, severity, and circumstances. In planning appropriate actions, we tap into our knowledge of and experience with the local community.

We will continue to comply with Contract requirements outlined in Section 36.0 and Appendix M regarding DMS notification, referral, and sharing of information. Following clearly established fraud, waste, and abuse, we monitor the Provider for a year to help assure compliance and report any savings resulting from the plan of correction. If necessary, we will terminate the Provider if such a measure is in the best interest of our Members and the Commonwealth.

Ongoing Training and Awareness Programs

Anthem conducts an annual National Fraud Awareness Week that reaches out to staff, Members, Providers, and all stakeholders.

National Fraud Awareness Week includes:

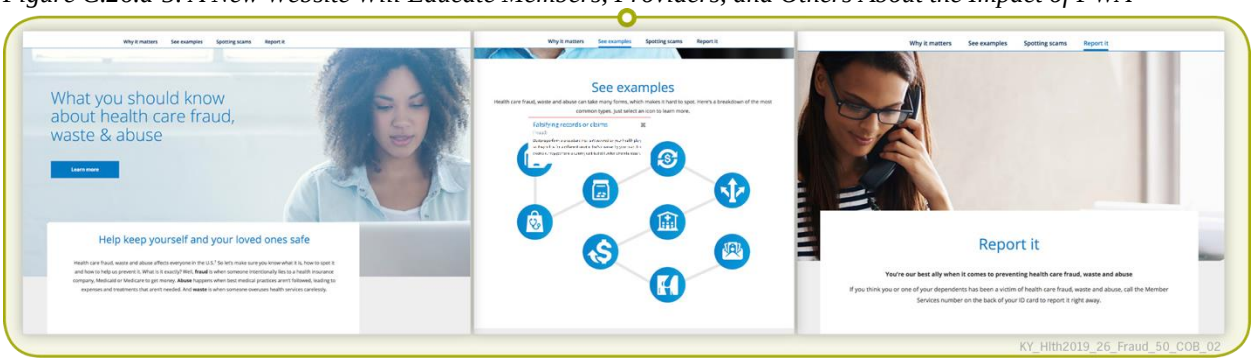
- Articles on intranet highlighting some of our investigations
- Rolling banner on the company intranet home page
- End of week review in intranet national newsletter
- Imagery promoting National Fraud Awareness Week on TV screens in offices
- Internal publicity to management portals
- Screen saver on all employee computers the entire month of November
- Promotion of FightHealthcareFraud.com consumer education site

Protecting against FWA is ingrained in all we do, and we reinforce our organization's commitment through mandatory new hire and annual employee trainings, focused fraud prevention employee education initiatives, Provider orientations, our Provider Manual, our Member Handbook, and through well-publicized reporting channels, such as our website, and FWA hotline. Employees, Subcontractors, Providers, and Members represent the eyes and ears of Payment Integrity, and training, and education programs create and reinforce awareness on how to identify and report FWA.

Our Anthem Training Academy (Academy) represents a comprehensive approach to training and incorporates multimodality delivery processes (in-person, online courses, tailored webinars, and written materials), as well as mechanisms for training on tracking, monitoring, alerting, and reporting compliance, and completion.

In addition, we are excited to announce that FightHealthcareFraud.com, a new website created and maintained by our Ultimate Parent Company, Anthem, Inc., will be linked to our Anthem Member and Provider websites later this year under "Waste, Fraud, and Abuse." Shown in Figure C.26.a-5, this website provides information about the impact of health care FWA on the entire industry. With examples, information on spotting scams, and a universal form for reporting, this website is an important step forward and a differentiator for Anthem and our affiliates in the prevention of FWA.

Figure C.26.a-5. A New Website Will Educate Members, Providers, and Others About the Impact of FWA



Anthem Employees Receive New Hire and Annual Fraud, Waste, and Abuse Training

All Anthem employees receive online ethics and compliance training, including modules on FWA, within 30 days of hire and annually thereafter. The *New Hire Introduction to Fraud, Waste, & Abuse* web-based course defines FWA and its impact, explains the roles of employees and the PIU, how to submit a referral, and where to find more information. Periodic quizzes within the module measure and reinforce employee understanding.

Annual training reviews topics such as how to spot and report suspected FWA, as well as examples of FWA associated with health care. In addition, a "Red Flag Checklist" provides information about how to contact the PIU, along with examples, and red flags for identifying Provider and Member fraud. The document also discusses handling suspicious events, including calls to our call centers. Employees are required to report any known or suspected misconduct and violations of laws and regulations immediately and have access to a variety of reporting

mechanisms. New hire and annual FWA training reminds employees that information and resources are always available on the organization-wide intranet page.

Our Compliance team uses an electronic compliance education series, "Did You Know," to maintain consistent awareness and provide information to all Anthem employees. Sent at least each quarter, discussion topics often include FWA prevention, ethics and compliance, protecting Member privacy, or a new bulletin issued by DMS. For FWA, topics may include organization and roles, Provider fraud examples, referrals, and the multiple methods (anonymous and not) available to report FWA.

Ongoing Education for PIU Staff

We understand the importance of continuing education and adapting our program to evolving risks and monitoring new fraud schemes identified by various organizations, including DMS, CMS, and industry associations.

Our PIU staff regularly participate in CMS-sponsored FWA outreach and education events on current trends and tools in health care fraud prevention. In addition, we require that investigators attend 10 hours of continuing education each year. Investigators can use industry resources such as NHCAA, American Association of Professional Coders, Blue Cross Blue Shield Association (BCBSA), Association of Certified Fraud Examinations, as well as internal resources including Medical Directors and claims coding professionals. While most training is through seminars, conferences, or webinars, BCBSA InterPlan courses are accessible through our organization's web-based learning system. In addition, Anthem will attend any training or meeting given by DMS or its designee.

We Use Multiple Methods to Educate Providers

Through our Academy, we give Providers initial and ongoing sessions several times per year, and on an as-needed basis. Our Provider training is primarily delivered in-person by our regionally based Provider Relations staff and includes education tailored to address Kentucky-specific benefits and DMS requirements for all Provider types. Providers receive initial training within 30 days of joining our Network and we offer additional training in multiple settings, including individual, group, on-demand and online resources, and direct outreach by Anthem staff. FWA education includes:

- Definitions and examples of FWA
- How to report FWA via email, website, hotlines, and mail
- How we investigate FWA and possible actions
- How they can help prevent FWA (verify Member identity, provide proper documentation, and bill accurately)
- Where to find more information, including the Provider Manual, and website

In addition to our Academy, our Provider Manual includes methods to report FWA, examples of Provider and Member FWA, and what they can do to help prevent Member FWA. Provider bulletins, conference calls, emails, and fax blasts provide another vehicle for Provider education on FWA.

We Use Multiple Methods to Engage Members and Caregivers in Preventing FWA

We know Members and caregivers play a significant role in preventing FWA, and we use multiple methods to engage them, beginning at enrollment, and continuing throughout their time with Anthem.

Our Member Handbook provides information on how to report suspected FWA. The "Your Responsibilities" section includes information on policies and procedures Members must follow, including reporting if their ID card is lost or stolen and understanding how to report suspected fraud and abuse. A section titled "How to Report Someone who is Misusing the Medicaid Program" identifies the multiple mechanisms available for reporting, including mail, email, telephone (to Anthem or the OIG), and a form on our website.

Figure C.26.a-6. Sample Flier to Help Members Understand and Prevent FWA

We know effective communication often requires multiple iterations using a variety of methods. Anthem uses additional methods to engage our Members in the prevention of FWA, including:

- Our Care Managers regularly query Members about services they are receiving in an effort to prevent and detect fraud and abuse and refer suspicions to our PIU for investigation.
- Each month we send EOBs to a sample of Members and the accompanying letter asks the Member to notify Anthem if they did not receive the listed service.

Our Louisiana affiliate created a two-page fraud and abuse flier titled "We need you to speak up" to enhance awareness among Members. The flier, shown in Figure C.26.a-6, includes definitions, impact, identify theft, and how to help. We plan to formally submit this flier to DMS for consideration as part of our 2020 plan.

Our Focus on Innovations and Continuous Improvement

We refine and adapt our processes to stay current with industry schemes, issues, and new technology to combat FWA in Kentucky with an emphasis on prevention. Leveraging the overall payment integrity experiences and best practices of our affiliates provides Anthem with significantly greater insight into emerging threats. This allows us to be more proactive at prevention and detection, even for schemes not yet seen in Kentucky. We also update processes in response to findings during investigations, whether our PIU processes, or other processes.

We work to maintain a collaborative relationship with Providers that facilitates Member access to services and minimizes administrative burden. Our investigators are in constant

communication with Providers about observations and results and will go through audit findings line by line. Additionally, we often use on-site visits to deliver medical record requests. We leave business cards with Providers to make sure they know how to contact the investigator. We will continue to work closely with DMS to maintain this balance under the new Contract.

We continuously expand and update our pre- and post-payment data mining models to find new Provider and claim-based payment integrity issues (or "concepts") to detect and prevent FWA. Later this year, we will deploy new Anomaly Detection models on facility usage: the Facility Trending Model, focusing on abnormal spikes and surges in billing, and the Facility Network Model, which links Providers together through commonly treated patients.

Payment Integrity Ideation Strategy

Internal effort to cultivate best practices and new and unique fraud schemes and algorithms to maximize pre- and post-payment savings.

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The Payment Integrity organization recently launched a "Payment Integrity Ideation Strategy" through a series of regional meetings; the Central region, which includes Kentucky, met in March. This internal best practices initiative leverages the tools, knowledge, experience, and resources of subject matter experts across the Payment Integrity organization in intensive, in-person meetings with local, and regional health plan leaders. The objective is to cultivate cross-pollination of best practices, new and unique fraud schemes and algorithms, and overall knowledge sharing to maximize pre- and post-payment savings. Anthem expects the initiatives coming out of this effort to have a direct impact on our ability to prevent and detect FWA, allowing us to continue to be the best stewards of Kentucky Medicaid funds.

ii. Overview of Anthem's Regulatory Compliance Committee

ii. An overview of the Regulatory Compliance Committee.

Anthem maintains an established Regulatory Compliance Committee that meets every other month and provides a centralized mechanism and forum to review and discuss emerging issues and upcoming activities, assess potential risks, and provide input into mitigation activities and corrective action plans. This is a local Kentucky Committee with local representation from each functional area. This ongoing dialogue and engagement promotes an integrated approach to assure the integrity and ethical behavior of the health plan.

Facilitated and chaired by our Chief Compliance Officer, committee membership includes executive-level leadership, as well as leaders from multiple functional areas, including Quality Management, Utilization Management, Health Care Management, Operations, Provider Relations, Member Services, Marketing, Government Relations, Finance, Compliance, Legal, and Human Resources. Current Members of the Regulatory Compliance Committee include:

- Leon Lamoreaux, Chief Executive Officer
- Nicole Basham, Chief Operating Officer
- Jess Hall, (Interim) Chief Finance Officer
- Carvin Vaughn, Compliance Director
- Lawrence Ford, Government Relations Senior Director
- Peter Thurman, Medical Director
- Jennifer Ecleberry, Provider Network Director
- Christine Goetz, Business Change Manager

- Jean O'Brien, Program Manager, Execution, and Oversight
- Victoria Meska, Population Health Management Director
- David Crowley, Behavioral Health Director
- Julie Wildt, Process Improvement Coordinator
- Bobbie Jo Jonas, Staff VP of Privacy & Compliance
- Suzanne Hayden, Compliance Analyst (recorder)
- Jeremy Randall, Program Director
- Andrew Rudd, Pharmacy Director
- Kathleen Ryan, Manager Medical Management
- David Burianek, (Interim) Quality Improvement Director
- Janet Bonham, Program Integrity Coordinator
- Bradley Reid, Investigator
- Carrie Godby, Manager Investigations
- Victoria Galyen, Business Account Manager
- Beth Hodges, Director Quality Management
- Tonya Sain, Manager Grievances & Appeals
- Shaun Collins, Planning & Performance Director
- Juanita Brandon, Human Resource Business Partner

The Regulatory Compliance Committee's charter is reviewed and updated annually and outlines the role, membership, meetings, operations, authority, and responsibilities of the committee. The role of the Regulatory Compliance Committee includes:

- Reviewing and approving the Compliance Work Plan and ongoing monitoring of performance toward its success
- Providing a forum for the discussion of potential risk and compliance issues related to health plan operations and functions
- Prioritizing significant risks
- Monitoring the identification of impact and timely response to changes in the State and Federal regulatory environment
- Monitoring action plan completion of internal and external audit deficiencies and recommendations
- Assuring that employees are familiar with the Compliance program and reporting mechanisms available for reporting suspected compliance issues

iii. Anthem's Appeals Process

iii. The proposed appeals process.

Anthem's approach to Provider Appeals centers on executing a proven, documented process that complies with DMS requirements and State and federal laws.

All Provider Appeals follow the same structured process, regardless of the situation. Our process for Provider Appeals related to overpayments or claims under prepayment review is identical to the process used during the claims process and described in our response to section C.17.g, Provider Services. We use multiple channels to educate Providers on the Appeal process, including orientation, and ongoing training, the Provider Manual, and information available on our website.

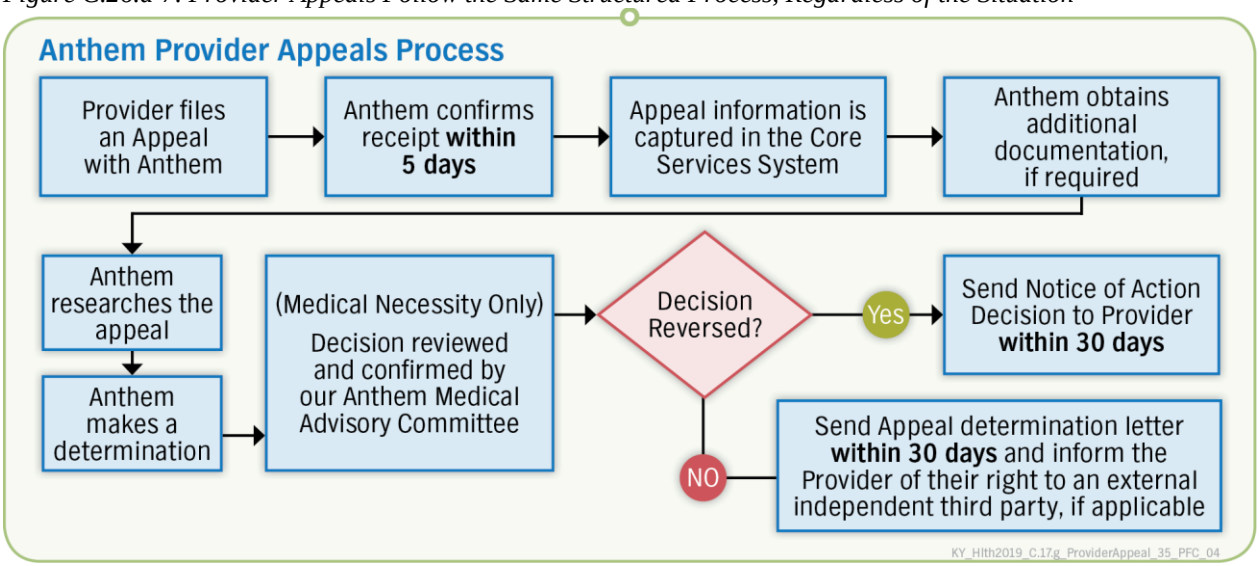
We assist and ease administrative burdens for Providers by offering multiple methods of communicating an Appeal such as electronically, verbally, or in writing, and we resolve all Provider Appeals within 30 days. Regardless of the source, all appeals are logged in our Management Information System.

We notify the Provider that we received their Appeal within five days. Our Provider Grievance and Appeals Coordinator determines if all information necessary to make a decision is available and documents all background or supporting information in the workflow tracking system. If needed, we may request additional documentation or medical records, as applicable, to conduct a thorough review and make an accurate determination. If we do not receive the requested information in accordance with the requirements specified by the Provider Grievance and Appeals Coordinator at the time of the request, including the requested timeframe, we make the decision based on the information on hand.

We send results of the Appeal to the Provider within 30 days. The letter indicates that if they disagree with our determination, they have the right to an External Independent Review and describes the required steps.

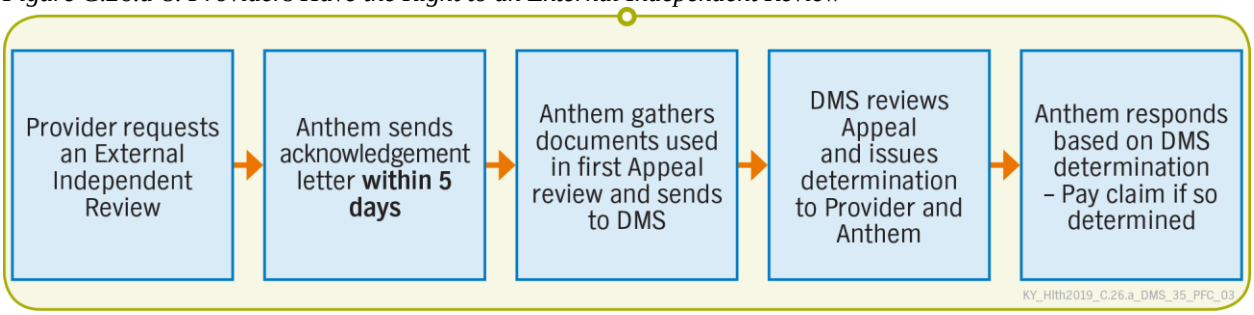
We outline our approach to a timely acknowledgement and resolution of Provider Appeals in Figure C.26.a-7.

Figure C.26.a-7. Provider Appeals Follow the Same Structured Process, Regardless of the Situation



We send results of the Appeal to the Provider within 30 days. The letter indicates that if they disagree with our determination, they have the right to an External Independent Review and describes the process. As shown in Figure C.26.a-8, upon request for an External Independent Review, Anthem sends an acknowledgement letter within five days and sends documentation to DMS. If so determined by the DMS review, Anthem will pay the claim.

Figure C.26.a-8. Providers Have the Right to an External Independent Review



iv. Proposed Innovations for Reporting Data in the Program Integrity Area

iv. Proposed innovations for reporting data in the Program Integrity area. Provide examples of successful innovations implemented in Kentucky or other states.

As a current Kentucky MCO, Anthem has operational processes to meet the DMS' Program Integrity reporting requirements as listed in Appendix D of the Draft Contract, and we will continue to devote the necessary attention and resources to maintain continued compliance. We have an excellent track record of meeting DMS requirements for report timeliness and quality, and will continue to deliver compliant, accurate, and timely reports under the new Contract. Anthem knows that reports provide a critical vehicle for DMS to view the status of program operations and make important decisions. We also know that meeting DMS reporting requirements — for Payment Integrity and other operational and program areas — and delivering meaningful information to support DMS review and analysis requires the right combination of capabilities, including access to data and tools, knowledgeable resources, and quality controls.

We understand DMS' reporting requirements and the operational commitment they require. Strong capabilities are critical for maximizing reporting and data analytics and ensuring consistency and accuracy. To that end, Anthem will continue to:

- Promote reporting accuracy by applying consistent edits to incoming data and carefully monitoring processing
- Use organized and structured databases and data warehouses to support reporting and analysis
- Provide data analytic tools companywide to help format, aggregate, and report data consistently, and accurately
- Leverage the reporting and data analysis experience and resources of national support services and our affiliates to help expedite report deployment and create more meaningful reports

Through our data mining efforts, the PIU continues to develop initiatives around various schemes and trends, for example:

- CLIA Review — deep dive into Clinical Laboratory Improvement Amendments (CLIA) on Providers submitting definitive drug testing codes, which are moderate to high complexity in nature. Identification of Providers with missing CLIA or CLIA Waiver suggesting billing outside scope of allowable services.
- Inappropriate Billing by Providers, for example:

- Excessive/not rendered — Provider bills for more services than existing patients actually received; excessive services over long periods of time and known not to create medical records unless they were requested by a payer.
- Hearing aids dispensing fee — the Provider bills the patients directly rather than submitting services to Anthem for payment. Dispensing fees may be allowable per Contract, but some Providers are also requiring patients to pay, out of pocket, amounts for their "dispensing fee" that happened to equal the same amounts the Provider is required to write-off of the hearing aid.
- Kinesio Taping and Strapping — improper usage of CPT codes related to immobilization of joints.
- Modifier 25 — evaluation and management abuse for the use of modifier 25 in conjunction with chiropractic, physical therapy infusion therapy, and acupuncture services where there is no significant, separately identifiable evaluation, and management service.
- Operation Pillbox — addressing prescription drug diversion.
- Providers Billing outside their Scope including — Inappropriate provision of durable medical equipment. Non-Clinical staff providing services, Phantoms/false Providers billing for services.
- Toxicology Services — laboratories identified for providing testing on humans without proper certification.

Proposed Innovations for Payment Integrity Reporting Data

Anthem welcomes the opportunity to collaborate with DMS and other Kentucky MCOs on Payment Integrity reporting and to discuss improvements that can further minimize wasteful spending, abuse, and fraud. Our affiliates have had great success when all MCOs collaborate on innovations and share best practices. The ability to learn from the efforts of others — successes and challenges — delivers better efficiencies and results to all MCOs and directly benefits the entire Kentucky Medicaid program.

Recent innovations that have been implemented in Kentucky include:

- Velocity Reports — Developed by PI, mainly for SIU to summarize Provider utilization claims which are used as an investigative tool to analyze trending patterns, anomalies, and aberrancies for Providers based on various factors (specialty, geography, etc.) and assist investigators to identify leads to fight FWA.
- Anomaly Detection Tool — Developed by PI, mainly for SIU to find aberrant billing behaviors in professional, facility, or vender claims.

The automated analytic process we developed only enhances our internal analytic process and could not be directly associated with a change in Provider billing behaviors vs. our previous manual analyzing data.

Our Enterprise Provider Education (EPE) Team developed an automated analytic process to identify and educate Providers billing high level E/M procedures at a higher rate than their peers within the same specialty. EPE also utilizes multiple innovative screening tools to identify aberrant billing trends.

With 23 affiliate health plans across the country, Anthem has access to an incredible amount of information on Payment Integrity best practices and trends currently being experienced elsewhere, as well as innovative, and successful methods for reporting Payment Integrity data.

Based on a review of affiliate best practices and the Payment Integrity reports outlined in Appendix D, Anthem recommends that DMS expand the focus of Payment Integrity reports beyond topics directly related to the PIU and fraud and abuse. Some areas to explore include:

- Prevention and prepayment detection activities
- Targeted education efforts for Providers with outlier billing practices
- Provider peer-to-peer analysis to proactively identify rising trends

Anthem would welcome the opportunity to work with DMS to facilitate a discussion of Payment Integrity reporting with the Kentucky Medicaid MCOs.

C.26.b. Anthem's Proposed Approach to Prepayment Reviews

b. Describe the Contractor's proposed approach to prepayment reviews.

Anthem's Approach to Prepayment Review

- Stop unjustified claim payments and generate a change in Provider behavior through education
- Minimize abrasion by reviewing identified claims promptly
- Use experienced coders and clinicians to review claims through the lens of the investigation
- Remove Providers from prepayment review as quickly as possible
- Comply with all DMS requirements

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Prepayment review is highly effective and efficient since it avoids suspect claim payments rather than attempting to recoup inappropriate payments. After adjudication and prior to payment, we execute a series of more than 120 algorithms that search claims for identified concepts. In our experience, these upstream activities account for larger savings than those resulting from downstream post-payment recoveries. ***SIU prepayment review, which requires review of supporting medical documentation, resulted in more than $2,202,156 for SIU prepayment review Medicaid savings in 2019 in Kentucky.*** Anthem has been using prepayment reviews of Provider claims since we began Medicaid operations in 2014. We will continue to use our established processes and procedures, when appropriate, in support of the new Kentucky Medicaid and Kentucky SKY Contracts. Written policies and procedures guide our prepayment review process in accordance with State and federal law and Contract requirements.

As discussed in our response to section C.26.a, prepayment review is just one method Anthem may employ to change Provider behavior and stop aberrant billing practices. Our approach is largely educational, rather than punitive, and we work to remove a Provider from prepayment review as quickly as possible.

Overall, our approach to prepayment reviews is to stop unjustified claim payments to Providers with a history of submitting claims with miscoding issues or medically unnecessary charges. We place a Provider on prepayment review only when there is a sustained or high level of payment error or data analysis identifies a problem area related to possible FWA.

Our national PIU includes a specialized unit to support prepayment review for Anthem, as well as our affiliates across all lines of business. The Prepayment Review unit is staffed with more than 100 certified professional coders and clinicians who review claims for miscoding issues, such as upcoding, unbundling, inappropriate use of modifiers, and billing for services not performed. The Prepayment Review team recently added Medical Directors to evaluate medical necessity during record reviews. Anthem's ability to leverage the expertise and scale of this unit provides tangible benefits, including reducing Provider abrasion by making sure that claims are

reviewed promptly and allowing our Kentucky investigators to focus on other aspects of investigations.

Our investigators work closely with Prepayment Review and keep Providers informed about their case and status. When we notify a Provider that they are being placed on prepayment review, we work hard to make sure that they understand the documentation requirement for claims submission. Providers receive result letters approximately every two weeks, but investigators can generate ad hoc letters at any time. Communication with the Provider is the responsibility of the investigator and while letters are system-generated based on standard templates, the investigator reviews, and has the opportunity to customize all prepayment review correspondence.

Anthem Keeps Providers Informed Through Regular Correspondence

- Notification letter of start and reason for prepayment review
- Results letters that provide claim-by-claim review status
- Notification of removal from prepayment review
- Ad hoc letters, as needed

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Providers remain on prepayment review until they demonstrate an acceptable accuracy billing rate or higher for three consecutive months, or until the investigator decides that removal is warranted based on the nature of the case, the Provider's efforts to change, and demonstration of proper claims billing.

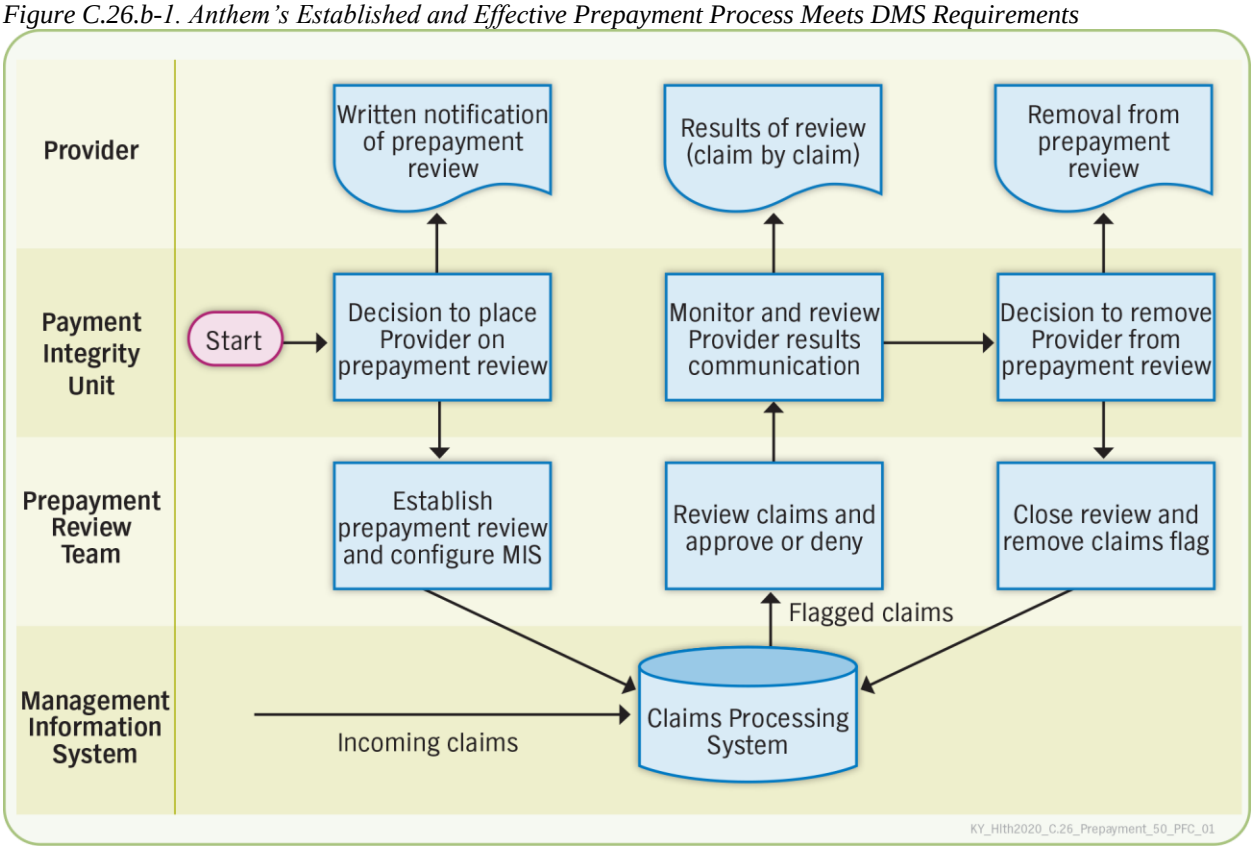
Anthem's Prepayment Review Process

Our prepayment review process, shown in Figure C.26.b-1, begins with a decision by the investigators to place a Provider on prepayment review and approval from internal governance. Anthem will continue to notify DMS within 15 Business Days of placing a Provider on prepayment review.

The investigator sends a letter to the Provider before the start of prepayment reviews that includes the reason, identifies specific procedure codes impacted, and identifies the claim date of service (in the future) for which prepayment review begins. The letter provides detailed instructions on the documentation the Provider needs to include with claims submission. We tell the Provider how to contact the investigator if they have any questions, that we realize that providing the information can be time-consuming, and that we appreciate their cooperation.

The investigator also notifies the Prepayment Review team of the specific information (name, identification numbers, procedure codes, and begin date). Edits are placed in the claims processing system so incoming claims that meet the criteria are automatically flagged and routed to the prepayment review queue.

Figure C.26.b-1. Anthem's Established and Effective Prepayment Process Meets DMS Requirements



When claims enter the processing system, our custom-built internal review and validation tool scans those from identified Providers that contain specific procedure codes billed during a particular period. The tool routes applicable claims to a prepayment review queue, including attached medical records. During review, the claim and attached medical records are evaluated to determine if the codes are properly supported using standard coding guidelines. After review, claims are either paid, partially denied, or denied, and a notice to the Provider generated with the status or request for additional detail.

Anthem gives Providers 45 calendar days to submit documents for claims under prepayment review. We deny claims if requested documentation is not received by day 46.

We send Providers letters that detail the results of prepayment review in a claim-specific list of the review results. For each claim or claim line, results indicate a status of "Approve" or "Deny" and include a reason for denial. Letters also provide detailed information on how to Appeal the decision through the standard Provider Appeal process, discussed in our response to C.26.a.iii and also in our response to section C.17, Provider Services.

When the investigator decides that Provider behavior warrants removal from prepayment review, they will send them written notification.

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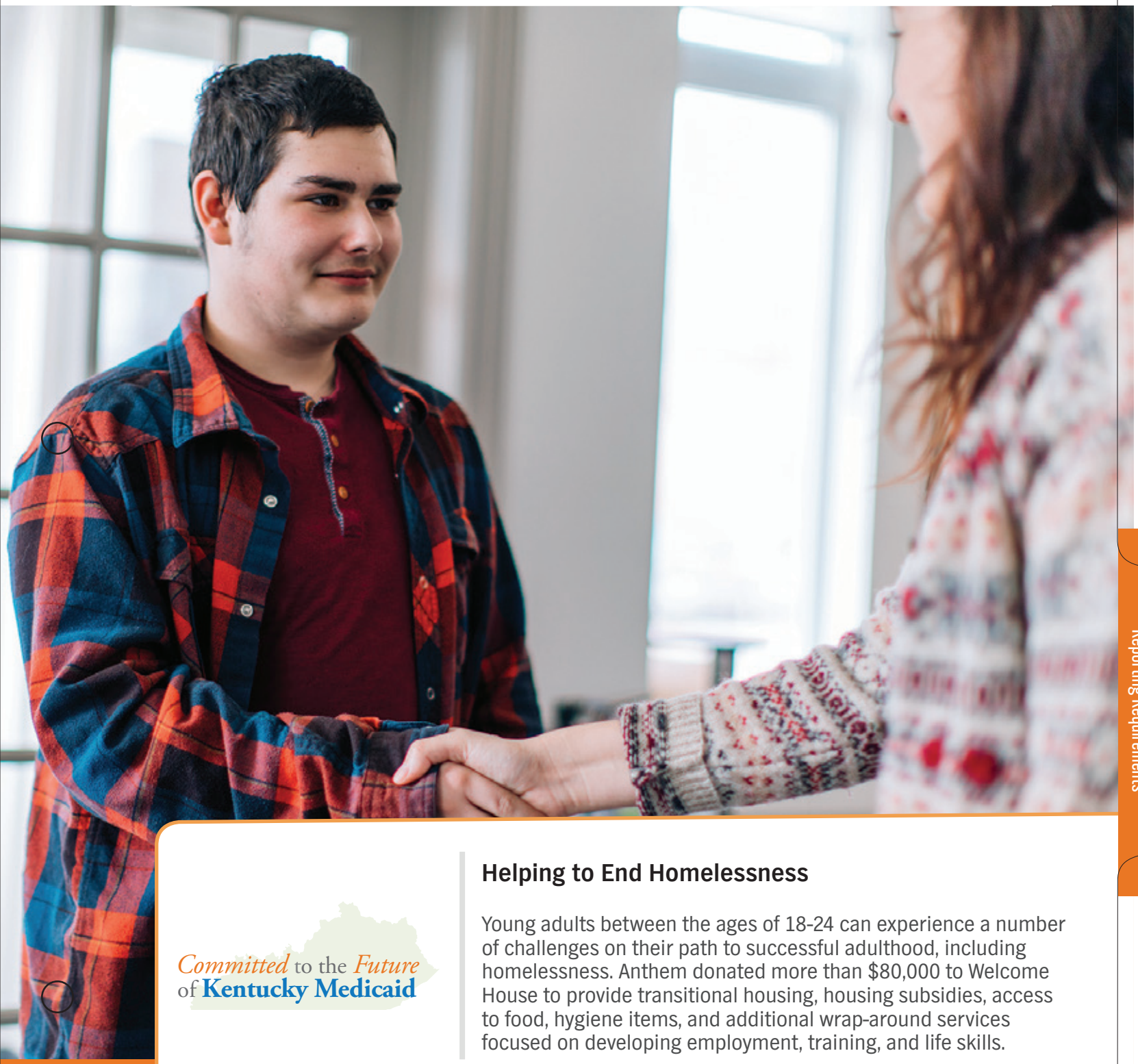
Anthem Medicaid



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

C.27. Contractor Reporting Requirements

C.27.a. Collaborating with the Department for Reporting Success

a. As indicated in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," the Department would like to leverage the contracted MCOs existing technologies and reporting capabilities to develop a comprehensive reporting package through a collaborative process. Understanding that ultimately the Department will define the reporting package, describe the Contractor's willingness to participate in such a collaboration, including a discussion of the following:

i. Proposed reports and report templates that will result in a comprehensive, Department-accepted reporting package.

ii. Proposed ideas for collaborating across MCOs to ensure consistent and comparable reporting using the same data definitions and specification can be achieved.

iii. Requirement of Subcontractors to participate and or comply with this process.

Anthem is pleased to provide all current and future required reports in support of the Commonwealth's need for oversight and quality improvements for Medicaid. Reporting allows MCOs to identify they are adding value, executing on contractual obligations and requirements, and improving outcomes for Enrollees (Members). We welcome the opportunity to continue to work collaboratively with DMS to make reports more user-friendly and meaningful by maintaining a thorough understanding of the intent of each report. Our knowledge and experience as a current Kentucky Medicaid Managed Care Organization (MCO) is invaluable to our ability to operate as an effective and accountable partner to DMS. Our tenure in the Commonwealth has equipped us with a thorough understanding of the programs, populations, and monitoring requirements. Further, ***our system is fully configurable and allows us to be flexible and timely in meeting any new DMS reporting requirements.***

We will participate in a collaborative process with DMS and other MCOs to evolve the existing DMS reporting package in order to address:

- Detailed reporting specifications and consistent data definitions for all required reports
- Reports that provide statistical information in a user-friendly format to identify and inform trends
- Our detailed analysis for identifying trends and patterns of change, outliers, successes, risks, and mitigation strategies. Such analysis will include narrative summary of findings and our interpretations of the data

We look forward to continuing our collaboration with DMS to help develop a reporting package that includes data across MCOs for comparison purposes to assist in understanding outcomes and progress of the Kentucky Medicaid managed care program.

i. Proposed Reports and Report Templates

i. Proposed reports and report templates that will result in a comprehensive, Department-accepted reporting package.

Anthem maintains an extensive, configurable reporting system with capabilities that include industry and medical trending, operations reporting, utilization statistics, and key cost driver tracking that can help to shape planning and decisions related to improving quality, access, and overall Member experience.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

We currently produce and provide a comprehensive suite of required reports in the following categories:

- Coordination of Benefits
- Enrollment Reconciliation
- Grievance and Appeal
- Provider Network Management
- Quality Assurance and Performance Improvement (QAPI) Program Status
- Member Services
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Department for Community Based Services (DCBS) and Department of Aging and Independent Living (DAIL) Service Plans
- Financial

We propose to implement the following reporting categories in a monthly package for DMS. We chose specific measures to show the overall health, utilization, and majority spend for the population. The reporting can be customized to provide more or less information as is required or deemed beneficial to DMS. We would recommend further establishing a routine meeting sequence to review the reporting and continue to refine the package to support the needs of DMS.

Recommended Reporting Package

Anthem recommends the following reports be included in the comprehensive reporting package:

- **Clinical Trends Substance Use Disorder Insights (SUDI) Report.** The SUDI Report shows an aggregate of all metrics at-a-glance. This package can be trended over time so DMS can see movement in the membership. Figure C.27.a-1 shows the SUDI Report Template. Metrics reported include:
  - Number of Members with a SUD diagnosis on claim in the month
  - Number of Emergency Room (ER) visits by that same population
  - Number of visits to a PCP by that same population
  - Number of prescriptions filled
  - Members engaged in specific supportive treatment programs (whether claims-based or self-reported) such as Medication-Assisted Treatment (MAT), Opioid Treatment Program (OTP), Alcoholics Anonymous (AA), or Narcotics Anonymous (NA)
- **Monthly Detail Pages.** The report also contains tabs to display monthly performance for each metric. Figures C.27.a-2 through C.27.a-6 show the monthly detail pages of the SUDI Report Template.
- **Regional Comparative Analysis.** Tapping into our best-in-class Medicaid resources and solutions, we propose a de-identified comparative analysis of three nearby states in same geographic regions Kentucky to monitor trends over time. Figure C.27.a-1 shows the Regional Comparative Analysis Template.

Figure C.27.a-1. SUDI Report Template

Clinical Trends SUDI Quarterly Tracking

Report Description: SUDI report to display opioid related health care costs, utilization, Member outcomes, and comparison to similar markets. Initial data below will track members with an SUD dx claim within a given quarter over time to measure health outcomes and costs.

The second tab will show the monthly volume of similar metrics to show trends of an increase or decrease of utilization of these services over time.

The recommended final output report will be in Tableau to display geographic trends and allow additional filtering and interaction with the data that is not normally available in Excel. Data visualization would be applied within Tableau to identify outliers within the Member population over time.

SUD dx codes with date of service in reporting period to capture initial member population

Member Population	SUD dx Code 1 1Q 2020	SUD dx Code 1 2Q 2020	SUD dx Code 2 1Q 2020	SUD dx Code 2 2Q 2020	SUD dx Code 3 1Q 2020	SUD dx Code 3 2Q 2020	SUD dx Code 4 1Q 2020	SUD dx Code 4 2Q 2020	SUD dx Code 5 1Q 2020	SUD dx Code 5 2Q 2020	SUD dx Code 6 1Q 2020	SUD dx Code 6 2Q 2020	SUD dx Code 7 1Q 2020	SUD dx Code 7 2Q 2020
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period												
Age Bracket 1 Not Engaged in Case Management														
Age Bracket 2 Engaged in Case Management														
Age Bracket 2 Not Engaged in Case Management														
Age Bracket 3 Engaged in Case Management														
Age Bracket 3 Not Engaged in Case Management														

ER Visits

Member Population	ED Visits 1Q 2020	ED Visits 2Q 2020
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period
Age Bracket 1 Not Engaged in Case Management		
Age Bracket 2 Engaged in Case Management		
Age Bracket 2 Not Engaged in Case Management		
Age Bracket 3 Engaged in Case Management		
Age Bracket 3 Not Engaged in Case Management		

PCP Visits

Member Population	PCP Visits 1Q 2020	PCP Visits 2Q 2020
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period
Age Bracket 1 Not Engaged in Case Management		
Age Bracket 2 Engaged in Case Management		
Age Bracket 2 Not Engaged in Case Management		
Age Bracket 3 Engaged in Case Management		
Age Bracket 3 Not Engaged in Case Management		

Prescriptions Filled

Member Population	Prescription Fills 1Q 2020	Presciption Fills 2Q 2020
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period
Age Bracket 1 Not Engaged in Case Management		
Age Bracket 2 Engaged in Case Management		
Age Bracket 2 Not Engaged in Case Management		
Age Bracket 3 Engaged in Case Management		
Age Bracket 3 Not Engaged in Case Management		

Supportive Treatment Program Participation

Member Population	Participation 1Q 2020	Participation 2Q 2020
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period
Age Bracket 1 Not Engaged in Case Management		
Age Bracket 2 Engaged in Case Management		
Age Bracket 2 Not Engaged in Case Management		
Age Bracket 3 Engaged in Case Management		
Age Bracket 3 Not Engaged in Case Management		

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Figure C.27.a-2. Members with a SUD Diagnosis by Date of Services (DOS) Monthly Reporting

SUD Diagnosis Volume by DOS Monthly Reporting

Total SUD dx code volume by DOS received shown by month

Member Population	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period												
Age Bracket 1 Not Engaged in Case Management														
Age Bracket 2 Engaged in Case Management														
Age Bracket 2 Not Engaged in Case Management														
Age Bracket 3 Engaged in Case Management														
Age Bracket 3 Not Engaged in Case Management														

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Figure C.27.a-3. Number of ER Visits Monthly Reporting

Emergency Room Visits Monthly Reporting

ER Visits														
Member Population	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period												
Age Bracket 1 Not Engaged in Case Management														
Age Bracket 2 Engaged in Case Management														
Age Bracket 2 Not Engaged in Case Management														
Age Bracket 3 Engaged in Case Management														
Age Bracket 3 Not Engaged in Case Management														

KY_Hlth2020_C.27_ERReporting_58_COB_01

Figure C.27.a-4. Number of Visits to a PCP Monthly Reporting

PCP Visits Monthly Reporting

PCP Visits														
Member Population	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period												
Age Bracket 1 Not Engaged in Case Management														
Age Bracket 2 Engaged in Case Management														
Age Bracket 2 Not Engaged in Case Management														
Age Bracket 3 Engaged in Case Management														
Age Bracket 3 Not Engaged in Case Management														

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Figure C.27.a-5. Number of Prescriptions Filled Monthly Reporting

Prescriptions Filled Monthly Reporting

Prescriptions Filled														
Member Population	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period												
Age Bracket 1 Not Engaged in Case Management														
Age Bracket 2 Engaged in Case Management														
Age Bracket 2 Not Engaged in Case Management														
Age Bracket 3 Engaged in Case Management														
Age Bracket 3 Not Engaged in Case Management														

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Figure C.27.a-6. Members Engaged in Supportive Treatment Programs Monthly Reporting

Supportive Treatment Program Participation Monthly Reporting

Supportive Treatment Program Participation														
Member Population	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Age Bracket 1 Engaged in Case Management	per k measurement for time period	per k measurement for time period												
Age Bracket 1 Not Engaged in Case Management														
Age Bracket 2 Engaged in Case Management														
Age Bracket 2 Not Engaged in Case Management														
Age Bracket 3 Engaged in Case Management														
Age Bracket 3 Not Engaged in Case Management														

KY_Hlth2020_C.27_TreatmentReporting_58_COB_01

Additional Reporting Package Recommendations

- **Clinical Traditional Stats and Analysis**
  - **Behavioral Health (BH)**
    - Acute Inpatient Days
    - BH to BH Readmission Rates
    - BH Average Length of Stay
    - BH ER Visits
  - **Physical Health**
    - Acute Inpatient Days
    - Average Length of Stay ER Visits
  - **Program Impacts:** Reporting on existing initiatives and outcomes, such as reduction in ER visits
- **Population Health Impacts**
  - Members Enrolled in Community Engagement Program; Members Graduated
  - Value-added Services (VAS) Used by Members
  - Outcomes
- **Operational Summary Reporting**
  - Membership & Enrollment Trends
  - Customer Service
  - Claims Processing
  - Encounter Management

Using Reports to Improve Member Contact Data

In addition to the reports that would provide DMS insight into both MCO operations and the health of our Members, we would also like to propose submitting an ***Encounters Discrepancy Report*** to help improve the quality of Member contact data. We are better able to manage our Members' health when we know how to reach them by phone and where they live. To aid in this effort, we could run a report of the addresses and phone numbers we receive in our encounter data, and provide DMS a report that outlines any discrepancies with the data we receive on the 834. This report would be part of a collaborative effort to help update contact data Members may not always report.

We look forward to continuing our collaboration with DMS, and working with other MCOs to discuss the current portfolio of reports and modify or develop new reports to create an enhanced package that better serves the needs of DMS.

ii. Proposed Ideas for Collaboration

ii. Proposed ideas for collaborating across MCOs to ensure consistent and comparable reporting using the same data definitions and specification can be achieved.

Anthem proposes to lead an effort, working in conjunction with DMS and other MCOs, in the development of a dashboard that will show an at-a-glance status of each MCO's operational statistics. Together, we can identify metrics that would be of most interest to the Commonwealth, Providers, Members, and community-based organizations. Our affiliate markets have developed similar dashboards and we would draw upon this experience to develop and customize a dashboard that best meets DMS' needs.

This dashboard could provide data beyond current requirements to show six month rolling trend status for each area. Data from this reporting could be aggregated in a customizable Tableau summary report showing reporting, status and trend tracking, issue identification, and new initiatives progress status. Within the categories of this summary dashboard, drill-down to metric specifics would be capable.

This type of report would drive discussions on future metric development and ways to improve and promote the Commonwealth's goals, such as identifying health disparities in specific regions across Kentucky and cross-collaborating on initiatives. It would also help to identify trends and inform decision-making.

Some suggested metrics to be included in the dashboard include:

- Non-Emergency Medical Transportation (NEMT) reporting regarding missed or late appointment and subsequent ER claims
- Social determinants of health (SDOH) and Population Health Management (PHM) by area
  - Reporting on Members identified as having SDOH needs and Providers that subsequently connect those Members with services
  - Relation between care gaps and prevalent SDOH needs
  - The rate at which Members with a care gap are also missing other services
  - Chronic conditions diagnosed among the Members with care gaps
  - Members who have not seen a PCP in the last 12 months
  - The likelihood of using the ER for low-intensity care (LIER)
  - The rate of Members with a care gap who are frequent ER utilizers

We propose taking a leadership role in the collaborative development of a ***Reporting Companion Guide*** for use by all MCOs. Building upon the requirements included in Appendix K, this document would include standard templates and data definitions for each report required by DMS. This comprehensive reference tool would not only help assure that DMS receives comparable data across all MCOs, but could be leveraged by an MCO's Subcontractors to help assure consistent reporting. Ultimately, the Reporting Companion Guide would remove any uncertainty from report development and give an equitable view into each MCO's performance and overall Member health.

Leveraging best practices from our affiliate markets, we would develop the Reporting Companion Guide through five distinct phases:

- Holding a listening session with DMS to outline goals
- Scheduling and leading collaboration sessions with other MCOs to develop the guide
- Reviewing all input and compiling it into draft version
- DMS review and incorporation of any requested edits
- Finalization and distribution

In addition, Anthem suggests holding a quarterly collaboration and planning series between DMS and the MCOs. Within this forum, MCOs or DMS could suggest new reporting templates based on emerging trends or needs, and openly discuss any reporting challenges, best practices, or opportunities for improvement.

We also propose implementation of ad hoc conference calls between DMS and the MCOs to define requirements when reports are added or changed. These calls would be an opportunity for

DMS to define expectations and address any questions, and would ultimately help us more effectively meet DMS' goals.

iii. Subcontractor Participation

iii. Requirement of Subcontractors to participate and or comply with this process.

Anthem maintains a Subcontractor Oversight program that outlines requirements and expectations, including participation in ongoing meetings as applicable. Our Subcontractors comply with these requirements, and Subcontractor representatives participate in reporting meetings as needed. Our staff is generally able to speak for our Subcontractors, but when a unique situation existed, like the pharmacy meetings held regarding the topic of Senate Bill 5, Anthem's Subcontractor directly participated on conference calls and attended meetings in coordination with Anthem. This allowed the Subcontractor to promptly provide DMS the information and results they were seeking.

Clearly defined expectations are a key component of our Subcontractor Oversight program. We execute written agreements with each Subcontractor that detail the specific scope of services required, performance standards, reporting responsibilities, and actions to address inadequate or substandard performance, such as development of a Corrective Action Plan (CAP), use of sanctions, and termination. If performance at any time does not meet requirements, we take action and work with the Subcontractor.

Our Subcontractors will always be required through their contracts to produce the required suite of DMS reports in a timely manner. ***Should the Reporting Companion Guide described above be developed and implemented, the requirement to comply with this document would be incorporated into their contract as well.*** Prior to go-live with a Subcontractor, we hold implementation meetings where we address reporting requirements and expectations and perform reporting readiness testing. We work proactively with our Subcontractors to prevent errors before they occur. Our efforts start with educating and supporting Subcontractors on submitting timely, accurate reporting. We enforce all penalties related to late reporting with our Subcontractors. Subcontractors are assessed a $100 daily late fee per report. We integrate Subcontractor financial and performance data into our systems so we can closely and continuously monitor the performance of all our Subcontractors to confirm compliance with contractual and other applicable requirements. Through quarterly joint operating committee calls with our Subcontractors, we review reporting metrics to assure accuracy and completeness. We also complete annual audits of Subcontractor submitted data.

Further, we will share any newly requested reports with our Subcontractors to assure accurate reporting.

C.27.b. Reporting Capability and Systems

b. Provide a detailed description of the Contractor's capability to produce reports required under this Contract, including an overview of the Contractor's reporting systems and capability to configure such systems to capture data according to reporting definitions and specifications as required by the Department.

For CY2019, we submitted **over 1,250** regulatory reports with **more than 99%** submitted promptly.
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We currently meet and will continue to meet DMS reporting needs through the continued submission of accurate and timely reports, including compliance with Appendix K Reporting Requirements and Reporting Deliverables, Contract requirements, and 42 CFR 438.604. We have been a collaborative partner of the Commonwealth for more than six years, and have configured our systems to capture all data according to reporting definitions and specifications as required by DMS.

In addition to meeting the reporting requirements and providing the deliverables in Appendix K, we also meet the additional reporting requirements in Attachment C:

- Paid Claims Report
- COB Reporting Requirements
- Enrollment Reconciliation
- Telehealth Reporting
- Grievance and Appeal Reporting Requirements
- EPSDT Reports
- Financial Reports
- Ownership and Financial Disclosure
- Record System Requirements

Our systems and capabilities have enabled us to successfully deliver on our current requirements and will enable us to deliver future requirements as part of the collaboratively developed reporting package.

Our Reporting Systems and Capabilities

Our reporting systems environment enables access to and analysis of large amounts of service and utilization data to support internal operations and management, as well as the reporting needs of DMS. We collect all data required to generate reports during program operations and delivery of services to Members. Additionally, our ability to extract and analyze data quickly and accurately helps us and DMS evaluate and manage the Kentucky Medicaid program.

Quality controls are a critical part of our reporting process. Using dashboards to monitor relevant operations, reported results, and processes at a high level allows us to make informed business decisions. Simultaneously, business owners responsible for generating reports use a variety of methods to confirm report accuracy and quality. When a variance is flagged, the business owner determines and documents a reason to assure staff keep a finger on the pulse of trends over time.

To consistently produce quality reports and data for DMS and our internal use, our report generation environment integrates the following:

- Our Kentucky-focused data analysts and subject matter experts who understand the content and meaning of reports
- Technology experts embedded in our functional departments and our national support areas who maintain and manage our systems
- Designated Reporting team within the National Information Technology department

- Analysts who know how to retrieve, associate, and process the data to produce accurate, timely reports that meet DMS requirements

The synergy we derive from this integration of people across functional areas and data across technology platforms improves the accuracy and meaningfulness of our reports. Our system generates management and operational reports and delivers data to support program analytics. We use rigorous edits and controls to verify the accuracy of all data. Accurate operational systems provide a solid foundation for accurate reporting.

Access to Comprehensive Data to Support Reporting

Our Management Information System (MIS) delivers access to large amounts of service and utilization data to support our management team and DMS. The ability to identify, execute, and analyze data through regular and ad hoc reports allows our health plan and DMS to better evaluate, monitor, and manage the Kentucky Medicaid program. To support our internal and DMS' needs for reports and data analysis, data warehouses in our MIS maintain online, ready access to enrollment, service, and other operational information, in accordance with HIPAA and HITECH requirements. Two of these databases are the Operational Data Warehouse (ODW) and the Health Care Insights Analytic Platform (HCIAP).

Operational Data Warehouse

The ODW is a copy of transactional data configured to support complex analytical and ad hoc queries using business intelligence tools. The ODW is an integrated repository fed directly from the Core Services System to deliver data quality, control, and consistency. The data warehouse also houses data from external sources, including encounter claims data from our Subcontractors, such as pharmacy and vision. The ODW maximizes our capacity for data analytics and affords the flexibility to produce targeted reporting to support the Commonwealth, business processes, and enhanced Provider and Member support.

The ODW structure insulates the user from the underlying technology of our system and includes embedded business rules to promote consistent use and interpretation of the data and improve the quality and availability of analytical data across the organization. Specialized subject area analytic cubes (claims, Provider, Member, authorization, and call center) provide users with a self-service reporting capability that universally applies business rules and accommodates the need to both see high-level trends and drill-down into the details.

Health Care Insights Analytic Platform

Deployed and managed by our national Health Care Analytics department, HCIAP delivers the data and the tools to support better decision-making to improve Member health and manage health care efficiency. HCIAP delivers the opportunity to look at detailed claims experience data to support efforts to slow down the rate of increases in health care costs, including the ability to identify medical cost trends, changes in Provider billing patterns, and opportunities for savings.

The platform supports financial, Member- and Provider-centric, and enterprise-wide analytics through a series of views and dashboards and provides powerful analytic capabilities used to answer key questions, make better decisions, and drive better outcomes for our stakeholders. A point-and-click interface enhances advanced analytics and exploratory data analysis with interactive data visualization, leading to better analyses, faster decisions, and more effective presentations of analytic results.

Collect and Maintain 100% of the Data Required by DMS

Our reporting process supports the collection and reporting of relevant data to DMS through both regulatory and ad hoc reports. During daily operations, we collect all data required to generate reports and data extracts as specified by the Commonwealth.

Our data warehouse supports operational processes, analytics, and reporting to meet Contract requirements. It is fed directly from our system of record to promote data quality, control, and consistency. The data warehouse delivers a comprehensive source of health information about our Members. We also integrate additional information into the data warehouse to support other processes, including immunization data and lab results.

A Variety of Resources and Tools Support Reporting

We devote skilled and experienced resources to report development and data analysis to satisfy not only DMS requirements, but also the needs of operations and management team members throughout our organization. Because the need for reports is dynamic, we rely on several resources to support reporting needs, including health plan team members, dedicated members of the national Enterprise Reporting team, and our national Health Care Analytics and HEDIS® teams.

This reporting team structure allows us to leverage team member skills and experience, share best practices, and report logic used in other markets, as well as shift resources, as necessary, to meet the demands for reporting and analysis in Kentucky.

Team members have at their disposal industry-leading software and tools for data access and report development. We believe team members need "the right tool for the right job." To that end, we make a variety of tools available across the enterprise to accommodate and support our team's wide range of skills. Some tools support end-user query and data manipulation and analysis, while others require more advanced skill levels. Examples of the many tools we use to create reports for internal management and submission to DMS include:

- SQL Server Management Studio
- Business Intelligence Development Studio
  - SQL Server Integration Services
  - SQL Server Analysis Services
  - SQL Server Reporting Services
- Microsoft Office: Excel, Access
- Microsoft Reporting Services
- SharePoint Business Intelligence Center
- Microsoft PerformancePoint Server
- SAS
- Business Objects
- Tableau
- Online Analytical Processing (OLAP) Cubes
- Teradata SQL

These tools — combined with access to databases that contain a significant amount of demographic, service, utilization, and quality data and the right resources deployed within our health plan and our national support areas — provide powerful analytic capabilities.

C.27.c. Report Accuracy and Completeness

c. Describe the Contractor's processes to review report accuracy and completeness prior to submission to the Department.

Delivering Accurate and Complete Reports to DMS

Anthem has well-developed policies and procedures in place to assure the quality of information we submit to DMS. Key components to our continued success with report accuracy and completeness include:

> We perform quality reviews on all reports before we submit them to DMS, generating reports in advance to allow time for a thorough review.
> KY_Hlth2019_Q27_PerQltyReviews_58_COB_04

- Reporting Lead completion of the Report Form and submission to leadership for tracking
- Leadership accountability and oversight of required reporting
- A system that collects, captures, and maintains a comprehensive set of data necessary for report generation and analysis
- A Kentucky Compliance Manager who manages and monitors the generation, review, and submission of all deliverables and reports to DMS
- A report tracking system that documents key details on every required submission of a report and deliverable, including internal and external due date and assigned primary and secondary business owners
- Report reminders sent to all business owners providing a monthly snapshot of reports due
- A defined process to manage follow-up requests or clarifications from DMS on regulatory reports
- A Reporting team that coordinates and oversees regulatory report changes, new report additions, and ad hoc reporting services
- Documented procedures to communicate reporting changes to business owners who work with our Enterprise Reporting team to verify that programmatic changes are made, where applicable, and reflect accurate reporting output

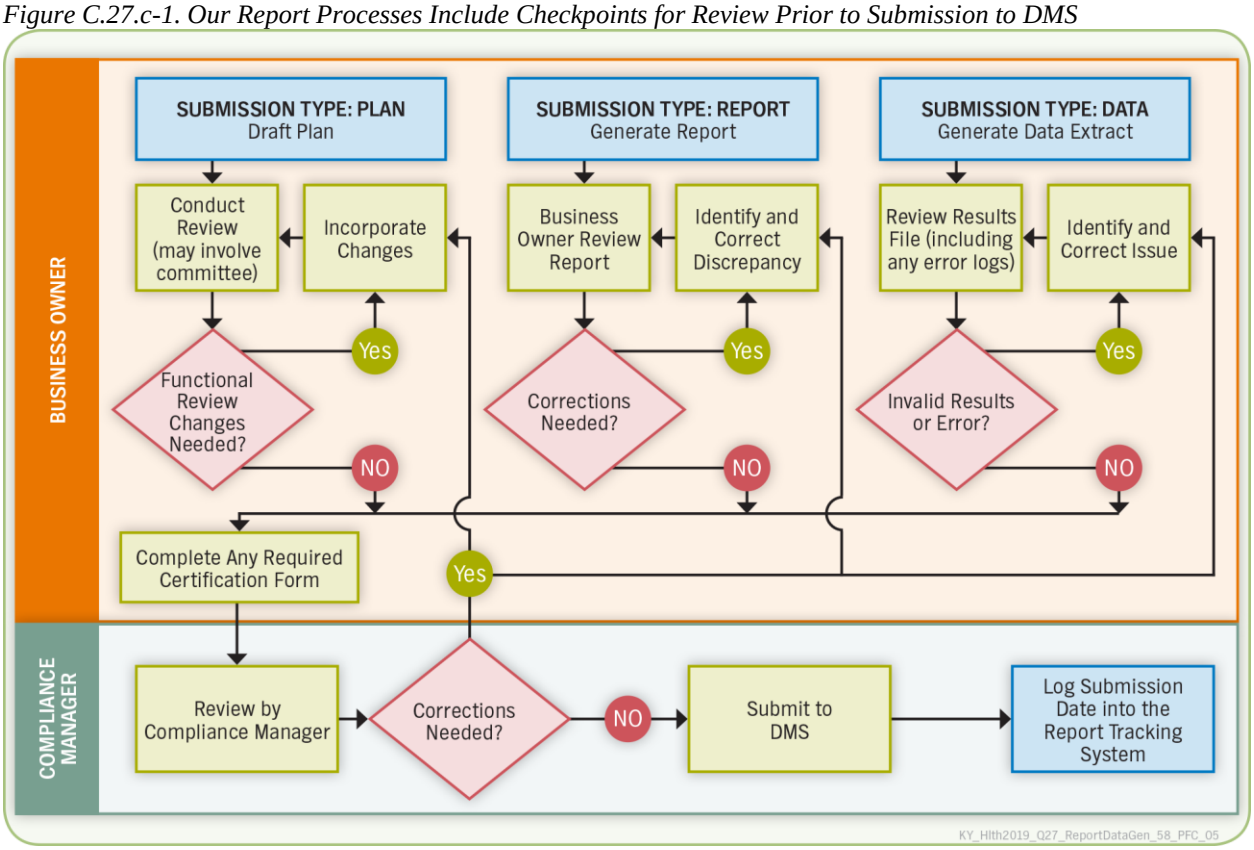
Report Generation, Certification, and Submission

Our report and data generation process varies based on the type of submission:

- ***Reports*** include operational data from a current date and any additional data elements requested. Some reports may have additional narrative input to accompany the data. The business owner reviews the report and adds additional narrative as necessary, to provide an explanation or additional information.
- ***Data*** is generated from the system job scheduler, such as extracts for detailed Provider information files. The process includes status, results, and error logs, monitored regularly to confirm correct job execution and consistent results, such as the accuracy of record count and transaction formats for encounters. Formal automated notification alerts the business owner that the data are ready for review.
- ***Plans***, such as the Annual Internal Quality Assurance Program (IQAP) Work Plan, are documents with a single accountable executive; however, they may have multiple authors and inputs. Team members identify plan content, develop plan structure, and draft the plan. Based on the type of plan, specific health plan team members are engaged in the review. For example, for the IQAP Work Plan, the Quality Assurance Committee (QAC) conducts the review.

Our process includes checkpoints to confirm that all plans, reports, and data extracts are accurate and meet requirements before submission to DMS, as shown in Figure C.27.c-1. We log the date for each submission, and our report tracking system automatically generates the due date for the next monthly, quarterly, or annual report.

Figure C.27.c-1. Our Report Processes Include Checkpoints for Review Prior to Submission to DMS



Quality Control Process

As described earlier, our report tracking system documents the regulatory and contractual requirements and identifies accountable business owners for each report, the due date to DMS, and an interim due date to allow time for review prior to submission.

We generate reports in advance of the State's submission deadline to allow adequate time for a thorough review. Business owners and health plan leadership are responsible for reviewing reports for completeness and accuracy prior to submission. Business owners use a number of different methods to confirm the quality of reports. We subject each report, data file, or plan to extensive review and validation before certifying the product for submission. For some reports, the process calls for the use of variance analysis at the cell level and highlights elements that have changed by 5% or more. Highlighting these movements helps management recognize and catch changes or possible inaccuracies well before submission. Business owners consider events that have occurred during the reporting period that could affect the data and document the potential rationale for observed variance.

Following this scrutiny and review, business owners submit approved reports to the Compliance Manager for a final compliance check. Quarterly, senior management reviews a reporting scorecard to monitor performance against both internal and DMS reporting timelines.

Reporting Center of Excellence

Anthem's Regulatory Reporting Center of Expertise (Reporting COE) is dedicated to supporting timely and accurate regulatory reporting into our Medicaid State and federal oversight agencies. Reporting COE employees work with report business owners and business units to set reasonable internal report due dates that allow additional levels of review by business or product level leadership prior to State and federal agency submissions.

In support of our overall success, and our commitment to adhering to our regulatory reporting obligations, the Reporting COE created an Incident Notification Form that is intended to provide timely feedback on reporting issues to the business owners and business units responsible for delivering regulatory reports or report data needed for the completion of reporting templates. This Notification Form is an attempt to inform, educate, and prevent any negative impact to Anthem's business. The Incident Notification Form serves to inform the report business owner and business unit of late, incomplete, or inaccurate reports that negatively impacted the Reporting COE's timeline and processes or the larger Anthem organization. Our goal is that the Incident Notification Form encourage a partnership between the report business owner and business unit and the Reporting COE to assure accurate, complete, and timely report submissions.

We understand the requirements, and we plan which aspects of reporting to measure (including key quality characteristics and key process variables). We create and run reports, measure the process, check the results, and take action to correct problems. Those actions may be process improvements to achieve higher performance levels or other quality initiatives to detect and correct the systemic cause of errors. We understand how critical it is for DMS and others, including entities acting on behalf of the Commonwealth, to have correct information for carrying out their Kentucky Medicaid program responsibilities.

C.27.d. Data Analyses, Dashboard Use, and Program Improvements

d. Provide examples of the Contractor's proposed:

i. Processes for conducting comparative data analyses, interpreting trends, and summarizing findings in a manner that is easily interpreted by the Department.

ii. Use of dashboard reporting to monitor, track, and evaluate performance metrics, including dashboard level data the Contractor proposes to submit to the Department. Provide a sample dashboard report.

iii. Use of findings from reports to make program improvements and to identify corrective action.

Our reporting and data analytics capabilities support the collection, analysis, and reporting of relevant data through both regulatory and ad hoc reports. Our organization maintains a culture of continuous improvement and regular evaluation of program data. This allows us to analyze performance and outcomes and identify opportunities to deliver better service to Members, Providers, the Commonwealth, and other stakeholders — and maintain cost efficiency.

i. Analyzing Data and Interpreting Trends

i. Processes for conducting comparative data analyses, interpreting trends, and summarizing findings in a manner that is easily interpreted by the Department.

At Anthem, we embed data analysis into every phase of health plan management and operations. Through a comprehensive dashboard, we can conduct analysis, interpret trends, and summarize findings on any DMS desired metrics. Some examples of activities include:

Care Coordination. We analyze Care Coordination data through monitoring utilization patterns and by tracking key activities such as screening and assessment, and we refine Member care plans or Provider action plans until the desired utilization behavior is achieved.

Utilization Management. We identify and address over- and under-utilization of services through a combination of powerful data analytics, focused leadership attention to trends, and improvement initiatives. We do a comparative analysis of local health plan data compared to our national data and those of similar affiliates. We can interpret trends and summarize for DMS. Analytics and clinical staff are dedicated to reporting and monitoring utilization, including reviewing national trends and comparing utilization across our affiliates.

Our analytics teams produce fully integrated over- and under-utilization monitoring reports quarterly, or ad hoc as needed. The data encompasses the full spectrum of services including inpatient admissions and readmissions, ER, pharmacy, referrals to specialists, and ambulatory care. Analysis identifies opportunities to improve performance and outcomes at the category of service level, or based on the valuation of mix- and benefit-adjusted trends. We review panel utilization patterns and Provider billing patterns to conduct the Provider-level analysis, and we share reports with Providers. We identify outlier Members using a combination of predictive modeling techniques and documented algorithms to detect fraud, waste, and abuse. We also have daily census reports that drive daily activities for Utilization Management (UM) staff and prioritize outreach and engagement with Members.

Claims Payment. We monitor a number of claims metrics to make sure we process claims promptly and accurately, and analysis of claim denials is a key component. Careful review of denial rates and trends and prompt analysis of any unexpected results helps minimize inappropriate claim denials and undue administrative burden on our Providers. We review claim denial reports, including: ***Top 10 Reasons, which*** lists the denial code, reason, and count of denied claims; ***Top 10 Providers, which*** lists those with the highest count of denied claims; and ***Denial Tracking, which*** shows the number and percentage of denials (by reason) for a month and year-to-date.

Grievances and Appeals. We use our Core Services System (an integral part of our MIS) to track, trend, and report Member Grievances, Appeals, and State Fair Hearings. We monitor data against DMS notification and resolution requirements and implement interventions or process improvements to address any performance variances. We trend data to gain valuable insight into Member satisfaction and to identify potential drivers of Grievances or Appeals. Based on the analysis, we develop action plans to address the identified causes. Action plans may include Member communication, Provider education, employee training, or establishing an internal Performance Improvement Project (PIP). Our QM Work Plan includes quality activities based on Grievance and Appeal data to improve the services we provide.

Pharmacy. We manage pharmacy utilization using data analysis and programs to assure Members receive the right medication in the right amount, while promoting adherence and safe use of prescribed medications. Our clinical data analysis and reporting includes evaluation of utilization, cost, and drug trends; support for pharmacy integration within care management, including Anthem's Lock-In Program; and identification of potential fraud, waste, and abuse.

ii. Using Dashboards to Monitor, Track, and Evaluate

ii. Use of dashboard reporting to monitor, track, and evaluate performance metrics, including dashboard level data the Contractor proposes to submit to the Department. Provide a sample dashboard report.

Anthem believes that the most meaningful dashboard report will complement existing reports that focus on health plan operations by providing DMS with greater insight into current health trends and needs of the Kentuckians we serve. This is why we developed our **Kentucky Insight Dashboard Report.** The data captured on this report helps to identify trends for everything from claims denial rates to Members' opioid use, and will also give valuable insight into our Members' SDOH needs through the incorporation of data from Health Risk Assessments and claims (top Z codes billed). While we will utilize this dashboard to track and adjust our performance, we will also use this report to monitor our Members' health trends to assure the programs and outreach strategies we have in place are effectively meeting their needs. We propose all MCOs meet to agree on data definitions / calculations allowing DMS to effectively compare and aggregate data. The report should be submitted to DMS on a monthly basis, and ad hoc as DMS deems necessary.

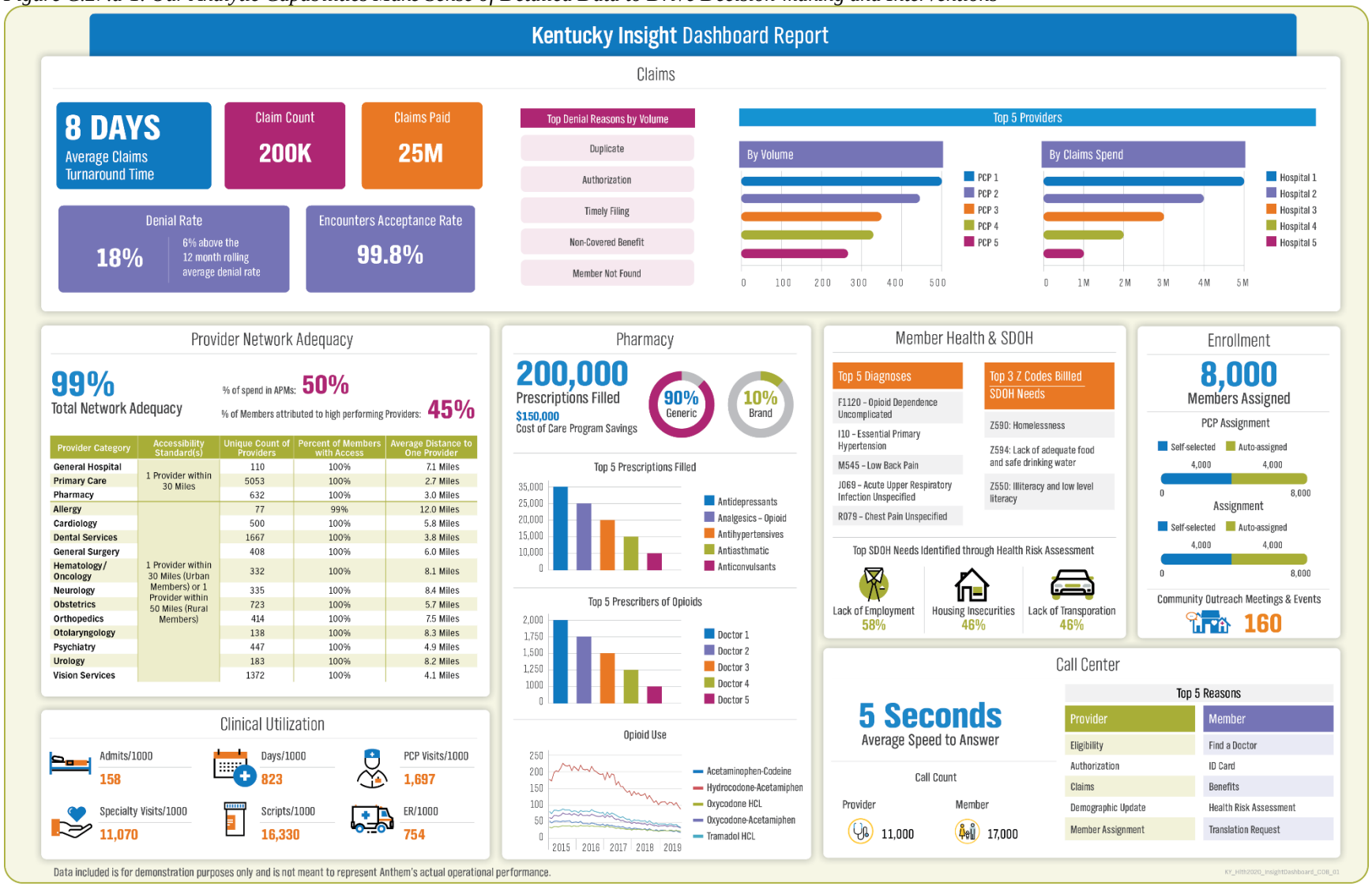
As outlined in the sample dashboard (Figure C.27.d-1) we propose that our Kentucky Insight Dashboard Report include the following:

- **Claims.** This component highlights key operational metrics, such as average turnaround time, claims count, and the total dollar amount of claims paid. It also includes denial rate in comparison to the 12 month rolling average. If one month's denial rate is significantly higher than the average, it would prompt us to research and identify a root cause. We would also use the "Top 5 Denial Reasons by Volume" to identify potential Provider training topics to add to our Medicaid Training Academy or include in our Provider outreach.
- **Provider Network Adequacy.** While we do not anticipate this section of the dashboard would vary significantly from month to month, this high-level overview of our Provider Network gives valuable insight into our Members' experience, including any gaps they may be experiencing and what percentage are attributed high-performing Providers.
- **Pharmacy.** The component includes many indicators of our Members' overall health, including top five prescriptions filled and patterns related to opioid use, a DMS priority. This will give insight into whether our strategies related to the reduction of opioid use are effective.
- **Member Health and SDOH.** In addition to capturing the top diagnoses from Provider claims, which gives insight into the most common reasons our Members seek care, this component of the dashboard report also provides important information about SDOH resources our Members may need access to, and will help us tailor our programs and VAS.
- **Enrollment.** In addition to identifying how many Members are assigned to our plan each month, this component of the dashboard report captures how many Members self-select Anthem, and how many Members are auto-assigned a PCP.

- **Clinical Utilization.** This component of the dashboard gives insight into our Members' overall utilization. We could also expand the metrics to include metrics related to maternal/child health, such as NICU and C-section rate.
- **Call Center.** In addition to providing the average speed of answer and total call count, this component of the report is essential to helping us understand why our Members and Providers are contacting us. Monitoring this data will help us identify any improvements we could make, such as more effectively communicating the self-service options available on our website.

In addition to these reporting elements, our MIS captures a variety of reportable information that we could easily incorporate into this report as needed. We look forward to working with DMS to finalize this dashboard report.

Figure C.27.d-1. Our Analytic Capabilities Make Sense of Detailed Data to Drive Decision-making and Interventions



iii. Acting on Report Findings

iii. Use of findings from reports to make program improvements and to identify corrective action.

We embrace quality as a workplace culture, not as a separate function within our health plan. Our overarching operational goal is to continuously improve and predict problems and try to avert them before they occur. The Kentucky Insight Report presents high-level data about the health of Anthem and our Members, and will highlight areas where we need to drill down into data from the various functional areas for further investigation. We will incorporate a review of this dashboard into our monthly compliance committee meetings with health plan leadership.

If we identify an operational function is not meeting a required performance standard, the business owner responsible for the function's performance will be required to develop an action plan to address the issue. Our compliance team has a process to develop needed CAPs, holding check-ins with department owners, and developing a schedule for remediation. The development of the action plan would require the functional area to research and identify the root cause of the issue, degree of impact, and short- and long-term mitigation strategies. For instance, if the report indicated that we were not meeting our timely claims payment standard, it would prompt the Claims team to do a deep- dive analysis into the root cause affecting this performance measure. Once the root cause is identified, the functional area would then work with our compliance team to resolve the issue, and take proactive steps to assure the same issue does not happen again in the future.

While we will utilize this dashboard to track and adjust our performance, we will also use this report to monitor our Members' health trends. For instance, if we identify that our Providers are of our Providers are billing claims with Z codes related to inadequate food sources, we will to assure the programs and outreach strategies we have in place are effectively meeting their needs.

C.27.e. Monitoring, Tracking, and Validating Subcontractor Data

e. Describe the Contractor's processes for monitoring, tracking, and validating data from Subcontractors.

We understand we have full legal responsibility for all activities under our existing Contract with DMS, including those performed by Subcontractors, as required by 42 CFR 438.230, and we will uphold this responsibility. We are fully accountable for our Subcontractors' performance and implement processes to monitor, track, and validate data from Subcontractors.

Our Monitoring, Tracking, and Validating Subcontractor Data Process

We contract with Subcontractors only after a thorough evaluation process to determine they have the demonstrated capabilities and overall responsiveness to continuously improve the quality, efficiency, and value of services we deliver to our Members, Providers, and DMS. We use a thorough audit process to evaluate prospective Subcontractors, incorporating among other things, a review of the entity for compliance with all Contract requirements, State and federal requirements, NCQA standards, financial solvency, measures, and any additional regulatory and accreditation standards for each market. Once we determine the preferred Subcontractor, we request a pre-delegation audit, which is a comprehensive onsite review to evaluate the

Subcontractor's readiness, applicable licensure, and compliance, including Office of the Inspector General screenings.

Our Comprehensive Subcontractor Oversight Program

Our Subcontractor Oversight program includes activities and infrastructure that enable us to closely and continuously monitor our Subcontractors' performance and data. We monitor their compliance with contractual and other requirements to confirm our Members are receiving the highest quality services. Our program's flexible approach is tailored to the functions and services each Subcontractor provides with the scope and frequency of oversight activities reflecting the nature of the role, responsibilities, and service nuances.

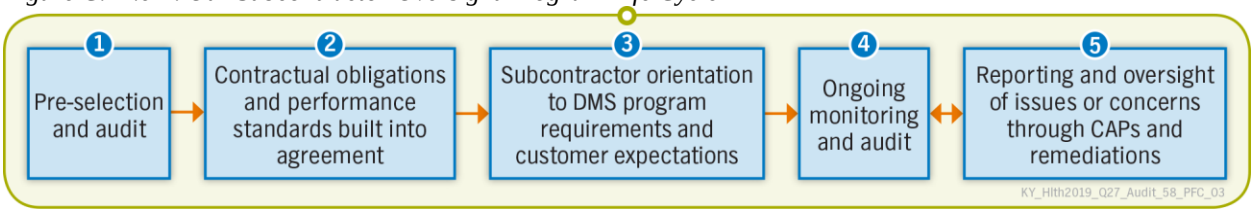
Our program combines the local health plan team with national resources. We maintain full responsibility for the services Subcontractors deliver to our Members. Certain Subcontractors also provide services to our affiliates; the resultant oversight and monitoring at both the local and national level offers a number of key benefits, including:

- Accountability to Kentucky-specific requirements
- Consistency in management, expectations, and remediation or corrective actions, as well as a high-level review of performance and data across all markets to better identify trends
- Identification of best practices and innovations in one market to be shared with another
- Proactive identification and mitigation of performance and data variance in a single state, often avoiding impact on other markets

Clearly defined expectations are a key component of our Subcontractor Oversight program. We execute written agreements with each Subcontractor that detail the specific scope of services required, performance standards, reporting responsibilities, and actions to address inadequate or substandard performance, such as development of a CAP, use of sanctions, and termination. If performance at any time does not meet requirements, we take action and work with the Subcontractor.

Figure C.27.e-1 depicts the life cycle of our Subcontractor Oversight program. Monitoring and audits, followed by corrective action, continue for the duration of the Subcontractor's relationship with us.

Figure C.27.e-1. Our Subcontractor Oversight Program Life Cycle



Our Subcontractor oversight begins approximately four months before go-live with a Subcontractor. We assemble a team from different areas of our organization and Subcontractor representatives who meet weekly. During these implementation meetings, we address various components of the program, including specifics for each Subcontractor, such as membership, benefit coverage, and local infrastructure, as well as reporting, eligibility file, encounter data, claims processing, Network adequacy, call center, grievances, and UM and compliance requirements. Once the Subcontractor is operational, our program includes ongoing oversight activities as outlined in Table C.27.e-1.

We continuously monitor our Subcontractors to verify compliance with our standards and Contract requirements, which include claims processing, billing and collections, and encounter data validation. Our Subcontractor oversight is a collaborative effort performed by our Program Manager — Execution and Oversight, national oversight resources such as our Delegated Vendor Oversight Management Committee (DVOMC), and Kentucky Oversight team comprised of Subcontractor Managers who assist in monitoring the validity of Subcontractor reporting and data. Our Kentucky Oversight team participates in periodic review of Subcontractor data that includes auditing the validity, completeness, accuracy, and timeliness of data provided by the Subcontractor in accordance with the Kentucky Medicaid Contract and DMS requirements.

We monitor performance through reports specific to the types of services our Subcontractors provide, such as access and service quality indicators. These performance reports enable us to quickly identify and address issues as soon as they arise.

Table C.27.e-1. Ongoing Subcontractor Oversight Activities

Frequency	Oversight Activities
Daily	• Subcontractor Managers work with Subcontractors to answer questions, collaborate on problem solving, discuss opportunities for improvement, and escalate urgent performance concerns
Monthly	• Complete Performance Indicator dashboard on each Subcontractor • Review performance against standards, including trends, and report submissions • Review performance with Subcontractor, Subcontractor Manager, and Kentucky Oversight team • Hold DVOMC meeting to discuss approval of delegation, performance monitoring, CAPs, and terminations
Quarterly	• Meeting with Subcontractors to discuss performance across markets and present issues, gaps, and concerns to the DVOMC • DVOMC reports to the National Quality Improvement Committee to discuss any quality issues with Subcontractor performance
Annually	• Perform audit to confirm Subcontractor meets operational, financial, legal, compliance, regulatory, accreditation, NCQA, and ethical requirements • Present audit findings to the DVOMC and the Kentucky Oversight team

We assign a Subcontract Manager to each Subcontractor to conduct day-to-day management as well as oversight and performance review. This approach builds trust between our organization and our Subcontractors, which in turn helps prevent compliance issues.

The Subcontract Manager works together with our Kentucky Oversight team. With deep knowledge of Kentucky Medicaid Members and their needs, the team has support from compliance, regulatory, operations, utilization, and medical management.

Shown in Figure C.27.e-2, our monthly Performance Indicator Report template (customized for each Subcontractor) is a key component of our Subcontractor Oversight program. Each month, the Subcontract Manager and Kentucky Oversight team meets with the Subcontractor to review its performance against standards. The meetings provide a forum to discuss issues and brainstorm potential solutions. Our Kentucky experience has taught us that transparency and open, constructive dialogue is critical to maintaining a collaborative partnership and seamless service delivery to Members.

Regular communication between national committees and our Kentucky Oversight team maintains focus on delivering high-quality services to Members. National oversight functions include:

Figure C.27.e-2. Performance Data Helps Us Monitor Compliance

Performance Indicator Report

Metrics	Jan	Feb	Mar	Qtr 1
Provider Network				
Total Number of Dental Providers				
Total Number of Endodontists				
Total Number of Oral Surgeons				
Total Number of Orthodontists				
Total Number of Pediatric Dentists				
Total Number of Periodontists				
Total Number of Prosthodontists				
Member Call Center Statistics				
Total Call Volume				
Number of Calls Answered				
Number of Calls Abandoned				
Abandonment Rate				
Blocked Call Rate				
Average Speed of Answer/ Average Wait Time				

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- The ***Delegation Operations Committee (DOC),*** including representatives from Subcontractor Management, Quality, Legal, Compliance, and other areas as needed. Reporting to the DVOMC monthly, the DOC assesses oversight and compliance, monitors CAPs (including recommending escalation), evaluates Subcontractor performance through reports analysis, and makes recommendations to DVOMC on findings as well as the use of audit tools.
- The ***Delegated Vendor Oversight and Management Committee*** oversees Subcontractors serving multiple health plans. It is responsible for compliance with Commonwealth, federal, NCQA, CMS, and individual program requirements and standards, as well as other regulatory or accreditation standards. It reports to the National Quality Improvement Committee quarterly.
- The ***National Quality Improvement Committee*** meets quarterly and reports any quality or compliance-related issues, including those related to Subcontractors, to local committees.

There are clearly defined roles and responsibilities across the organizational oversight infrastructure, along with open lines of communication, and a firm focus on the overall goal of making sure Members receive the highest quality care and services.

Together, our Subcontract Managers, Chief Compliance Officer, and functional leaders verify that Subcontractors comply with all applicable requirements and expectations and meet our administrative and health care service standards. Quarterly, our Kentucky-based Quality Management Committee (QMC) reviews Subcontractor adherence with our quality standards. QM staff and other Key Personnel (such as the Chief Compliance Officer and Medical Director) attend these meetings to monitor performance against goals, objectives, and contractual requirements, and then report meeting activities to the QMC. To monitor adherence to other standards — such as Network adequacy, call center, and claims payment timeliness — the Subcontractor Manager, Chief Compliance Officer, and department leaders review Subcontractor

performance based on regulatory, operational, and Performance Indicator reports, as well as monitor Member and Provider Grievances.

Addressing Subcontractor Deficiencies or Contract Variances

Our approach to identifying and addressing deficiencies centers on establishing and maintaining a partnership with each Subcontractor, along with regular, consistent monitoring. The Subcontractor Manager works daily to identify potential performance issues and discusses any necessary resolutions before there is a problem. We supplement our proactive Subcontractor Management structure with robust monitoring, including monthly performance reporting, quarterly reviews, and annual audits.

If a deficiency is identified, the Subcontractor Manager, Kentucky Oversight team, and appropriate operational areas work with the Subcontractor to identify the root cause, initiate corrective actions, and develop a monitoring plan. The monitoring plan includes a timeline for correcting the deficiency, dashboards to review ongoing metrics, and regularly scheduled meetings with the Subcontractor to review progress. The corrective action monitoring process ends when the Subcontractor demonstrates ongoing compliance, typically for at least 90 days.

C.27.f. Ad Hoc Reporting Process

f. Describe the Contractor's proposed process for the receipt, generation, interpretation, and provision of ad hoc reports requested by the Department.

Throughout our tenure in Kentucky, we have consistently demonstrated our commitment and ability to comply with all variations of reporting requirements, including ad hoc reports, requested by DMS. Since 2017, Anthem has received 52 ad hoc reporting requests and maintains a 100% timely submission rate. Our Kentucky Compliance Manager works closely with our MIS Director to track and fulfill DMS report requests, and we will continue to provide meaningful data in the requested formats to the Commonwealth.

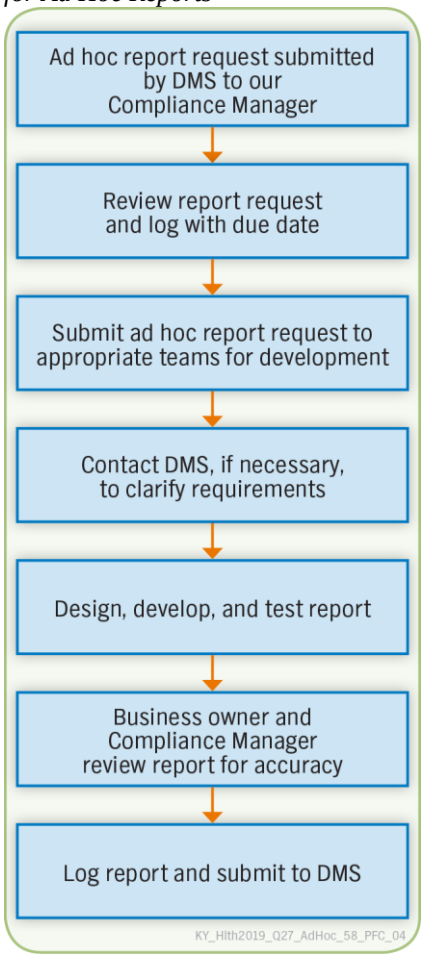
We understand DMS often needs new reports or special ad hoc reports to meet ongoing management and data analysis needs. We devote skilled and experienced resources to report development and analysis to satisfy not only the requirements of DMS, but also the needs of operations and management staff throughout our organization.

Contractor Supplied Ad Hoc Reports

We have our own dedicated Kentucky ad hoc reporting resource that can leverage national recourses and other team resources as necessary. The team works closely with our dedicated Kentucky resource and is well-versed in our systems, data models, ad hoc reporting tools, as well as the needs of managed care health plans, and is able to meet DMS needs for the delivery of ongoing defined regulatory reports as well as ad hoc reports with analysis in an agile and timely manner. We will develop a set of templates that show an at-a-glance status of trends or anomalies. Utilizing these templates will allow us to provide information quickly upon request.

Team members throughout our health plan and national support areas, including Claims, Member Services, Utilization Management, and Quality Management, have access to powerful report development tools to create reports. Employees embedded in the functional departments maintain a thorough and detailed understanding of the data and are trained in the tools available to extract, aggregate, and format data for reporting. Additionally, our technology and functional team members collaborate to meet reporting needs.

Figure C.27.f-1. Our Defined Process for Ad Hoc Reports



Our Compliance Manager monitors the ad hoc report development and submission process, as shown in Figure C.27.f-1. During the first stages of ad hoc report development, our Compliance Manager serves as the point person and the primary outlet for collaborating with DMS. A primary contact point model has served us well by gathering a clear and detailed definition of the report requirements and parameters to assure we are meeting the Commonwealth's needs in the most efficient way possible. Effective communication and collaboration results in a report that truly meets DMS needs and delivers useful and accurate data. After design, development, and testing, the business owner and the Compliance Manager review the completed ad hoc report before delivery to DMS.

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Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

C.28. Records Maintenance and Audit Rights

C.28.a. Assessing Performance and Compliance to Medical Record Standards

a. Describe the Contractor's methods to assess performance and compliance to medical record standards of PCPs/PCP sites, high risk/high volume specialist, dental Providers and Providers of ancillary services to meet the standards identified in Section 38.1 "Records Maintenance and Audit Requirements" of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Anthem Kentucky Managed Care Plan, Inc. (Anthem) recognizes the importance of medical record documentation in the delivery and coordination of quality medical care. We perform medical record reviews as part of an ongoing process and to meet the standards identified in Section 38.1 of the Draft Contract for the following:

- Primary Care Providers (PCPs), including general practice physicians, family practice physicians, internal medicine physicians, and pediatricians
- High-risk/high-volume specialists, including OB/GYNs and psychiatrists
- Dental Providers
- Providers of ancillary services

Complete medical records must include medical charts, prescription files, hospital records, Provider specialist reports, consultant, and other health care professionals' findings, appointment records, and other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided under the Contract. The Provider of service must sign the medical record. We will conduct HIPAA privacy and Provider security audits as prescribed by the Department for Medicaid Services (DMS).

Anthem understands the importance of continuity of care. If a Member chooses a new PCP, we require Providers to forward copies of medical records to the new PCP within 10 days of the request when a signed release form has been received.

Medical Record Review Process

Anthem audits medical records for compliance with medical record documentation and confidentiality standards using a standardized medical record tool. We review records for the following criteria:

- Format
- Documentation standards
- Coordination and continuity of care
- Behavioral Health
- Preventive health (pediatric, adult, or perinatal)
- Condition-specific care

We require that Network Providers maintain the confidentiality of Enrollee (Member) information and information contained in Member medical records according to HIPAA standards. We only request information as permitted by applicable federal, State, and local laws that is:

- Necessary to other Providers and the health plan related to treatment, payment, or health care operations
- Upon the Member's signed and written consent

This does not prevent Providers from releasing information they have taken from organizations' medical records, public health entities, or individuals taking part in research, experimental, educational, or similar programs, if no identification of a Member is made in the released information.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

We assess performance and compliance to medical record standards of PCPs or PCP sites, high-risk/high-volume specialists, Dental Providers, and Providers of ancillary services not less than every three years. Audit activities demonstrate performance in the following areas:

- The degree to which Providers are complying with clinical practice guidelines
- Individual and plan-wide Provider performance over time
- Identification, investigation, and resolution of quality of care concerns
- Detection of over-utilization, under-utilization, and mis-utilization

New Providers or Locations

Before contracting a new Provider site, we complete a site review, including an evaluation of medical recordkeeping practices. After we approve a Provider for participation in our Network and assign Members, we conduct an in-depth review of medical records based on identified quality indicators.

Medical Record Selection

We select medical records at random at the practice level or for specific Providers, based on quality indicators and identified care gaps, and evaluate them using the standardized condition-specific tool. We require Providers to attain a minimum compliance rate of 80% to pass the audit.

When the medical record review assessment has been completed, we calculate the combined medical record score for all files reviewed to determine the need for a corrective action plan (CAP). Anthem requires a CAP for an aggregate score of less than 80%.

A nurse reviewer meets with the Provider or office manager and summarizes the medical record review, including opportunities for improvement as applicable, or otherwise notify the Provider or office manager of the findings. The nurse reviewer submits the completed medical record review results to the Clinical Quality Medical Record Review Database.

If a written copy of the survey findings or request for a CAP is not provided at the time of the survey, the nurse reviewer will provide a written summary to the Provider within 10 days.

Corrective Action Plan Process

If the Provider does not obtain a passing score of 80%, the nurse reviewer will work with the office on interventions to support standards and perform a follow-up review within three months.

If a Provider fails to respond to a request for a CAP or to complete the corrective actions promptly, Anthem removes the Provider from our Network, regardless of review scores.

Provider Education

We inform Providers of medical record standards and Anthem's expectations through the following mechanisms, which include:

- Provider Manual
- Online Provider Portal
- New Provider Orientation
- Provider Newsletter
- Site Review Exit Conference

Medical Record Release

The Member or legal representative may consent in writing to release their medical information, identifying the specific medical information to be released.

All information obtained by Anthem personnel and Providers' offices about a Member's care or treatment shall be held confidential and shall not be divulged without the Member's authorization, unless:

- It is required by law
- It is necessary to coordinate the Member's care with physicians, hospitals, or other health care entities, or to coordinate payment
- It is necessary in compelling circumstances to protect the health or safety of an individual

Reporting

Anthem's Quality department will provide a summary of medical record review results to the nurse reviewer. The nurse reviewer will present the report and action plans to promote compliance with medical record standards to the Medical Advisory Committee annually and as needed.

C.28.b. Preventing and Identifying Data Breaches

b. Describe the Contractor's approach to prevent and identify data breaches.

Confidentiality, Privacy, and Security Protections

Anthem employs the people, processes, and state-of-the-art technology to prevent and detect data breaches. Our operations are supported by our Ultimate Parent Company, Anthem, Inc. Anthem, Inc. has more than 29 years of experience in Medicaid managed care systems, and has established security safeguards to prevent unauthorized entry into their technology centers, access to data, and data files, software modifications, and divulgence of confidential information. These systems and processes already comply with DMS' required confidentiality, privacy, and security protections as defined in the Commonwealth Office of Technology and the Kentucky Cabinet for Health and Family Services (CHFS) Information Technology (IT) Enterprise Policies and Standards. Anthem, Inc.'s security program is documented in the Workforce Information Security Program (WISP) Overview document provided in Attachment C.6.e-1a.

All Anthem and Anthem, Inc. employees are required to complete Information Security Awareness training annually. This training covers topics such as the WISP, protecting data, passwords, asset use, and mobile security, phishing, and social engineering.

Defense-in-Depth Security Strategy

As part of our defense-in-depth security strategy to prevent data breaches, identify potential security risks, and determine corrective actions as necessary, our organization has established audit and accountability functions through the following programs:

- Security Monitoring
- Cyber Testing
- Forensic Investigations
- Critical Assets and Risk Management

Security Monitoring and Cyber Testing

Our Kentucky Medicaid operations are supported by Anthem, Inc.'s industry-leading cybersecurity program, featuring the Detection Analysis and Response Team (DART), the Cyber Security Operations and Testing Centers (CSOC and CSTC), and our in-house Digital Forensic Operations.

Watching for Threats 24/7/365

DART is committed to actively safeguarding information 24/7/365. This team provides dedicated security monitoring capabilities, including:

- Detecting and responding to cybersecurity threats

- Providing a dedicated cyber threat analytic capability
- Managing cyber threat intelligence collection

DART operations are housed within our innovative CSOC. This facility was specifically designed and customized so we can effectively and efficiently communicate, collaborate on, and respond to cybersecurity threats.

Forensic Investigations: Gathering and Providing Evidence to the Authorities

The Computer Forensics Investigation team and secure Digital Forensics Operations and lab will use industry-leading tools to analyze IT systems and preserve, recover, and examine evidence according to federal standards. The team will examine digital media in a forensically sound manner to identify, preserve, and recover data; analyze evidence; and present findings to the appropriate individuals. In addition to providing critical findings for our internal investigations, the team will also provide crucial evidence to local, State, and federal law enforcement authorities.

Maintaining Critical Assets

Pairing Technology with Highly Skilled Security Practitioners

Technology alone is not an adequate safeguard in today's digital world. Anthem's operations will be supported by a national Information Security team of nearly 200 professionals with impressive credentials and diverse cybersecurity skills, including experience with USCyberCom, the National Security Agency, the Department of State, the Department of Defense, and other government, and law enforcement organizations, with the senior leadership team having an average of more than 20 years of experience across private and public sector industries.

Focused on Continuous Improvement

The Cyber Security Testing Center offers innovative capabilities for evaluating the security of Anthem's web and mobile solutions for internal and external customers. It provides designated assets in a secure environment for audits, compliance assessments, regulatory reviews, and third-party testing.

Risk Management

Technology Services will perform various activities using both internal and third-party services, risk assessments, penetration tests, and vulnerability scanning, to maintain a strong, and stable security posture aligned with industry standards and regulations. Any issues identified during the external penetration tests will be reviewed in detail and remediated by our internal teams.

Incident Response

We have an Incident Response and Reporting program that focuses on preventing, detecting, and reacting to incidents and data breaches, and implementing measures to help prevent occurrences in the future. Program Members respond to data breaches and incidents directly impacting confidentiality, integrity, or availability of our information assets. Depending on the nature of the incident or breach, various program Members are involved in responding. The response team identifies the vulnerability or weakness that was exploited and handles any resulting legal or public reporting issues that may result.

The Incident Response and Reporting program's membership includes:

- The Privacy Office
- Government Relations

- Legal
- IT Account Management and Information Security
- National Communications
- Risk Management
- Regional privacy and security managers
- Applicable business areas

Additionally, we have adopted a policy that details corrective actions/sanctions applicable in instances when employees fail to comply with our Privacy Policies, Security Policies, any applicable business area privacy desktop procedures, the HIPAA Privacy and Security Rules, and other federal or State privacy and security laws (collectively referred to as "Privacy and Security Rules"). In these instances, we consistently apply appropriate corrective actions/sanctions to assure compliance with the privacy and security rules. Distinct categories define the severity of the violation and correlating sanction recommendations. Each violation is documented and kept in the employee's personnel record.

C.28.c. Application Vulnerability Assessment

c. Describe the Contractor's approach to conducting Application Vulnerability Assessments as defined in Section 38.6 of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

To support the integrity of Anthem's operations in accordance with Section 38.6 of the Draft Contract, our Ultimate Parent Company, Anthem, Inc.'s Information Security team has established a Vulnerability Management Program (VMP) to conduct application assessments to identify and remediate system vulnerabilities. The VMP includes a defined governance structure and processes, with active participation, and accountability from multiple functional areas across IT.

All identified vulnerabilities are reported to appropriate management for remediation, and the timeliness, and effectiveness of the remediation efforts are tracked and reported to senior management. The VMP regularly performs vulnerability scans, including the following capabilities:

- Identify active hosts on networks
- Identify active and vulnerable services (ports) on hosts
- Identify vulnerabilities associated with discovered operating systems and applications
- Test compliance with host application usage/security policies
- Identify out-of-date software versions and applicable patches or system upgrades
- Automatically make corrections and fix certain discovered vulnerabilities

Each scan uses a dedicated database to assist with identifying all vulnerabilities. These databases are updated frequently to verify that the scanners identify the latest vulnerabilities present on each system. Reports, including viable solutions for potential vulnerabilities, can be generated, and used to support remediation.

This team also performs frequent vulnerability assessments based on specific roles and access to specific web applications. These tests include a walk-through of each web application and its corresponding roles.

Each application's assessment addresses at least the following potential vulnerabilities:

- **Injection.** Attacker sends simple text-based attacks that exploit the syntax of the targeted interpreter.

- **Broken Authentication and Session Management.** Attacker uses leaks or flaws in the authentication or session management functions (for example, exposed accounts, passwords, session IDs) to impersonate users.
- **Cross-site Scripting (XSS).** Attacker sends text-based attack scripts that exploit the interpreter in the browser.
- **Insecure Direct Object References.** Attacker, who is an authorized system user, simply changes a parameter value that directly refers to a system object for which the user is not authorized.
- **Security Misconfiguration.** Attacker accesses default accounts, unused pages, unpatched flaws, and unprotected files, and directories to gain unauthorized access to or knowledge of the system.
- **Sensitive Data Exposure.** Attacker steals keys, executes man-in-the-middle attacks, or steals clear text data off the server while in transit or from the user's browser.
- **Missing Function-level Access.** Attacker, who is an authorized system user, simply changes the URL, or a parameter to a privileged function.
- **Cross-site Request Forgery.** Attacker creates forged HTTP requests and tricks a victim into submitting them via image tags, XSS, or numerous other techniques. If the user is authenticated, the attack succeeds.
- **Using Known Vulnerable Components.** Attacker identifies a weak component through scanning or manual analysis.
- **Invalidated Redirects and Forwards.** Attacker links to unvalidated redirect and tricks victims into clicking it.

Anthem will provide CHFS with a copy of the scan results for our web application vulnerability assessments on a mutually agreed schedule or within 14 Business Days of a designated execution date, along with a mediation plan which addresses risk assignment, which will be reviewed in conjunction with the Commonwealth.

The Information Security team also engages a third-party for an annual penetration test that includes a non-intrusive vulnerability assessment on web applications and services to discover if access can be attained, and to identify programming flaws, data leakage, and information that could enable an intruder to attack the web applications.

The penetration test includes an assessment without knowledge of the specific web application(s). During this penetration test, the third-party Vendor will scan Anthem web applications and services with and without credentials to identify vulnerabilities related to the Open Web Application Security Project's top 10 vulnerabilities and the SANS Institute's top 25 programming errors. This assessment uses a gray box approach, where the tester has limited knowledge about what they are testing. In this case, the third-party Vendor only has knowledge of the Internet Protocol (IP) information, but no knowledge regarding the web application itself.

Records Maintenance Supports Quality Medical Care

Anthem recognizes the importance of proper medical record documentation in the delivery, coordination, and continuity of quality medical care. We work internally and with our Providers to protect our Members' medical data, and have the internal processes and state-of-the-art technology to continue to support Medicaid Members of the Commonwealth.

29. Use Cases

Committed to the Future of Kentucky Medicaid

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

C.29. Use Cases

C.29.1. Use Case 1

Our first interaction with a new Member is often the most important, so it is imperative that we understand the Member's most pressing needs and establish a relationship based on trust and respect. Upon notification of Rhonda's Emergency Room (ER) visit through the Kentucky Health Information Exchange (KHIE), Anthem's Care Management team assigns High-Risk OB Care Manager, Sheila, who immediately reaches out to Rhonda to complete the Health Risk Assessment (HRA), Social Determinants of Health (SDOH) tool, and Anthem OB Screener, as well as schedule an in-home Member Needs Assessment. We use behavioral interviewing techniques as part of our assessment process in order to get a full picture of our Members' well-being. Because Rhonda states that she experienced a recent domestic violence situation, her safety and security is our immediate concern. Once we learn that she and her daughter Amanda are in a safe place, living with her friend, Anna, in Lexington, we continue the assessments in order to understand all of Rhonda's health and social support needs.

Assuring the Health and Well-being of Rhonda and Her Young Family

Following electronic notification through KHIE, we identify **Rhonda's** recent ER visit, and a Care Management team member contacts Rhonda to assure her safety, complete the HRA and Anthem OB Screener, and provide her with information about the services and supports available to her and her family. Rhonda shares that she has recently experienced domestic violence, and she and her daughter, Amanda, are living with a friend. Rhonda works part-time, but is struggling with access to transportation. She explains she has a history of miscarriages and pre-term birth, and is overwhelmed that she is pregnant again. Following the call, Rhonda's information is reviewed by our Care Management team, and she is assigned an experienced OB Care Manager.

IDENTIFYING RHONDA'S PHYSICAL & BEHAVIORAL HEALTH NEEDS

- Nausea and dehydration
- Tobacco and alcohol use
- History of miscarriage
- Stress, anxiety, and depression
- History of trauma and domestic violence
- Frequent ER use

DETERMINING RHONDA'S SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Personal safety
- Housing
- Transportation
- Employment
- Food insecurity
- Access to care

ENGAGING RHONDA'S SUPPORT SYSTEM & MULTIDISCIPLINARY CARE TEAM (MDT)

- Sheila – OB Care Manager
- Jenna – Community Engagement Navigator
- Bridget – Mother in Texas
- Anna – Friend she stays with in Lexington

PROMOTING RHONDA'S GOALS

- Personal safety
- Safe and stable housing
- Healthy pregnancy
- Child care for Amanda
- Transportation to work and OB appointments

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Rhonda's OB screening results indicate risk for a minimum of seven factors, including history of pre-term labor and delivery, history of delivering a child with low birth weight, potential depression, tobacco and alcohol use, and ER visits.

Sheila asks Rhonda if she may visit to complete an assessment within 48 hours and they meet the following day. Sheila engages a ***Community Engagement Navigator*** who will assist Rhonda in

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selecting and accessing community resources and Anthem ***value-added services (VAS)*** that will help address her SDOH needs, including housing, based on her preferences.

Based on Rhonda's screening and assessment results, Sheila will work with her and the Multidisciplinary Team (MDT) to develop a holistic care plan that includes her needs, conditions, short- and long-term goals, and the services and supports, Providers, and resources to meet those goals. Upon completion of the care plan, Sheila will assure the immediate initiation of services.

a. Applicable Evidence-based Care Management Practices

Sheila makes sure all Care Management team members involved in Rhonda's care use evidence-based care management practices. We train all clinical staff on the use of the tools and practices described in Table C.29.1-1.

Table C.29.1-1. Evidence-based Tools and Practices for Rhonda's Care Management

Initiative	Description
Evidence-based OB Care Management	Using physical health (PH), Behavioral Health (BH), and SDOH information gathered from the assessment process in alignment with our Anthem Clinical Practice Guidelines (CPG) adopted based on ACOG recommendations, Sheila and Rhonda review what is needed for Rhonda to meet her goals. Sheila helps Rhonda to develop, implement, and establish frequency of contact and care planning meetings, and creates Rhonda's individualized care plan. Rhonda has identified her needs, goals, preferences, and, with assistance from Sheila and in accordance with the CPGs, identifies which services she will need to achieve her goals. Specific evidence-based guidelines they will access include high-risk OB care, gestational diabetes, postpartum care, family planning, smoking cessation, and Substance Use Disorder (SUD) management.
Maternal Child Progression of Care Evidence-Based Guidelines	These guidelines are developed internally and created or adopted from recognized, peer reviewed, published sources (such as NIH, ACOG, AAP, medical specialty societies). When available, published guideline sets, such as the American Academy of Pediatrics Guidelines on Hyperbilirubinemia Management, are used to direct case management activities. In addition, where there are no established guideline sets available, Maternal Child Services may develop case management guidelines based on review of the literature, government regulations, and usual and customary practice. Clinical guidelines are reviewed annually or more frequently if necessary based on new clinical information. ***OB Clinical Guidelines include:*** Routine Ante-partum Care, High-Risk OB, Postpartum Care, Family Planning Preventive Health, Smoking Cessation During Pregnancy, SUD in Adults (BH Guideline with OB component), and Management of gestational diabetes and pre-existing diabetes in pregnancy ***Progression of care guidelines for Neonatal Intensive Care Unit (NICU) includes*:** Apnea, discharge planning, Neonatal Abstinence Syndrome, Nutrition, Phototherapy, Sepsis, and Thermoregulation.
New Baby, New Life℠ Program	This program provides Rhonda with on-demand education, tools, and touchpoints through the My Advocate app to encourage healthy behaviors and prevention, and monitor potential risk throughout pregnancy. It also promotes action and engagement by connecting Rhonda with personalized resources based on evidence-based sources
Evidence-based Assessment Tools	Our Anthem OB assessment tools are adopted from the American College of Obstetrics and Gynecology, and include the PHQ-9 depression screening tool used to screen Rhonda for the presence and severity of depression; OB CPG are available upon request.
Trauma-informed Care (TIC) Approaches	Sheila applies evidence-based Trauma-informed Care when working with Rhonda. She will help identify and connect her to Providers who deliver trauma-informed interventions, with Rhonda's agreement, such as Trauma-focused Cognitive Behavioral Therapy (TF-CBT).
Motivational Interviewing	All Anthem Care Managers, including Sheila, are trained in Motivational Interviewing. Sheila will use these techniques to identify Rhonda's concerns and provide support around changes she wants to make in her self-care practices and other areas of her life.

b. High-risk Pregnancy Initiatives

Our high-risk pregnancy interventions, supports, and programs available to support Rhonda, include the following:

- **Community-based Supports.** We will offer Rhonda a Peer Support Specialist who can accompany her to prenatal appointments, increasing the likelihood of her participation. The Peer Support Specialist will also help Rhonda identify her goals for recovery, support her in her treatment, and model effective coping techniques and self-management strategies. In addition, we will connect Rhonda with one of our Community Engagement Navigators, Jenna, a certified Community Health Worker (CHW). Jenna will work with Rhonda to assist her in accessing food and transportation resources and support her in applying for housing in the area of her choice. Jenna will also work to identify resources in Rhonda's area to address her tobacco use and social support needs.
- **You and Your Baby in the NICU Program.** This Anthem program will encourage and support Rhonda's involvement should her infant be expected to remain in the NICU for two weeks or more. Program components include information on how to care for her infant and herself, complements educational services and materials she is already receiving while her infant is in the NICU, and provides culturally competent parental concepts, such as hands-on caring for and understanding behavioral communication from her baby.
- **NICU Post-traumatic Stress Disorder (PTSD) Program.** Given Rhonda's high-risk pregnancy, she actively engages with our New Baby, New Life Program, which will help her to monitor her pregnancy stage and early identification of any risks; the program also has targeted supports that may prevent pre-term delivery. If Rhonda's new baby is premature and requires a NICU stay, Sheila will continue to provide support during the NICU stay, and if the baby is critically ill, will offer Rhonda support through our NICU PTSD program. Sheila will guide Rhonda into a hospital-based support program; conduct PTSD screening one month after the date of her baby's birth; make sure Rhonda is connected to BH Services; and discuss her BH needs during all contacts.
- **My Advocate®.** My Advocate is an online tool and app that will help to monitor Rhonda for potential risks through ongoing care coordination, in-app risk assessments, and tracking tools. Rhonda can use My Advocate on-demand 24/7 to connect with a personal pregnancy coach who can answer questions throughout the pregnancy and help connect her with community resources.
- **Telehealth Services.** Rhonda did not have access to counseling during her last pregnancy or after Amanda's birth, but she now has the option to access on-demand counseling through Bright Heart Health when she needs it.
- **Healthy Rewards/Quality Initiatives.** Sheila keeps Rhonda motivated about attending prenatal and postpartum visits by informing her about Anthem's Healthy Rewards program. By enrolling in the program, Rhonda is eligible to receive gift cards for a variety of health and wellness items, such as baby food and diapers from stores, including CVS or Dollar General, for making healthy choices. Sheila explains that if Rhonda goes to her Primary Care Provider (PCP) or OB/GYN seven times during her pregnancy she will also be eligible for a crib and car seat.

c. Health Risk Assessment and Care Planning

Sheila reviews the HRA Rhonda completed upon enrollment. Together they update the information based on Rhonda's current clinical and social needs. We know that Rhonda's

immediate needs must be met if she is to engage in her prenatal health. Because Rhonda is at risk for continued alcohol and tobacco use, as well as unmet SDOH needs, Sheila asks Rhonda if she would like assistance from one of our Community Engagement Navigators to meet with her face-to-face to identify and access community-based resources to address her housing, transportation, food security, and employment needs. Rhonda agrees and together they agree on a time and place to meet to conduct a face-to-face comprehensive assessment and start the care planning process.

Sheila Completes a Comprehensive Member Needs Assessment

Sheila reviews all available information prior to meeting with Rhonda, assuring her understanding of Rhonda's ER discharge instructions, as well as reviewing her personal health record in Health Intech. Sheila and Jenna meet with Rhonda, introduce themselves to both her and Amanda, who is playing nearby. Using assessment tools, Sheila, Jenna, and Rhonda explore her health care history, needs, challenges, and priorities. The tool includes standard PH, BH, familial, and social questions, such as prior pregnancy history (miscarriages, pre-term concerns, NICU stays, labor and delivery experiences, pregnancy-related hospitalizations and ER visits); treatment for additional risk factors (diabetes, STDs, surgeries); and BH concerns (depression, anxiety, ACEs, and substance use). They talk in-depth about Rhonda's current pregnancy, including family planning services available afterwards. Rhonda states that while she was upset to learn she was pregnant, she wants to keep her baby and do what she can to make sure her baby is healthy. She shares her concerns that challenges with transportation and housing, as well as employment and food, will prevent her from being able to have a healthy pregnancy. She also discusses her anxiety, stress, and history of domestic violence.

Rhonda identifies whom she would like to participate on her MDT to assist in her care planning processes. Together, they develop Rhonda's person-centered care plan, including Anna, Rhonda's friend whom she chose as her health care advocate. Rhonda's integrated, holistic care plan, described in Table C.29.1-2, includes her needs, short- and long-term goals, preferences, and the interventions, services, and supports (including her SDOH needs) that she selects to achieve her goals. The care plan also includes any identified needs and recommendations for Amanda, as well as a weekly contact plan (face-to-face and telephonic) for Rhonda, Sheila, and Jenna, which will be revised throughout Rhonda's progress.

Table C.29.1-2. Rhonda's Self-identified Goals, Services, and Supports Needed to Achieve Her Goals

Rhonda's Stated Goals	Identified Services and Supports
Goal #1: I am really stressed out. I also feel bad staying with my friend – I need a place to live.	• Jenna discusses Greenhouse 17 in Lexington for temporary shelter for women experiencing domestic violence, as well as for permanent housing opportunities. Jenna also helps Rhonda complete an application for HUD housing. Through Greenhouse 17. Rhonda will also have access to job skills development and employment search. • Jenna connects Rhonda with the Hope Center of Kentucky to assure her access to food, and assists her in attending an appointment with the local Women, Infants, and Children (WIC) office. • Jenna provides information about local support groups through Nest and Lex Fun 4 Kids. • Sheila works with Rhonda to identify the most effective approaches to help reduce her stress and anxiety, and completes more in-depth BH assessments if needed.
Goal #2: I do not have a regular job because I have no daycare or reliable transportation.	• Jenna assists Rhonda in arranging transportation for her medical appointments. Jenna also arranges transportation through Bluegrass Medical Transport on a case-by-case for Rhonda's immediate non-medical needs, such as support groups and accessing food • Jenna helps Rhonda access community-based transportation for her non-medical needs

Rhonda's Stated Goals	Identified Services and Supports
	• In addition, through our VAS, Jenna can arrange gift cards for Uber, bus passes, or a ticket for LexTran. • Jenna will help locate childcare resources to support Rhonda's employment.
Goal #3 I know I should, but I can't stop using substances like cigarettes and alcohol.	• Sheila provides health education on the dangers of alcohol use while pregnant, including Fetal Alcohol Syndrome, and refers her to a substance use program in her area. She explains how to access the Quit Now Kentucky for personal quit coaching, and reviews smoking cessation information in the New Baby, New Life welcome packet. • Sheila introduces Rhonda to the KY Moms-MATR (Maternal Assistance Toward Recovery) program, which helps pregnant Kentucky mothers who are at risk for alcohol, tobacco, or other drugs to reduce harm to their children both during and after pregnancy. Moms-MATR is a collaboration between health departments, prenatal clinics, and CMHCs and they can help Rhonda have a healthy pregnancy as well as overcome substance use, anxiety and stress, and history of violence. • She also tells Rhonda how she can access online videos and resources through CommonGround that describe our tobacco and nicotine cessation program, offer community resources, and advise on important side effects. • Sheila will follow up with Rhonda's OB so the OB reinforces the importance of not smoking for Rhonda, Amanda, and Rhonda's unborn child. • Sheila also refers Rhonda to our Baby & Me Tobacco Free™ Program and offers our VAS Smoking Distraction Kit.
Goal #4: I want to have a healthy baby.	• Jenna assists Rhonda in scheduling prenatal appointments and arranging transportation. • Jenna helps Rhonda complete an application to Kentucky's Health Access Nurturing. Development Services (HANDS) a program that will pair Rhonda with skilled mentors at no cost to her. • Sheila assures Rhonda's WIC is in place and arranges transportation to the local office and Hope Center of Kentucky for nutrition support. • If Rhonda decides to breastfeed, Sheila will offer our Breastfeeding Support Kit VAS that includes a support nursing pillow, washable nursing pads, nursing cover, and educational brochures such as Breastfeeding Facts & Myths. She will also educate Rhonda on the availability of a breast pump and will arrange for one upon her request. • Sheila also discusses safe sleep for her baby and arranges receipt of our Safe Sleep Kit VAS, which includes a swaddle sleep sack, pacifier, and educational materials, as well as our Mail Order Diapers VAS, which will provide Rhonda with free diapers after completing six prenatal visits.
Goal #5: I am afraid John (ex-partner) will find me and try to take Amanda or harm me.	• Sheila works with Rhonda to develop a personal safety plan. • Jenna introduces Rhonda to a Peer Support Specialist, who can attend appointments with her and assist her in locating and participating in a local support group for women. • Jenna also helps Rhonda communicate regularly with her family in Texas and her Anthem support team by arranging access to our Lifeline Phone Benefit VAS (free cell phone, unlimited text messages, unlimited calls for care management and peer support). • Sheila consults with an Anthem OB BH Care Manager while with Rhonda and begins co-management. The BH Care Manager speaks to Rhonda and lets her know she will be calling to arrange a time to complete a BH assessment, including Safety Assessment, and help identify and connect Rhonda to a BH Provider with TIC training.

To help make sure Amanda's health care needs are met, Sheila will help Rhonda track her well-child visits and encourage continued access to WIC while Amanda remains eligible. Sheila also educates Rhonda about Anthem supports, including our Member Services call center, BH Services Hotline, and 24/7 nurse hotline, and help available for scheduling appointments and transportation.

d. Environmental Assessment

Since the family's safety is identified as one of the most immediate concerns, Sheila completes a priority ***environmental assessment*** upon her arrival to assure both Rhonda's and Amanda's safety and to identify any additional needs. This assessment includes a visual scanning of the

residence while addressing issues, such as indicators of indoor smoking and uncovered outlets, which could affect Amanda's health and safety, as well as Rhonda's preparation for her new baby. Sheila also notes indicators of the need for a lead screening and arranges this. Sheila talks to Rhonda about her housing plans and assures her that Jenna is working on housing resources. Additionally, Sheila refers Rhonda to our Interpersonal Violence Reduction Program (IVRP), which provides team-based, technology-enabled care extension services to Members who have experienced or who are at risk of experiencing acts of intimate or interpersonal violence.

e. Behavioral Health Services

For individuals like Rhonda, who state they are anxious or stressed, or who have multiple life stressors and past or recent trauma, we implement a team approach with collaboration between Sheila and a Care Manager with BH specialization. The BH-licensed Care Manager is available to provide support, collaboration, and consultation, with a focus on perinatal depression, substance use, and intimate partner violence. This Care Manager may also co-manage Rhonda's care should her BH needs escalate, assisting in the identification of the most appropriate Provider to deliver TIC evidence-based practices. Rhonda may also choose to go to an integrated Provider practice, such as Family Health Centers in Lexington, that provides prenatal care and access to a licensed clinical social worker. In addition, the OB BH Care Manager will introduce Rhonda to Anthem's Online Well-being program, available on-demand 24/7. This program promotes BH and wellness through instruction, games, goal setting, and monitoring, and may help her to manage her stress, anxiety, or depression. It also includes self-help resources that incorporate evidence-based practices such as Trauma-focused Cognitive Behavioral Therapy (TF-CBT), motivational interviewing, positive psychology, and mindfulness. Sheila will complete an assessment of her post-partum needs following delivery.

f. Family Planning

Sheila provides Rhonda with information on the array of family planning services available to her, such as birth control pills, injectables, patches, condoms, diaphragms, or intrauterine devices (IUDs). Rhonda says she used birth control with her partner but got pregnant anyway, and is interested in an alternative, such as a Long-acting Reversible Contraceptive (LARC). Sheila informs Rhonda's OB and after Rhonda selects a hospital for delivery, works with this Provider to review their standard procedures for inserting a LARC following delivery. If Rhonda decides not to use a LARC, Sheila reviews her family planning options to identify another effective alternative that suits Rhonda. Sheila records Rhonda's decisions in her record in Health Intech.

g. Enrollee and Family Engagement

Rhonda's care plan includes a way to stay in touch with her family, especially her mother, Bridget. If Rhonda wants to include her family in her care planning or during any aspect of care management, Sheila or Jenna will arrange a three-way conference call with her family in Texas and assess the need for additional resources. This may include assisting her in applying for the Lifeline phone benefit through the Federal program and offering our VAS that provides additional minutes to her plan.

h. Linkage to Community Resource and Support

Sheila will continue to identify and connect Rhonda to community resources and supports throughout her pregnancy, such as support groups for breastfeeding, smoking cessation, or personal safety, including the KY-Moms MATR program. Because these resources are so critical to Rhonda's overall health and well-being, and that of her baby, we go beyond simply

connecting her to a resource. For example, Sheila will confirm Rhonda's participation in HANDS, work with their staff to coordinate Rhonda's services and supports, and make sure she is connected to programs like WIC and Supplemental Nutrition Assistance Program (SNAP) through in-person visits and phone check-ins.

i. Social Determinants of Health

Jenna learns that Rhonda recently received her high school diploma, is employed part-time, and receives WIC for Amanda and SNAP benefits. Rhonda's immediate SDOH barrier surrounds her domestic violence situation that has left her and Amanda in temporary housing. In addition, Rhonda lacks reliable transportation, a local family support system, full-time employment, and childcare for Amanda. She reported childhood trauma and has a high ACEs score, which has left her skeptical of Providers and the use of services. Given the prevalence of domestic violence victims returning to their abusers, Jenna provides Rhonda with information on Greenhouse 17, a domestic violence shelter in her area and recommends she contact The Nest, which provides domestic violence support groups and drop-in daycare for Amanda. Jenna also provides Rhonda with information for a number of community housing resources, including the Housing Authority and Coordinated Entry, to assist her in applying for safe and affordable housing. Jenna assists her in locating childcare for Amanda by helping her complete an application for the Child Care Assistance Program (CCAP). Once Rhonda has gained stability, Jenna will assist her in exploring full-time employment or education options based on her preferences. As illustrated in Table C.29.1-3, we are able to assist Rhonda in accessing services and supports available through Anthem as well as local community-based organizations.

Table C.29.1-3. We Connect Rhonda with Resources to Meet Her SDOH Needs

SDOH Challenge	Rhonda's Needs	Sheila's Actions
Personal Safety	• Experienced domestic violence	• Refer Rhonda to Greenhouse 17, a local domestic violence shelter • Share information on The Nest, which provides support for women and children who have experienced domestic violence • Refer Rhonda to our IVRP to help her develop a safety plan
Housing	• Needs stable housing	• Provide information on community housing resources, including the Housing Authority and Coordinated Entry
Transportation	• Needs transportation to work, doctor appointments, and grocery store	• Inform Rhonda about our Transportation VAS which provides a $600 allowance to purchase gift cards for Uber, bus passes, or a ticket for LexTran
Employment	• Unable to keep job due to lack of transportation and child care	• Help Rhonda access the Transportation benefit so she can maintain a regular work schedule • Provide information on CCAP and help Rhonda apply for benefits so she has care for Amanda
Food Insecurity	• Unable to grocery shop due to lack of transportation	• Connect Rhonda with the Hope Center of Kentucky to assure access to food • Assist Rhonda in setting an appointment with the local WIC office • Provide information on our Fresh Fruits & Veggies VAS which provides $100 per year in fresh produce
Access to Care	• Unable to keep OB appointments due to lack of transportation and child care	• Help Rhonda access the Transportation benefit so she can attend her OB appointments • Introduce Rhonda to the New Baby, New Life program • Assist Rhonda in setting OB appointments and follow up to make sure she is attending

j. Provider Engagement

Provider engagement is a key component of New Baby, New Life. With Rhonda's consent, Sheila calls Rhonda's OB Provider, to introduce herself and our program. She continues to communicate with Rhonda's Providers through conference calls, secure emails, shared assessments, and care plans sent to the OB Provider, BH Provider, Maternal Fetal Specialists, and other Providers, as applicable and permitted. Rhonda's Providers can also view the assessments and care plans in Health Intech to keep all members of Rhonda's MDT aware of her health goals.

k. Transportation

Jenna provides Rhonda with education and information on the transportation resources available to her. They work together to arrange NEMT transportation to her medical appointments, as well as identify community-based resources, such as a bus pass for LexTran. Jenna makes sure Rhonda has access to our transportation VAS that provides up to a $600 voucher that can be used for Uber, Lyft, and taxi services.

C.29.2. Use Case 2

Katy calls the Anthem Member Services call center after visiting an urgent care center. Katy describes receiving some information about her health and says she needs to find a PCP. The Customer Care Representative (Representative) sees that Katy has just enrolled with Anthem. The Representative verifies she received her new Member welcome packet and ID card. Continuing with the call, Katy advises she would prefer a female PCP. The Representative identifies several options, informs Katy of a few in her area, and gives her their locations. The Representative asks Katy if she would like to talk to an Anthem Care Manager to help her choose a new PCP and discuss her health concerns and any questions she may have, to which Katy agrees. The Representative warm transfers Katy to our Care Management team and remains on the line with Katy until the transition is complete.

Susan, our Care Manager, introduces herself, explains the Care Management program, her role as a Care Manager, the HRA and Member Needs Assessment processes, and how the care planning process works. Katy is not sure what she needs, but would like to be healthier and not scared. Together, Susan and Katy complete her HRA, during which Katy tells Susan about her frequent dizziness and her trip to the urgent care center. Although Katy's personal health record did not indicate risk factors that would identify her as emerging risk (level 2), Susan determines that Katy would benefit from care management and updates her personal health record. Susan provides Katy with information about how her care plan will represent her personal needs and preferences, and her right to make her own health care decisions. Susan also explains her role, the role of the Multidisciplinary Team

Meeting Katy's Health Care and Social Determinants of Health (SDOH) Needs

Katy, 20 years old, is a new Anthem Member. During the new Member welcome call, our Member Services Representative identifies that she recently presented at an urgent care center in her area when she became dizzy and lightheaded after eating. Test results indicated that her blood glucose and blood pressure were both elevated and her Body Max Index (BMI) was identified as moderately obese. Our Customer Care Representative completes the initial HRA with Katy and identifies that Katy lives with her mother, Eileen, who works two jobs, and her younger brother, David. Katy states she cannot get to doctor's appointments or school because she has no transportation. She also shares she would like to get a job and eventually move out on her own. Based on potential emerging risk, Katy is referred to our Care Management team for outreach and engagement in services and supports.

IDENTIFYING KATY'S HEALTH CARE NEEDS

- Pre-diabetes – elevated blood glucose, dizziness, thirsty
- Moderately obese
- High blood pressure – stage 2
- Stress

DETERMINING KATY'S SOCIAL DETERMINANTS OF HEALTH (SDOH)

- Transportation
- Employment
- Education
- Social Supports
- Access to healthy food
- Cooking instructions

ENGAGING KATY'S SUPPORT SYSTEM AND MULTIDISCIPLINARY CARE TEAM (MDT)

- Katy
- Susan – Care Manager
- PCP
- Ruth – Community Engagement Navigator
- Eileen – Mother

PROMOTING KATY'S GOALS

- Lose weight and eat healthier
- Avoid getting diabetes
- Complete education
- Reduce burden on mom

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(MDT), and the types of services, supports, Providers, and community-based resources available. Katy agrees to enroll in care management and is ready to complete the Member Needs Assessment on the call.

a. Evidence Based Practices for Care Management

Susan is a Registered Nurse and a certified Care Manager, trained in the evidence-based practices described in Table C.29.2-1.

Table C.29.2-1. Evidence-based Practices That Assure Katy's Needs Are Identified and Met

Practice	Description
Evidence-based Clinical Guidelines	Susan uses her experience and professional judgment, as well as evidence-based CPG, to help Katy identify her options as they develop her person-centered care plan. In particular, Susan and Katy review guidelines recommended by the American Diabetes Association. Susan also uses Healthwise Knowledgebase, a searchable medical encyclopedia that covers more than 8,000 topics on health conditions, medical tests, medications, and every day health and wellness issues for additional guidelines.
Case Management Society of America's Practice (CMSA)	Susan is a certified case manager who has been trained in the CMSA standards of professional case management. The standards serve to drive best practices and accountability for individual professional case managers as well as organizations.
Person-centered Care Planning	Susan will use person-centered planning techniques when working with Katy as they develop her individualized care plan together. Our person-centered training incorporates Person-Centered Thinking© skills and practices developed through an exclusive multi-year arrangement with Michael Smull, a leader and co-developer of person-centered curricula.
Motivational Interviewing	Susan is trained in motivational interviewing and will use this evidence-based practice to learn Katy's concerns and provide support around the changes she needs to make to reach her healthy living goals.
Cultural Competency	Susan has been trained in cultural competency, which helps her identify, understand, and honor Katy's preferences. Susan recognizes and is attentive to Katy's age, gender, religious preferences, values and beliefs, and socioeconomic status. Susan is also cognizant that she needs to be aware of the unique social challenges that Katy may be facing as they develop her care plan.
Diabetes Prevention Program (DPP)	Susan talks to Katy about the availability and purpose of Kentucky's Diabetes Prevention Program (DPP), an evidence-based lifestyle change program designed to reduce the risk of Type 2 diabetes, which can provide her with online and in-person educational opportunities.
Diabetes Prevention Interventions	If Katy is diagnosed with diabetes, Susan will assist her in locating a diabetes self-management education provider in her area. Susan will continue to monitor Katy's progress with the courses and make sure that she is continuing to go to the appointments. Our Anthem Diabetes chronic condition management program, NCQA-accredited and based on nationally recognized, evidence-based guidelines that promote Member engagement and education, including guidelines from the American Diabetes Association, is also available to Katy.

b. Health Risk Assessment and Care Planning and Monitoring

Comprehensive Member Needs Assessment

Susan works with Katy to complete Anthem's comprehensive Member Needs Assessment to understand Katy's needs, abilities, and preferences regarding how services will be provided. Susan uses the adult assessment tool, which probes more than 20 potential clinical areas for risk factors and includes specialized, evidence-based modules and questions about weight, height, BMI calculator, and physical activity. The assessment also identifies socioeconomic and psychological stress as risk factors for high blood pressure that may need to be included in Katy's care plan. Susan reviews Katy's health history, determines there is no current or past substance use, and learns about Katy's social supports, including her mother Eileen, her brother David, and Monica, a good friend from Big Sandy Community College and a member in the church where she and her family attend services.

Katy states that her personal goals includes eliminating her dizziness and nausea, making sure she does not have or get diabetes, losing weight, and contributing more to her family. Katy states she does not feel depressed at this time, does not smoke or use alcohol or drugs, but is stressed about her mother working two jobs and feels guilty that she does not contribute financially to the family.

Susan asks Katy who she would like to participate in her care planning process, and Katy shares that she wants her mom to be involved, and maybe her PCP once she meets her. They set up a time the following week when both Katy and her mom will be home for Susan to discuss and help develop the care plan to make sure it reflects Katy's goals.

Development of Person-centered Care Plan and Monitoring

Susan reviews the HRA, Enrollee Needs Assessment, clinical information she obtained from the urgent care center with Katy's permission, and enrollment data, which is collected and organized in Katy's electronic health record (EHR) in Anthem's care management information system, Health Intech. At the scheduled time, Susan calls Katy and her mom and guides them through the care planning process. Using motivational interviewing and person-centered planning principles, Susan helps Katy identify personal short- and long-term goals, preferences, needs, and desired outcomes. Susan helps Katy understand her choices for care; services, including VAS; and supports from other programs. ***Katy's care plan is unique to her and reflects her personal strengths, goals, choices, and cultural preferences.*** Susan helps Katy prioritize action steps so they are not overwhelming and identify achievable goals (as summarized in Table C.29.2-2).

Table C.29.2-2. Katy's Individualized Care Plan Goals and Action Steps

Goal	Action Steps
Goal 1. Lose Weight and Eat Healthier	• Katy signs up with Anthem's Online Fitness Coach Program VAS to help her track her eating and healthy behaviors. This coaching and lifestyle tool will support Katy as she begins her path to losing weight, eating healthy, and exercising regularly • Susan provides Katy with information about the Floyd County Farmer's Market, and helps her register for cooking classes at the Department of Public Health (DPH) • Following her introduction to online fitness education and activities, Susan talks to Katy about her desire to enroll in fitness classes at the DPH • Susan talks to Katy about healthy living activities she can participate in at her church with her mom and brother • To prevent Katy from being overwhelmed and support her success, Susan helps her develop a written schedule for participating in the healthy lifestyle activities she has chosen, as well as journal her progress, including: o Participating in the Online Fitness Coach Program two times per week at home o Attending fitness classes at the DPH one time per week o Going to the Farmer's Market every other Saturday to access healthy foods o Attending cooking classes at the DPH one time per month o Participating in a church activity one time per month o Demonstrating self-management by reducing fast food meals by two per week
Goal 2. Avoid Getting Diabetes	• Susan arranges for Katy to have in-home remote monitoring of her blood pressure to make sure she is safe and progressing in the right direction • Susan offers and assures Katy's access to Anthem's Weight Watchers® (WW) membership VAS that provides a voucher for the initiation fee, 13 weeks of health nutrition education, and support groups designed to prevent diabetes. The ***WW pre-diabetes program*** delivers a CDC-approved curriculum as part of the National Diabetes Prevention Program and provides proven tools to help people with pre-diabetes make achievable healthy lifestyle changes that reduce the risk of developing type 2 diabetes. ▪ Susan assists Katy in scheduling and engaging in regular checkups that include blood glucose and blood pressure monitoring. She also educates her on how to arrange transportation to her appointments.

Goal	Action Steps
	▪ Susan helps Katy enroll in Anthem's Healthy Rewards program that promotes Member participation in preventive and wellness services by offering incentives for wellness checkups, diabetic screenings, and completing her HRA
Goal 3. Complete My Education	▪ Susan connects Katy to our Community Engagement Navigator, Ruth, to discuss and identify options for Katy's continued higher education plan ▪ Ruth and Katy look at requirements and applications for transitioning to the university or trade school of her choice
Goal 4. Reduce Burden on Mom	▪ Ruth discusses employment options and works with her to build an action plan, including local job preparation assistance. This plan involves applying for a work-study program at the college to help her contribute financially to the family to reduce her feelings of guilt and prepare her for employment

The care plan is shared with the MDT, with Katy's permission. Katy works with Susan to develop a contact plan that includes phone check-ins every two weeks for a few months, complemented by monthly check-ins with Ruth to assess her progress and adjust her care plan as she achieves her goals or requests different services. Katy shares that she likes online activities, so they agree she will also start Anthem's online Fitness Coach Program and discuss adding additional action steps in two months. Susan explains to Katy that, in addition to the online classes, there are also fitness classes at the local Floyd County Department of Public Health (DPH) that she can access and have the support of other people who have similar goals. She explains that DPH also offers healthy cooking classes and a farmer's market.

c. Provider Engagement

Katy has not been to a doctor in years and is anxious about seeing a male doctor. Susan and Katy look through Anthem's Provider Directory and find a female PCP at the Big Sandy Health Care clinic in Floyd County, close to Katy's home. Big Sandy Health Care offers integrated services, including primary care, OB/GYN, BH counseling, vision care, and dental care. Susan informs Anthem Member Services, who immediately make the PCP change. Through a conference call, Susan and Katy contact the clinic and make an appointment the following week for a complete physical. Susan will call Katy the day before her appointment to remind her and help her prepare a list of questions for the doctor.

Katy's new PCP conducts a comprehensive medical assessment and determines that Katy does not have diabetes but is at risk and in a pre-diabetes stage. They discuss options for her health and wellness, and decide that WW® (formerly known as Weight Watchers) is a good program to assist with preventing diabetes and losing weight. She recommends that Katy return in 60 days to check her blood pressure and glucose levels. As part of our Telemedicine strategy, Anthem will provide Katy with remote monitoring of her blood pressure that will deliver the data directly to her PCP for real time monitoring. With Katy's consent, Susan provides Katy's care plan to her new PCP to collaborate and make sure they agree and understand her goals and planned interventions.

d. Cultural Competency

Susan considers Katy's age, gender, socioeconomic status, and religious preferences throughout her care and makes sure to incorporate this information into her care plan. This provides them with information about her preferences and concerns that assists them in engaging Katy in a comfortable, informed manner to help reduce her anxiety associated with engaging in care. Katy describes herself as religious and enjoys Sunday services and other activities at her church, many of which center around food. As a result, Susan encourages Katy to introduce her church

community to some new resources she has learned about such as Floyd County's Farmers Market, and suggest group visits together to purchase fresh produce. Susan knows that at her young age, Katy may be used to adults telling her what to do, including with respect to her health care needs and choices. She explains that care management is designed to enable Katy to make her own choices, and that she will help her understand options available to her, helping her achieve the goals that she wants and make healthy decisions that work for her. Susan considers Katy's low socioeconomic status and helps incorporate healthy choices with her SNAP benefit.

e. Patient Engagement and Education

Preferring to begin with an online program she can do at her own pace from home, Katy starts the Fitness Coach Program, which is offered as a VAS. This coaching program provides online fitness and exercise classes, as well as access to quarterly newsletters that include articles on nutrition, weight management, and improved self-care. The Fitness Coach Program offers more than 1,000 resource materials, including videos and online classes, articles, and self-care tools. To complement the program, Susan arranges for the WW VAS to cover the initiation fee and 13 weeks of classes.

Through the online and in-person engagement WW Diabetes Prevention Program, Katy learns about improving health through stress reduction, weight loss, and increased physical activity. Katy enjoys the WW app, which provides tracking, recipes, and 24/7 support. Susan also works to transition Katy to fitness classes at the DPH so she can meet people going through similar challenges. Susan also encourages Katy to walk her younger brother to the neighborhood playground and ball field when they get home after school, which her brother is open to, and which quickly becomes their routine.

f. Community Resources

Susan asks about any social or other concerns, and Katy responds that she does not know where to buy or how to cook healthy food and feels self-conscious about her weight. Susan tells Katy about the Floyd County Farmers' Market, where she can buy wholesome food and where they occasionally teach a "Good and Cheap" class. This class educates participants on cooking healthy, satisfying meals with low-cost fresh foods, as well as items received in food pantries, through their SNAP and WIC benefits (that Katy's family had been receiving).

Katy's access to WW and DPH for fitness and nutrition education and activities supplement the supports she has chosen to engage in online as well. Susan also reaches out to the Big Sandy Area Community Action Agency to determine which programs will help Katy's family with transportation, nutritional classes, daycare for her brother, and other financial support. Susan talks to Katy about her goals for engaging in social activities in the community, seeing that she accesses and engages in a variety of healthy lifestyle choices, and developing self-management and social interaction skills.

g. Social Determinants of Health

Susan and Katy determined that there are some barriers she is facing that impact her ability to improve her health. While Susan learns that Katy is satisfied with her living situation with her mom and brother, and that it is a safe environment, she also learns that Katy is anxious that her mom is working too hard, and understands her desire to contribute to the household. Susan tells Katy about our Population Health Management program, where she has access to our Community Engagement Navigator, Ruth, who can connect her to other community resources, as shown in

Table C.29.2-3. Ruth reaches out to Katy to conduct an SDOH assessment using motivational interviewing.

Ruth provides Katy with information and directions on using Anthem's online Community Resource Link, which she can access any time to look for additional resources that can support her self-management, self-interest, and community needs. They also talk about other available VAS, such as our Online Well-being program that promotes BH wellness through instruction, games, goal setting, and monitoring, which may help Katy to meet her goals. Together, they create an action plan to address some areas that Katy finds challenging:

- Assisting Katy in identifying how she accesses the wellness facility at Big Sandy Community college that provides many different types of services, including aerobics, walking trails, weights, and nautilus equipment
- Helping Katy identify how she can access employment services, such as resume and interviewing skills developing, through Big Sandy Community College
- Helping Katy apply for a work-study position at the community college and search for a part-time job based on her preferences
- Reaching out to Big Sandy Area Community Action Agency to determine which programs will help Katy's family with transportation, nutritional classes, daycare for her brother, and other financial support for the family

In alignment with Ruth and Katy's goals and actions, Katy will have access to the following Anthem VAS:

- **Transportation Assistance.** With an allowance up to $600, Katy can use her smartphone to access our transportation vendor's mobile app and schedule rides for health-related activities, such as WW classes.
- **Jump Start Program.** Katy is referred to and enrolls in the online Jump Start Program that offers more than 100 courses to help with decision-making and problem solving, job skills, business etiquette, and interpersonal communication.
- **Healthy Lifestyle Aids.** Katy can receive a home blood pressure monitor to help her monitor her progress and achieve better health.
- **Fitness Coach Program.** Katy gets access to online fitness and exercise classes and quarterly newsletters that include articles on nutrition, weight management, and improved self-care. Our Fitness Coach Program offers more than 1,000 resource materials, including videos and online classes, articles, and self-care tools.
- **WW Membership.** Katy can receive one WW voucher good for the initiation fee and 13 weeks of classes.

Table C.29.2-3. We Connect Katy with Resources to Meet Her Key SDOH Needs

SDOH Challenge	Katy's Needs	Ruth's Actions
Food Insecurity and Healthy Eating	• Needs access to healthy foods • Needs to learn about healthy meal preparation	• Tell Katy about the Floyd County Farmers' Market, where she can buy wholesome food • Provide information on our Fresh Fruits & Veggies VAS which provides $100 per year in fresh produce • Inform Katy about our Fitness Coach Program where she can access online fitness and exercise classes and articles on nutrition, weight management and improved self-care
Transportation	• Needs transportation to grocery store	• Inform Katy about our Transportation VAS which provides a $600 allowance to purchase gift cards for Uber, bus passes, or taxi rides

Employment	• Wants to complete her education and improve her employment options	• Help Katy identify how she can access employment services, such as resume and interviewing skills development, through Big Sandy Community College • Assist Katy in applying for a work-study position at the community college and search for a part-time job based on her preferences

Monitoring Katy's Progress Towards Her Goals

After participating in the program for nine months, Susan and Katy agree that Katy has met many of her short-term goals. She is enjoying her part-time job, which also helps her determine that she would like to continue her education and become a teacher after she completes community college. Katy lost 7% of her body weight and reached her diabetes prevention goal through healthy eating, and she now walks briskly for 30 minutes a day, five days a week. Katy's blood pressure is stabilized at around 118/78 and her blood glucose level has declined to around 90. Katy states that she has not experienced dizziness in the past eight months. She has cut back on fast food and is experimenting more with cooking some meals, using recipes she learned through her apps and classes. While she would like to lose more weight, Susan assures Katy that it is a slow process and that she has accomplished a lot. Katy says she feels ready to cut back the check-ins to every three months.

C.29.3. Use Case 3

We know that the best way to achieve healthy communities in Kentucky is through our resolute commitment to simplifying health care so Providers can focus on health. This is our ***Provider Promise***. Because of this commitment, we listened carefully as the administrator from Southern HealthCare Group (SHCG), a large multi-specialty Provider group in southeast Kentucky, voiced concerns and described challenges they encountered while performing in Anthem's Provider Quality Incentive Program (PQIP) and Social Determinants of Health Provider Incentive Program (SDOHPIP).

Provider Promise
Engage • Incent
Empower

Anthem Reduces Administrative Burden on Providers by Leveraging Claims Data for Our Incentive Programs

Our approach to collaborating with SHCG is to provide support and resources to reduce administrative burden and help Providers achieve quality and outcome goals for their patients. Anthem collaborated with the DMS and other Managed Care Organizations (MCOs) to develop a ***core measurement set*** to alleviate administrative burden for Providers and assure alignment with DMS objectives and Commonwealth health needs. The core measurement set includes measures to track referrals to critical community resources that address SDOH barriers, such as housing instability. ***SHCG currently participates in our PQIP value-based payment (VBP) model and SDOHPIP, which include five measures consistent with the core measurement set developed.*** Once SHCG successfully meets the requirements and targets of our PQIP, the group will be eligible to participate in Anthem's other VBP programs such as our Integrated Care Quality Incentive Program (ICQIP), which offers incentives to PH and BH Providers who partner to deliver integrated, high-quality care and service to Members.

Jim is the ***Anthem Care Delivery Transformation (CDT) Consultant*** dedicated to the SHCG. He is committed to working with ***SHCG's Administrator, Ben***, and the group's practice Providers to assist them in achieving performance goals associated with PQIP. Jim and Ben meet monthly to discuss SHCG's performance. During their most recent regularly scheduled meeting, Ben informed Jim of the challenges his practice Providers experience. Jim works with Ben to develop a focused ***action plan*** to address the challenges. Through their collaboration, Jim delivers consultation, program management, and strategic planning that includes an achievable timeline of tasks and deliverables to improve program performance, empower practice Providers, and produce better Enrollee (Member) health outcomes. We describe the overarching steps in the action plan in Table C.29.3-1 and the remainder of this response.

Table C.29.3-1. Steps Anthem Will Take to Address the Challenges Identified by Southern HealthCare Group

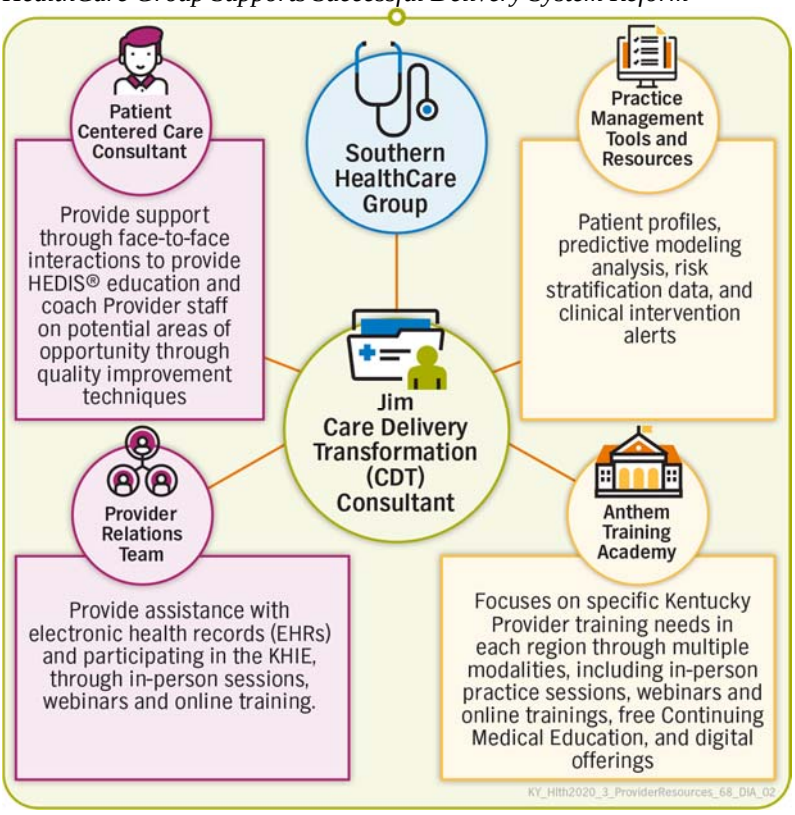
Challenge Faced by Group		Steps Anthem Will Take to Mitigate Challenge
Inadequate Provider understanding of program goals and requirements	→	Hold in-person targeted and supplemental training to demonstrate Provider Care Management Solutions (PCMS) reports detailing Provider-specific data and peer comparisons, and discuss the value of VBP principles.
Program measures differ from other MCOs causing undue strain on Providers	→	Collaborate with other MCOs and DMS to pursue measure alignment.
EHR implementation and subsequent integration with KHIE delayed due to issues with vendor software	→	Play a role in facilitating conversations with group's information technology (IT) vendor and KHIE with the goal of completing implementation of EHR and participation in KHIE.

Challenge Faced by Group		Steps Anthem Will Take to Mitigate Challenge
Lack of engagement from community housing agency that Anthem identifies as a partner	→	Facilitate discussions with the community housing agency and the group and provide program management support to develop collaboration. Educate the group on Anthem's tools and resources that can be used by Providers to support Member SDOH needs, including housing.
Performance goals not met due to inconsistent Member engagement	→	Educate group about resources and tools, such as appointment scheduling supports, to improve Member engagement in care and follow-up care that can help make sure Members adhere to appointments and are engaged in their own health.
Lack of feedback from Anthem on required reports submitted	→	Incorporate opportunities for Anthem to provide feedback in the action plan and schedule Joint Operations Committee meetings and additional meetings with group leadership, where Anthem will provide feedback on the group's reports.
Incentive payments not received in time frame needed to impact Provider behavior	→	Collaborate with practice leadership during Joint Operations Committee meeting to discuss potential for revised payout time frame.

a. Provider Engagement at Local, Regional, and Statewide Levels

Local engagement with Providers occurs through sustained and systematic direct communications among their CDT Consultant, Provider group administrators, and Providers. To execute the action plan, CDT Consultant Jim coordinates with Anthem's employees, who are dedicated to supporting VBP Providers. As SHCG's advocate, Jim aligns the resources summarized in Figure C.29.3-1 to address the needs of the group.

Figure C.29.3-1. Anthem's Approach to Partnering With Southern HealthCare Group Supports Successful Delivery System Reform



From his conversation with Ben at this meeting, Jim learned the primary driver of Provider frustration was the need to provide required supplemental data and documentation when claims are not properly adjudicated. Jim proposed multiple approaches to address this challenge, including collaborating with Ben to identify and refine the level of supplemental data required to participate in the program, or offer the option of establishing a flat file transfer to expedite supplemental data submission.

However, after further discussions with Ben, Jim realized that the most significant issue leading to Provider frustration was actually claims ***coding errors***, which if improperly recorded, could preclude a Provider's eligibility for an incentive payment. These errors were driving the need for Providers to submit supplemental medical records, which added significant administrative burden. Jim explained to Ben how correcting these coding errors could minimize the amount of requested supplemental data and expedite payments to SHCG.

Jim discussed the issues with ***Katrina***, an ***Anthem Quality Management (QM) Patient Centered Care Consultant***, and organized a meeting with himself, Katrina, and staff from SHCG (as identified by Ben). Jim and Katrina met with Ben and the staff and educated them on correct coding practices, including HEDIS® coding practices. They emphasized that adherence to coding protocols would alleviate, if not resolve, the frustration Providers had voiced. Additionally, Jim made sure that Ben is aware of the HEDIS handbook of CPT® codes. This handbook is approved by DMS and available as an online resource on Anthem's Provider portal. They decide to make sure Provider Relations staff give the Providers in the group a hard copy of the handbook during office visits.

In addition to the local engagement and targeted VBP support that Jim, the CDT Consultant, is responsible for providing to SHCG, Anthem's Network Relations Consultant engages the group at the ***regional level***. We have Network Relations Consultants in all DMS regions, who meet faced-to-face with Providers and their staffs to support continuing education, improving operational efficiencies so that our Providers can focus on health care. In addition, at the ***State level***, Anthem's robust resources and tools are extended to these practice Providers and are available at all times. These include resources such as the Provider Call Center and Provider portal, which promote Provider empowerment in managing their patients and delivering quality care. The PCMS portal generates Provider-specific profiles so that practitioners are able to access data and reports to gain a deeper understanding of how they compare with peers at a regional and State level.

Anthem delivers the following reports to Southern HealthCare Group:

- Quality Scorecard reporting
- Monthly Care Opportunity Reports available in PCMS
- Quarterly Performance Scorecards
- Medical Cost Management reporting
- Quarterly MCM reports will include medical cost information pertaining to the PCP's members on a total claim dollar and PMPM basis
- Shared Savings Reconciliation reporting
- Quarterly reports listing the Premium, Total Medical Expenses, the calculated Program Year MLR performance against the Target MLR and Earned Shared Savings minus withholds
- Reconciliation & Payments (interim, quarterly, final)

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b. Provider Education, Communications, and Support

We deliver a focused training to SHCG on PQIP and SDOHPIP through our ***Anthem Training Academy (Academy)***. This included an initial training to educate Providers on VBP reimbursement principles, program performance improvement opportunities, and action plans. As part of his efforts to address the group's recent concerns about the PQIP and SDOHPIP, Jim will coordinate supplemental training for group's practitioners to help them understand program requirements and population health data-sharing tools.

Jim continues to coordinate targeted and supplemental training with the Provider Training Coordinator and meet face-to-face with practitioners and staff at each of the four SHCG locations to demonstrate the PCMS reports and discuss VBP principles. These live

trainings and demonstrations help incent Provider behavior and engage those who may be slow to adapt to new practice protocols. In regularly scheduled Joint Operations Committee (JOC) meetings, Anthem will make sure that SHCG's leadership receives program communication, as well as the opportunity to provide feedback in discussions about strategies to simplify resource coordination and coordinate education and coeducation initiatives.

Jim will provide targeted support to address SHCG's concerns about their EHR system. For this issue, he will help schedule and facilitate discussions with the group's IT vendor and the KHIE help desk. Jim will further support the group through coordination with Katrina. His role is to identify resources and make sure they are brought to the forefront to support the success of SHCG in transforming care for their attributed Members.

c. Simplification of Provider Administrative Burden

As Ben described to Jim the challenges SHCG faced, he shared that a few practitioners in the Provider group feel the incentive program is too complicated and burdensome, particularly because other MCOs implemented initiatives using different measures they also had to report on.

Jim understands the practitioners' concerns, and is happy to inform Ben that Anthem ***has already begun to remove or mitigate administrative burden*** associated with multiple performance measures being requested through multiple initiatives. Jim explained that Anthem has been collaborating with the DMS and other MCOs to develop a core measurement set that aligns with the PQIP VBP measures. He shared how Anthem intentionally identified and suggested measures that can be monitored through claims-based data to ease the burden associated with medical record reviews. The quality measures Anthem will use also align with HEDIS standards, and are already being collected and reviewed as part of standard practice.

Jim assures Ben that he will provide the support needed to make it as easy as possible for Providers to actively participate in the VBP program and increase their potential to receive incentive payments. These supports include the ***PCMS portal*** and ***Community Resource Link***. The PCMS portal enables PQIP Providers to see Member-specific gaps in care, as well as Member-specific medical expenditures and services. It also generates Provider-specific profiles, enabling group practices such as SHCG to identify Providers who may need assistance. Jim will meet regularly with Ben to assure alignment of priorities and resources. Jim will help interpret the robust data available to enable Providers to view whole-person information about Members, fostering enhanced Population Health Management through gaps in care reports (such as EPSDT services), inappropriate care (avoidable ER visits), and opportunities to coordinate care with other Providers (PCPs and BH Providers).

The claims-based measurement data in PCMS is the same that Providers use for our VBP programs; thus, it does not require Providers to take extra steps to meet VBP reporting requirements. To earn incentives as part of the SDOHPIP program, after completing SDOH assessments, Providers can use ***Community Resource Link***, an online resource that locates and displays all available local community-based programs, benefits, and services.

d. Enrollee Engagement

Ben mentioned that the SHCG Group has not been able to successfully contact some attributed Members, possibly due to incorrect phone numbers and addresses, and struggles to engage some

Members in their initial and follow-up care. Jim will make sure the resources Anthem provides are in place to assist with these challenges.

Making Sure Members Schedule and Attend Doctor Visits

Smart Appointment Scheduling and HealthCrowd. Jim educates Ben about Smart Appointment Scheduling (SMAS), a tool Anthem uses to manage appointment scheduling and reminder calls for Members who struggle to keep doctor appointments. Jim also educates Ben about HealthCrowd, a tool that sends interactive text education and information about the importance of well-visits and screenings to Members. For those responsive to text messaging, HealthCrowd is a useful tool.

Engaging Members in Care and Treatment

Jim will coordinate the following resources to help SHCG Group engage Members: educating practitioners about engagement supports such as Anthem's Member Incentive program and Clinic Days, and how to support and engage Members by linking them to SDOH resources.

Addressing SDOH Increases Member Engagement

Supporting Members' non-medical needs can be key to increasing engagement in their own care. Jim makes sure the group understands they can increase engagement by providing Members with tools to help meet SDOH needs.

For example, Providers can access the ***Community Resource Link***, an online resource that locates and displays all available local community-based programs, benefits, and services, and refers Members to critical community resources. We track these referrals for Provider incentive payments.

Anthem's Actions to Address Housing Supports for Southern HealthCare Group Members

For a number of SHCG's patients, housing instability is a concern and a barrier to health. SHCG relayed to Jim that their efforts to engage with a community housing agency had not been successful. This was a concern for them because group practitioners were being incentivized to meet measurement targets related to SDOH and critical community resources. Knowing that this support is critical for the group and Members, Jim reaches out to the Anthem Housing Liaison to solicit assistance communicating with the housing agency and to possibly identify an alternative agency that may be able to serve as a substitute or additional resource. The Housing Liaison works in tandem with Jim to facilitate discussions and establish the relationship between SHCG and the equally engaged housing agency.

e. Vendor Assessment of Internal Operation Challenges and Mitigation Strategies

Jim will help Ben and SHCG identify, understand, and use resources and processes that will help address potential operational challenges and concerns.

An ***action plan*** (Figure C.29.3-2) will help Jim understand the needs and goals of SHCG; the group can refer to the action plan to understand the steps Jim plans to take to address their needs, as well as the tools and resources that will support this effort. The action plan will help SHCG establish systems and processes that will move them towards attaining the goals of the incentive program, thereby improving practice and Member health as a result. Jim is dedicated to working collaboratively with Ben to help create and implement an action plan.

The action plan is particularly important because one of the group's concerns is that they had not received feedback from Anthem on required reports the group had submitted three months after project initiation. Jim is careful to include actions that will address this particular concern and, at the same time, orient the actions toward collaborative problem-solving that will result in a reduction of administrative burden.

Engaging Leadership and Providers

As part of assessing and mitigating challenges, Jim will help Ben prepare internal resources to make sure they are capable of successfully performing under the program. A critical component will be engaging the group's leadership to obtain approval of the action plan and commitment to establishing and supporting the systems and processes needed to achieve program goals.

To send consistent messaging and coordination within the Provider group and garner support and engagement across all practitioners, Jim also suggests that the leadership, administrators, and all practitioners participate in collaborative meetings. Anthem's Medical Director will attend to help relay the value of the incentive program, and highlight how it can encourage innovation and improvements in patient outcomes, quality, access, and evidence-based clinical performance.

Figure C.29.3-2. Model Action Plan

Anthem Blue Cross and Blue Shield Medicaid

Anthem BlueCross BlueShield Medicaid

Action Plan

Practice: _____ **Consultant:** _____ **Date documented:** _____

Goal(s) (increase/decrease **measure** from **current state** to **desired state** by target date):

1. Increase Well Child 3-6 Adherence Rate 6% by 12-31-2018 — Value add: _____ Current state date: _____
2. Increase AWC 12-21 Adherence Rate 3% by 12-31-2018 — Value add: _____ Current state date: _____
3. Increase AAP Adherence Rate 4% by 12-31-2018 — Value add: _____ Current state date: _____
4. Increase CCS Adherence Rate 4% by 12-31-2018 — Value add: _____ Current state date: _____
5. Decrease ER Pot. Avoidable visits by 5% by 12-31-2018 — Value add: _____ Current state date: _____
6. Decrease ER Freq Utilizers with 3+ ER visits by 3% by 12-31-2018 — Value add: _____ Current state date: _____

Steps for improvement

Measure	Process	Resources	Responsible	Start date	Due date	Completion
Quality Measures	Outreach to patients due for multiple services; capture multiple services on the same day when patients are in office	PCMS				
ER	Provide ER education on appropriate ER use through providing brochures and verbal education. Provide alternative ER options, including Urgent care. Utilize a designated staff to provide education to patients	Brochures, Designated staff, PCMS				
	Outreach to patients with potentially avoidable ER visits	Brochures, Designated staff, PCMS				
	Outreach to patients with 3 or more ER visits in last 12 mths	Brochures, Designated staff, PCMS				

Process tracking

Measure	Metric definition (numerator/denominator)	Data source	Frequency	Responsible
Quality Measures	Compliance Rate (Care Opportunities)	PCMS	Monthly	
ER	% of Potentially Avoidable ER Visits % of Members with 3+ ER Visits	PCMS	Monthly	

https://mediproviders.anthem.com/ky

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Joint Operations Committee Meetings

Jim will help Ben coordinate JOC meetings at least quarterly to discuss strategies to unify and simplify resource coordination, enhance Provider and Member experiences, and coordinate education and coeducation initiatives. Jim emphasized how JOCs create a forum to proactively address evolving areas of potential concern, organizational changes, and clinical care initiatives. Ben will coordinate participants from the group that include representatives from Quality, Operations, Regulatory, Payer Relations, Population Health, and Marketing. Jim will engage Anthem participants that include our Executive Leadership team, Clinical Directors and leads, Care Management, Quality, Operations, Finance, Provider Solutions, and Member Services.

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Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

D. IMPLEMENTATION PLAN

D.1. Proposed Approach to Support Readiness Review Process

1. Describe the Vendor's proposed approach to support the readiness review process, and include the following information:

a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:

i. Establishing an office location and call centers.

ii. Provider recruitment activities.

iii. Staff hiring and a training plan.

iv. Developing all required materials.

v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.

b. Proposed staffing to support implementation activities and readiness reviews.

c. An overview of system operational implementation requirements and related milestones.

d. Required MCO, Department, and other resources to ensure readiness.

Our Approach to Support the Readiness Review Process

As an incumbent Kentucky Medicaid Managed Care Organization (MCO), we have the benefit of having the required functionality and implementation for this Contract already in production. Anthem Kentucky Managed Care Plan, Inc. (Anthem) is committed to readiness review and implementation preparedness on this new Contract. Our local Kentucky leadership will oversee the implementation with support from our national Implementation Management Office (IMO).

> Anthem and our affiliates have passed all readiness reviews and always meet operational start dates to begin successfully serving Members, including **238 implementation projects.**
>
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Our implementation plan for readiness represents a portion of our full draft Implementation Plan, which includes more than 200 tasks covering a period from February 7, 2020 through March 18, 2021. Our full Implementation Plan demonstrates our recognition that preparation for a successful implementation begins long before readiness review begins. Anthem looks forward to engaging with DMS in its two-phase readiness review process, as we have successfully done in each of our prior Kentucky Medicaid Contract implementations. We understand the first phase requires submitting documentation from various operational areas (such as Member) communication, Provider Network/access, and quality management and improvement) that demonstrate our readiness. We also understand DMS reserves the right to conduct a second phase on-site visit during the readiness review, and we welcome the opportunity to highlight our systems, our team members, and our operational excellence.

We began preparing to demonstrate readiness during development of this Kentucky Medicaid proposal, carefully reviewing the RFP, Contract, and other attachments against our current operations to identify new and changed requirements and develop our draft Implementation Plan. These requirements are combined with the tasks necessary to support both phases of the readiness review to create our draft Implementation Plan. Throughout our tenure in Kentucky, Anthem has demonstrated participation, partnership, and commitment, as well as the ability to meet the Commonwealth's expectations. In the last five years, Anthem has successfully

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participated in readiness reviews for new contract implementations. We submitted more than 275 documents for review, including detailed policies and procedures, comprehensive program descriptions, extensive training materials, proposed call scripts, Member and Provider communications, marketing materials, health promotional brochures, and web content.

Anthem is confident in our ability to execute another successful readiness review for the Kentucky Medicaid program. We will apply a methodical approach to implementation and supplement our team with staff who support contract implementations across our organization's Medicaid health plans. In the following sections, we provide more information on our Implementation Plan, best practices of our approach, and additional resources that will supplement our health plan team.

The tasks, milestones, and deliverables associated with readiness review are part of our overall Implementation Plan — a comprehensive and detailed work plan built and managed in Microsoft Project by a team of certified Project Management Professionals. Our Implementation Plan is a living document that lists the tasks, durations, dependencies, required resources, and responsible parties necessary to meet Contract requirements.

One of our best practices for contract implementations is the use of cross-functional teams. Kentucky-based Medicaid employees collaborate with support areas, such as claims processing and information technology, to develop and implement solutions to meet Kentucky Medicaid Contract requirements and commitments from our proposal.

After implementation kick-off, the full cross-functional team will review the Contract, RFP, and our proposal line by line to identify the business processes, policies and procedures, and systems needed to meet requirements. The team will then develop a comprehensive list of requirements and deliverables that we must meet. For each requirement, we will document a description, source, accountability, information technology component, proposed solution, and a current capability assessment to gauge the required level of effort to meet the need. From these requirements, the team will update our draft Implementation Plan to make sure it includes all tasks, durations, dependencies, and required resources.

Throughout the implementation process, we will regularly communicate with DMS through telephone conferences, written progress reports, and in-person meetings, providing information about our status and updates to our Implementation Plan.

Anthem and our affiliates have successfully executed more than 238 projects delivering publicly funded health care programs, service area expansions, and program enhancements. Our accessible, responsive team will meet in-person with DMS and proactively identify and address issues to minimize DMS' administrative burdens and assure a seamless implementation and readiness review. ***Our organization has passed all readiness reviews, and always met operational start dates to begin successfully serving Members.***

We will adhere to DMS' expectations and requirements as described in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices" Section 8.0. Based upon our successful implementation for Kentucky Medicaid in 2014, we are confident that we can meet the January 1, 2021 start date for the Kentucky Medicaid program.

Our Anthem readiness review process uses our accessible, responsive, Kentucky-based team who can meet in-person with DMS to help ensure a seamless and efficient implementation.

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Anthem's Infrastructure Can Easily Accommodate Changes to Support Readiness

We are fortunate to be able to engage experienced teams to support our Kentucky Medicaid implementation, including our Implementation Management Office and Medicaid Compliance Business Development team. The Implementation Management Office is a team of project management specialists dedicated to the successful implementation of new health plans, new programs, and new contracts across Anthem and our affiliates. In partnership with, and with leadership from, local Kentucky leaders of functional areas, the IMO will execute a comprehensive new contract implementation approach that implements new or changed capabilities, begins preparing for readiness during proposal development, and extends for 90 days after go-live.

A dedicated Project Manager will manage our Kentucky Medicaid implementation, following an implementation approach used successfully in our prior Kentucky Medicaid implementation. The Project Manager will engage implementation leads from all departments necessary to deliver new or changed capabilities. They will hold weekly meetings with health plan leadership to keep them apprised of progress toward readiness and highlight any areas that require attention.

As an experienced and trusted partner in the Kentucky Medicaid program, Anthem has an established infrastructure that can easily accommodate changes under the new Contract to Member Care Coordination, regulatory compliance, and reporting. A rigorous regulatory compliance program, including fraud, waste, and abuse processes support the Kentucky Medicaid program; our structure includes:

- Dedicated and experienced staff, including all Key Personnel positions and Executive leadership, Clinical and Care Coordination staffing that meets or exceeds required ratios, Member and Provider support, and administrative and operational support
- Statewide Provider Network, including Primary Care Providers (PCPs), specialists, Behavioral Health (BH) Providers, and other non-traditional Providers
- Established relationships and partnerships with DMS and other agencies
- Established subcontracts, including those for pharmacy, dental, and vision services
- Established partnerships and collaboration with a statewide Network of community-based organizations and stakeholders
- Fully functional Management Information System (MIS), including sophisticated technologies to support data and information transfers, claims management policies and procedures that define operational and functional requirements, Care Coordination processes, and quality improvement

D.1.a. Anthem's Program Implementation Plan

a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:

i. Establishing an office location and call centers.

ii. Provider recruitment activities.

iii. Staff hiring and a training plan.

iv. Developing all required materials.

v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.

Our proposed Program Implementation Plan can be found in Attachment D.1.a-1. Our proposed plan incorporates task lists, timelines, and processes to make sure all services begin on or before the start date of January 1, 2021 and support ongoing activities through 90 days post-go-live. Our Program Implementation Plan includes the tasks necessary to evolve our systems from their current state to that needed to meet the new Contract. We are planning for the readiness review to cover full end-to-end capabilities despite this reduced scope of our implementation.

We use our Implementation Plan to guide and launch a successful program implementation by tracking progress toward operational readiness for core organizational and operational tasks and making updates at least weekly based on real-time feedback from project staff. Our Implementation Plan is a living document that will reflect frequent updates, tracking progress and completion through operational readiness to full execution. We make our Implementation Plan available to staff through our project server, prompting project workgroup discussions.

Building on Our Previous Successful Implementations

Building on our other successful program launches in Kentucky, we stand ready to complete a successful implementation and readiness review. We are already meeting most of the requirements of this Contract as described in Table D.1.a-1, including having established:

- Infrastructure and office facilities
- Comprehensive Provider Network to serve Members in Kentucky Medicaid and their families
- Sufficient staff and established training plan for the program
- Functional interfaces with DMS and sister agency information systems
- User-friendly Member and Provider websites that promote program goals and participation

Table D.1.a-1. Supporting Activities and Tasks Leading Up to Contract Effective Date

Activity	Tasks
Recruit, Hire, and Train Additional Staff	Determining the number and type of additional employees needed; recruiting, hiring, and training them; and other tasks to fulfill requirements
Extend and/or Execute Contracts with Material Subcontractors	Extending and executing contracts with material Subcontractors involved in administration of the Kentucky Medicaid programs
Updating Network Providers' Contracts	Updating existing agreements with our Kentucky Medicaid Network Providers to reflect any changes or additions to the Contract
Continue Communications with DMS and Other Stakeholders	Revising policies and procedures for established linkages with the State, county, and local agencies serving Kentucky Medicaid and other stakeholders
Develop Outreach and Communications Plan	Creating a marketing/outreach plan (for DMS approval) that describes revised Member communications, materials, and outreach activities

Activity	Tasks
Revise Member and Provider Communications Materials	Revising program materials (such as the Enrollee [Member] Handbook, Provider Manual, and written informational materials) for Members and Providers reflecting program changes, including new value-added services (VAS), and submitting them to DMS for approval
Perform Predictive Modeling	Using data analysis and predictive modeling to identify transitioning Members in need of Care Coordination services
Revise Member and Provider Websites	Revising the program website to reflect new Provider and Member information, including new VAS
Develop Value-based Payment Model	Continuing to collaborate with DMS to expand our value-based payment (VBP) model, including OBQIP, ICQIP, and PRTQIP programs
Complete Readiness Review	Completing readiness review activities conducted by DMS and DMS-engaged stakeholders and approval to begin operation under the new Contract

i. Established Location and Call Centers to Serve Kentucky Members

i. Establishing an office location and call centers.

Established Office Location

As an established MCO, Anthem currently has an office located at 13550 Triton Park Boulevard in Louisville, Kentucky. Additionally, our robust Work At Home capabilities allow us to regionally disperse staff to better serve our Members and Providers. We have a comprehensive, mature infrastructure already in place made up of Kentuckians dedicated to serving Members in the same communities where they live and work. Our local staff are supported by our advanced information systems, support services, and a comprehensive statewide Provider Network of primary, BH, specialty, dental, and vision Providers.

Call Center Locations

We have leveraged our national call center services to support Members and Providers since 2014. As a part of this implementation, we are expanding our Louisville call center by 150 new Member and Customer Care Representatives, 49 of whom have already been hired. These call centers will be working at the direction of the Kentucky Chief Operating Officer (COO), Nicole Basham, and will be part of a national network of call centers operated by our ultimate parent company, Anthem, Inc. While our system is designed to prioritize Kentucky-based staff to answer Kentucky Medicaid calls, our call routing technology offers us the flexibility to route calls to representatives in other locations in case of a business continuity event such as a tornado or flooding.

We know that Customer Care Representatives are a critical first line of contact with Members. All staff receives Kentucky-specific training to respond to calls knowledgeably, professionally, and courteously. Anthem's Enrollee (Member) Services call center links our Members to the services and supports they need when they need them. Our Member Services Call Center Manager, Amee Wildey, will lead our Member Services call center. It is often the first resource leveraged by Kentucky Members and is a centralized source of information that helps Members and caregivers navigate benefits and services.

BH Services Hotline staff includes qualified BH clinicians to assess, triage, and address specific BH emergencies. Emergency and crisis BH Services may be arranged through directly engaging with emergency services or connecting to local mobile crisis teams. Our BH Services Hotline is not answered by any automated means and is never sent to voicemail.

Providers can contact our call center to speak with a clinician 24/7 (for service authorizations requiring medical review) or a Customer Care Representative on Monday through Friday from 8:00 a.m. to 6:00 p.m. ET to receive assistance with authorizations, claims questions, referrals, or other needs. Our call center routinely exceeds Contract benchmark performance standards for answering calls within required timeframes and minimizing abandoned calls.

Our existing statewide presence, infrastructure, and established resources to serve the Kentucky Medicaid program will allow us to focus our Contract implementation efforts on new requirements and adding staff.

ii. Provider Recruitment Activities

ii. Provider recruitment activities.

Continually Enhancing Our Comprehensive, Statewide Network

As an incumbent Medicaid MCO in Kentucky since 2014, we have a well-established, comprehensive, statewide Medicaid Network that includes more than 28,000 unique Providers and currently serves more than 132,000 Members in Kentucky Medicaid. Our Provider Network currently meets and exceeds Network access and availability Contract requirements and includes more than 5,000 PCPs, as well as more than 110 hospitals, more than 19,000 unique specialists including BH professionals and ancillary Providers, more than 1,660 dental Providers, and more than 1,300 vision Providers.

While our Network is robust and exceeds access and Contract requirements, we are attuned to areas of Provider shortages within eastern Kentucky and are implementing several initiatives to address this through our Provider Network Workforce Development initiative. This investment is a continuation of Anthem's commitment to recruiting Providers in traditionally underserved and non-urban areas, specifically Kentucky's Appalachia region; easing the administrative burden on Providers to increase their capacity to deliver care; and accelerating the road to licensure for prospective Mental Health Professionals.

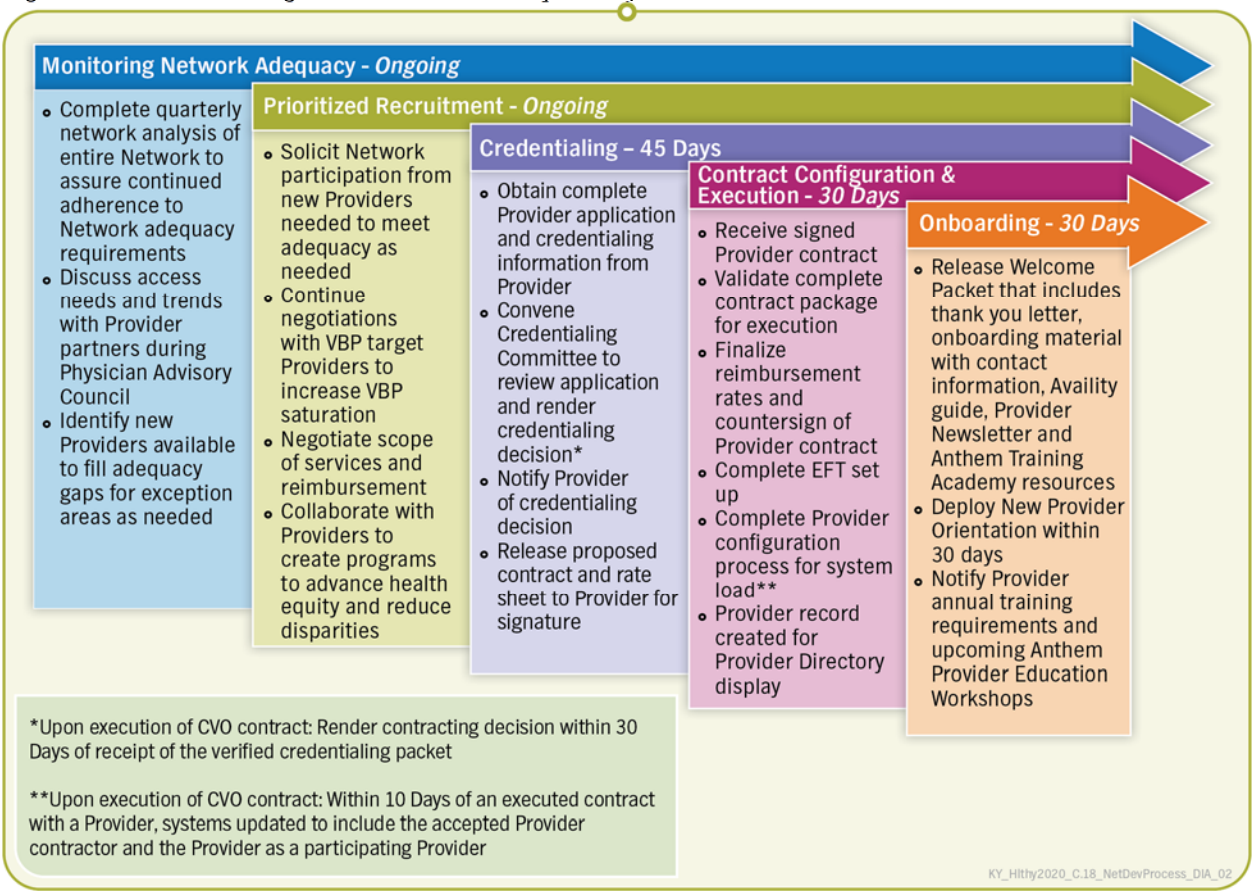
Our Provider Network Workforce Development initiative, a total investment of $292,000, will include:

- Investing $92,000 to fund complete tuition/training costs for three Rural Health Family Nurse Practitioners (MSN) at Eastern Kentucky University in exchange for commitment to serve as PCPs in Appalachia for minimum of five years post-graduation.
- Funding an additional $100,000 to establish a scholarship fund, which could include tuition assistance or loan forgiveness, for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides at Hazard Community and Technical College.
- Investing $100,000 to implement Motivo's HIPAA compliant clinical supervision program to create access for 8,000 Kentuckians. Through this initiative we are offering prospective Psychologists, Clinical Social Workers, Professional Counselors, Marriage and Family Therapists, and Certified Addictions Counselors an efficient, accessible, online solution to fulfill their clinical supervision requirements to bring additional mental health professionals to the Commonwealth quickly.

We will continuously monitor our Network, assess needs, and initiate recruitment efforts as appropriate. Our established relationships with Kentucky Providers and the innovative solutions we are providing through our Provider Network Workforce Development initiative will enable us to

deliver and maintain a robust Provider Network that meets or exceeds the needs of our Members. Figure D.1.a-1 outlines the activities we put in place to monitor and recruit additional Providers.

Figure D.1.a-1. Monitoring and Continued Development of Our Anthem Provider Network



Our Network development strategy complements DMS' goals for Member access to high-value care, innovation, a culture of continuous quality improvement, and service excellence by making sure Members are cared for by high-performing, engaged Providers that collaborate with us in a consistent and ongoing basis. We are committed to deploying an ongoing effort of support and collaboration through our ***Provider Promise: to deliver a best-in-class experience by simplifying health care so our Providers can focus on Member health***. We bring this commitment to life through the following distinct pillars that align our suite of Provider programs and solutions:

- **Capacity for Efficient Care.** Assuring cost-effective Provider capacity and compiling the appropriate mix of Network Providers and resources capable of delivering a culturally sensitive, effective model of care
- **Accountable Reimbursement.** Enhancing the fiscal ability of Providers to transform care delivery in their practices to a model based on population health that emphasizes high-quality and improved efficiency outcomes
- **Administrative Simplification.** Making it easier for Providers to efficiently and effectively care for their patients through administrative simplification, specialized service models, and technical supports that reduce administrative burdens and increase Provider and patient satisfaction

iii. Continued Staff Hiring and Training

ii. Staff hiring and a training plan.

We currently offer a fully staffed and operational health plan, and we are well-equipped to support changes in staffing and Contract requirements. We regularly assess our staffing mix and levels to determine how to better serve our Members.

Since submitting our Staffing Plan prior to the launch of Kentucky Medicaid in 2014, Anthem continues to support operations and align resources as programmatic needs are identified. We have expanded our initial Staffing Plan and currently offer a staffing structure designed to improve population health and further the goals of the Commonwealth to enhance local care management in the community, improve Member access to services, and improve health outcomes. We will be incorporating the hire of several innovative positions into our 2020 staffing plan to further support these goals, including a Housing Liaison, Public Health Liaison, and a team of Outreach Care Specialists. As noted previously, we are expanding our Louisville call center by 150 new Customer Care Representatives, 49 of whom have already been hired.

We deploy a multi-channel recruiting approach that includes traditional advertising media, social media marketing strategies, association outreach, job fairs, word of mouth, colleges and universities, and staff and community referrals to attract the best candidates for each position. As part of our commitment to a diverse and inclusive workforce, we seek candidates with unique experiences and backgrounds. Examples of our partnerships include United States Business Leadership Network; UNCF; National Association on Disability, Easterseals; Job Accommodation Network; MindShift; VeteranRecruiting; HirePurpose; Hiring Our Heroes; Military Spouse Corporate Career Network; Out & Equal; Hispanic Association on Corporate Responsibility; and Diversity Best Practices.

Anthem's Comprehensive Training Plan

From their first day and throughout their tenure with us, we support our staff, making sure they have the resources, tools, training, and assistance they need to fulfill their roles and the functions of the Contract successfully across all operational areas. We use a comprehensive training plan to educate and inform all of our staff so they are well-prepared and trained to fulfill all requirements and responsibilities of the Contract, including our employees at our Kentucky office, those in the field and communities of Kentucky, those employees at our national offices who will be part of shared support services for the Kentucky Medicaid program, and our Subcontractors.

Our Anthem Training Academy (Academy) acts as a vehicle to facilitate a robust, consistent, compliant, and comprehensive approach to training. It streamlines the development, delivery, and reporting of training into one easy-to-use, scalable system; and it incorporates multi-modal training and mechanisms for tracking, monitoring, and alerting, as well as reporting compliance and training completion.

We train every employee — first on our organizational culture, mission, and vision, and then on their specific job role and responsibilities. During initial orientation, we will incorporate the specific requirements of the Contract to assure that employees fully understand and are able to meet Member needs effectively. We will supplement orientation with continued job-specific organizational and programmatic training provided through a broad range of modalities and formats. Ongoing training and education represents an integral part of our company culture. This

is especially important for the experienced employees who make up our clinical teams and in making sure we continue to meet all program requirements. Our training plan includes annual required training and refresher courses on cultural competency, compliance, ethics, and HIPAA. Any individual within our organization that interfaces with our Members also receives specialized training based on their role, such as Zero Suicide training for our call center staff that helps them to identify a caller in crisis, and "people first" training and resources that we provide to our writing team, which helps them make our materials more inclusive and accessible.

Training Methods and Formats

To accommodate the various learning styles and paces of our employees, we customize training and our materials reflect the various cultural competence levels, educational levels, and backgrounds of staff being trained. We use a range of different delivery methods and formats, such as instructor-led, self-directed, or web-based, and job shadowing.

Training Schedules and Completion

All of our trainings include timeframes for completion and tests for individual and organizational comprehension. Through our comprehensive staff training plans, we train and support our employees to make sure they have the resources, tools, and other support they need to be successful in their roles. We offer customized trainings in various formats, media, and schedules to promote a greater understanding of the program, processes, and population needs for all staff. We recognize not everyone learns at the same pace or in the same way.

iv. Developing Required Materials

iv. Developing all required materials.

As an incumbent MCO, Anthem already has an extensive suite of existing DMS-approved Member and Provider materials. While we understand that some materials will need to be updated or newly developed as a result of the implementation, many of the materials we use for daily operations will remain unchanged. All new or revised Member materials will be developed in accordance with Draft Contract requirements and will be submitted for DMS approval prior to dissemination, either during readiness review or within 30 days for standard submissions. In Table D.1.a-2, we offer an overview of tasks that will help ensure all required materials are ready for implementation on January 1, 2021.

Table D.1.a-2. Describing Our Anthem Implementation Required Materials

Required Task	Description
Material Inventory	Conducting an inventory of our Provider and Member materials to identify those that require updates as a result of the implementation
Revise Member Education Plan	Revising our education and outreach efforts to address the State public health priorities outlined in the Kentucky State Health Improvement Plan, 2017–2022
Continue Communications with DMS and Other Stakeholders	Revising policies and procedures for established linkages with the State, county, and local agencies serving Kentucky Medicaid and other stakeholders
Create Member Outreach and Communications Plan	Creating a marketing/outreach plan (for DMS approval) that describes revised Member communications, materials, and outreach activities
Revise Member and Provider Communications Materials	Revising program materials (such as the Member Handbook, Provider Manual, and written informational materials) for Members and Providers reflecting program changes, including new VAS, and submitting them to DMS for approval

Required Task	Description
Revise Member and Provider Websites and Online Portals	Revising the program website to reflect new Provider and Member information, including new VAS
Develop Health Promotions	Ongoing development of health promotional materials in multiple formats as we develop new programs or initiatives to promote or encourage improved outcomes based on identified health needs, new Anthem innovations, or to meet updated Contract requirements

v. Interfacing with Other Information Systems

v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.

As an experienced and trusted partner of DMS since 2014, Anthem recognizes how critically important information systems are to effective management of clinical and health care services and we maintain the systems, processes, and staffing necessary to uphold our high standards. Our MIS currently supports approximately 132,000 Members in Kentucky Medicaid. Our systems include appropriate and already developed interfacing capabilities with Subcontractors and DMS.

We are committed to being an active proponent of advancing the Kentucky Health Information Exchange (KHIE) with our Providers. We currently encourage Provider participation in KHIE through our initial welcome letter, Provider Manual, and Provider Contract. ***Under the new MCO Contract, we will assure that prior to entering into a contract with Anthem, each Provider and hospital understands and accepts the updated KHIE Participation Agreement and reporting requirements.*** We will do this by incorporating this requirement into the Anthem Provider enrollment form and procedures. Similar to other Provider enrollment form items, the Provider will be required to document KHIE participation status prior to Anthem proceeding with enrollment. For existing Network Providers, in collaboration with the KHIE coordinator, we will monitor the KHIE participation status of these Providers and conduct targeted outreach to educate and enforce the connectivity requirement. We will submit a monthly report, in the desired format, to the KY Office of Health Data and Analytics as required in Draft Contract Section 17.1. Together, we will help the KHIE and the Commonwealth meet their KHIE expansion goals to facilitate improved Care Coordination, resulting in higher quality care and better outcomes.

We have carefully reviewed the entire RFP, paying particular attention to information systems and management requirements, as well as others that impact the way our MIS receives, processes, or delivers data to support the Kentucky Medicaid program. We also reviewed references in the RFP to additional documents related to MIS operations. Through this detailed review, Anthem confirmed that our MIS can and will continue to meet DMS requirements.

In our response to Section C.6, Management Information System, we describe how Anthem integrates and uses data we receive from DMS into our MIS and our operational processes. We do not seek to create data and information that we can obtain from another source. Our MIS and operational processes use the Member enrollment, Provider master file, coordination of benefits, claims, and Prior Authorization data we receive through interfaces with DMS or its agents. Before or during the implementation phase of the new Contract, we will focus on establishing the necessary interfaces and system capabilities to support any new initiatives.

Anthem will continue to support our Kentucky programs with an MIS that is already configured to support their operations. Throughout the more than five years of our Kentucky operations, we have consistently demonstrated the ability of our MIS to meet DMS requirements and support program operations. We demonstrated the flexibility and adaptability of our MIS as we implemented the unique requirements of the Kentucky HEALTH 1115 Waiver program and as we quickly accommodated the changes in implementation dates and ultimately the cancellation of Kentucky HEALTH. Anthem is committed to providing DMS and our Members, Providers, Subcontractors, and other stakeholders access to information and systems to help create a healthier Kentucky.

D.1.b. Staffing to Support Implementation Activities and Readiness Activities

b. Proposed staffing to support implementation activities and readiness reviews.

Our proposed staffing to support implementation activities and readiness reviews includes a core Kentucky Implementation team — comprising our local Anthem leaders, national subject matter experts, and the IMO — that will partner to develop and implement solutions to meet Contract requirements. This cross-functional team will include representation from various areas, such as: clinical, quality, regulatory and compliance, Behavioral Health, operations (including claims, encounters, and enrollment), Provider relations, information technology (IT), human resources, pharmacy, and Member and Provider communications.

Upon Contract award, the Implementation team will begin planning for tasks and defining timelines based on our RFP response and the State's proposed Contract. This gives functional leads sufficient time to accomplish the work ahead of the go-live date. The IMO will support us in proceeding effectively through each phase of the implementation and meet deliverables as required by DMS, as well as internal milestones. These teams consider all relevant information, analyze upstream and downstream impacts, and quickly identify and implement the best solutions. All functional areas will come together to address gaps between current and future Commonwealth policies and objectives. As an example, when the team discusses the needs of the Member, employees from Member Services, Member Communications, Learning and Development, Technology Services, Quality, Provider Solutions, and Medicaid Digital Solutions actively participate. Each area provides a different perspective and, when combined, results in improved integration and coordination of whole-person care for our Members. The team will develop a comprehensive list of requirements and deliverables that we must meet. For each requirement, we will document a description, source, accountability, information technology component, proposed solution, and a current capability assessment to gauge the required level of effort to meet the need. From these requirements, the team will update our draft Implementation Plan to make sure it includes all tasks, durations, dependencies, and required resources. This updated Implementation Plan will be submitted to DMS on July 1, 2020.

The readiness review is a part of our overall Implementation Plan — a comprehensive and detailed work plan built and managed in Microsoft Project by a team of certified Project Management Professionals. After implementation kick-off, a cross-functional team will review the RFP and our proposal line by line to identify the business processes, policies and procedures, and systems needed to meet requirements. The review will also include other key documents, such as the Contract (including Appendix K Reporting Requirements and Reporting Deliverables).

The Medicaid Compliance Business Development team will provide centralized management of regulatory submissions, including Member and Provider material submission and approval, and document submissions for Phase One desk readiness. A Compliance Manager (with expertise in business development and implementation oversight) will help manage the continuum of desk readiness review, monitoring document requests and submission, and using twice-weekly status reports to keep leadership informed. They will establish and maintain an online accountability grid that documents ownership, collection of materials, and final submission, and allows for real-time status reporting on each requirement.

In addition, this team will work with the Commonwealth on new and changed reporting requirements and help business owners prepare for Phase Two on-site readiness. This team works collaboratively with our Kentucky Compliance team to verify that materials, decisions, and configurations align with State specifications and known preferences.

This approach to implementation is meant to build collaborative relationships and to communicate regularly with DMS, as well as Members, Providers, and all stakeholders. We embrace transparency and will keep DMS informed as we progress toward readiness review, the go-live date, and beyond. Our core Kentucky Medicaid Implementation team and leadership staff — including our national IMO — are already in place and will initiate services to oversee recruitment and training of additional, required staff as required by the Contract, as described in Draft Contract Section 8.0.

D.1.c. System Operational Implementation Requirements and Related Milestones

c. An overview of system operational implementation requirements and related milestones

We will structure our systems and processes to meet DMS' requirements for reporting, including content, recipient, and timing. We will submit required reports and information according to the timelines described in the Contract. We will maintain full compliance throughout the life of the Contract and incorporate any changes in requirements for content, format, or timeline. To stay current with new requirements, our Compliance Manager and Chief Compliance Officer will distribute regulatory changes for functional leads to evaluate impact and monitor compliance throughout the organization.

We will use a variety of reports, analytics, and tools to evaluate and monitor our operational performance against DMS' standards. Our Quality Management program will be integral to the way we manage performance standards, milestones, and deliverables. We use our Operational Performance Dashboard to provide visibility into our performance standards.

D.1.d. Using Required MCO, DMS, and Other Resources to Ensure Readiness

d. Required MCO, Department, and other resources to ensure readiness.

Anthem will demonstrate that we can meet Contract requirements through various readiness activities. As outlined previously, we are confident that we have the necessary resources, staff, and systems in place to meet all required timelines for submission of requested materials and deliverables to DMS, be responsive to questions within designated timeframes, and provide adequate space and

facilities for on-site reviews. Anthem includes all staff and Subcontractor representatives in readiness review meetings or activities as identified and requested by DMS. We outline our readiness review phases and the resources that will help ensure readiness in Table D.1.d-1.

Table D.1.d-1. Readiness Review Phases

Phase	Involves	Required Resources
Desk Readiness	Submitting requested documentation such as policies and procedures, operating guidelines, plans of action, report templates, web site mock-ups, and training materials.	• **DMS.** List of Desk Readiness requirements and associated due dates • **Anthem.** Subject matter experts to support the submission of requested deliverables; Regulatory staff to review documents for accuracy and completeness prior to submission
On-site Readiness	DMS visits the Anthem office to conduct system demonstrations and face-to-face interviews with subject matter experts.	• **DMS.** Expected on-site agenda, presentations, and/or demonstrations • **Anthem.** Subject matter experts to present on required topics and answer all DMS questions
Systems Readiness	Demonstrating capabilities of systems such as Facets, Health Intech, etc.; usually involves demonstrating claims processing and payment. Systems readiness may also involve system demonstrations of our call center, pharmacy, or medical management system applications.	• **DMS.** Companion guides or other requirements related to systems readiness • **Anthem.** IT staff to demonstrate systems readiness

Approximately 45 days prior to the go-live milestone, our Implementation team will also participate in an internal readiness review facilitated by our national IMO. The intention of this meeting is to discuss all operational components and assure that each functional area has the appropriate resources to meet operational requirements. During this meeting, our national IMO will also confirm that all involved stakeholder groups, regulatory agencies, Members, Providers, and employees will have the intended, appropriate, and contractually compliant experience upon the Member effective date and beyond.

D.2. Describing Potential Limitations or Identified Risks

2. Describe potential limitations or risks that the Vendor has identified that may impact planning and readiness, and indicate the Vendor's proposed strategies to address those limitations and risks. Include examples of similar situations the Vendor has encountered with prior readiness planning and resulting solutions.

Potential Planning and Readiness Limitations and Risks

As we leverage our nationwide Anthem, Inc. experiences with readiness review and implementation, we learned the importance of completing outreach ***providing the opportunity for listening sessions or focus groups with each of our stakeholders*** — such as DMS, local Provider systems, community-based organizations, Member Liaisons, and Members — to plan and develop successful solutions for our implementation in Kentucky. Since we completed a previous successful implementation in Kentucky, we have many of the upcoming requirements already in production with systems and processes in place to support them. Learning from our experiences, risks that may affect planning and readiness include expansion of our Kentucky-based call center.

Expanding Our Kentucky-based Call Center

Anthem is expanding our local call center for both Member and Provider support. We anticipate adding approximately 100 employees in addition to the 49 we have already hired. We will continue to recruit, onboard, and train staff prior as we expand our local call center. We will leverage the experience of our Ultimate Parent Company, Anthem, Inc. — who has experience successfully expanding call centers throughout the country. We have existing training curriculum for call center staff, which we have tailored to include Kentucky-specific requirements.

Members Transitioning from an Exiting Managed Care Organization

Any MCO who exits the Kentucky market will have a responsibility to provide a significant amount of data to Anthem to ensure continuity of care for Members and a smoother transition for Providers. It is critical that the data be accurate, complete, and in a format that can be consumed by Anthem. In addition to these challenges, they will need to assist in the transition of care management, aid in continuity of care, and perform all of the tasks necessary to minimize impact on Members and Providers.

Lessons Learned from Previous Implementations

Anthem is fully prepared to accept Members from MCOs exiting the Kentucky program as a result of this Contract award. We will leverage the experience of our affiliate plans who have successfully completed similar transition activities. This experience has taught us that:

- ***The Member and their needs are the most important priority throughout this transition phase.*** Members must remain the central focus to the Commonwealth, the exiting MCO, and Anthem for every decision, action, and transition activity.
- ***Assuring continuity of care for our new Members is vital.*** It is paramount to reduce the impact on the Member while conducting data transfers, records sharing, and communication during this transition.

- ***Proper communication and notification activities with impacted Members, Providers, and stakeholders is vital.*** The transition timeline must also allow time to properly communicate and explain changes to Members and their families and providers.
- ***Formalized structure for information sharing is required.*** Standardized formats and processes for data reporting, conducting data transfers, and records sharing to incorporate historical data into our Core Services System must be established.
- ***Anthem brings value as an incumbent.*** While working in parallel to transition Members from another MCO, Anthem eliminates the need to implement and configure systems, build a Provider Network, hire a full staff, and develop processes to meet Commonwealth requirements.

Lessons Learned in Action: In April 2019, West Virginia Family Health notified the State of their intent to exit the market by the end of June 2019. As a result of this transition, our West Virginia affiliate, received approximately 20,000 Members on July 1, 2019. To assure this transition went as smoothly as possible, they participated in weekly meetings with West Virginia Family Health's clinical team to discuss topics such as the transition of key data, including Prior Authorizations, and the identification and support of high-risk Members and their associated Providers. As soon as they received the notification that West Virginia Family Health was exiting the plan, our affiliate's Senior Human Resources Business Partner also met with their Human Resources Leadership team to discuss bringing their staff on board. As a result, not only do many of the Care Managers who would have been unemployed because of this exit still have a job, but they are able to continue supporting the same West Virginia Members they have been serving as they transitioned to our affiliate's health plan.

This demonstrates how our organization continually keeps the Member and their needs a top priority and how we evaluate transitions to capture synergies for our State partners.

Proven Approach for Successful Implementations

Anthem is committed to building on its strong foundation as an incumbent health plan to continue to exceed program requirements and meet the needs of the Members we serve. Our local health plan leadership team, led by our Chief Executive Officer, Leon Lamoreaux, oversees all components of implementation and preparations for readiness reviews, and our health plan benefits from the support of our national IMO and the lessons learned of our affiliates. Our proven approach to successfully managing implementations makes us confident in our commitment to readiness review and implementation preparedness on this new Contract.

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Anthem Medicaid

D.1. Implementation Plan Required Attachments

D.1. Implementation Plan Required Attachments

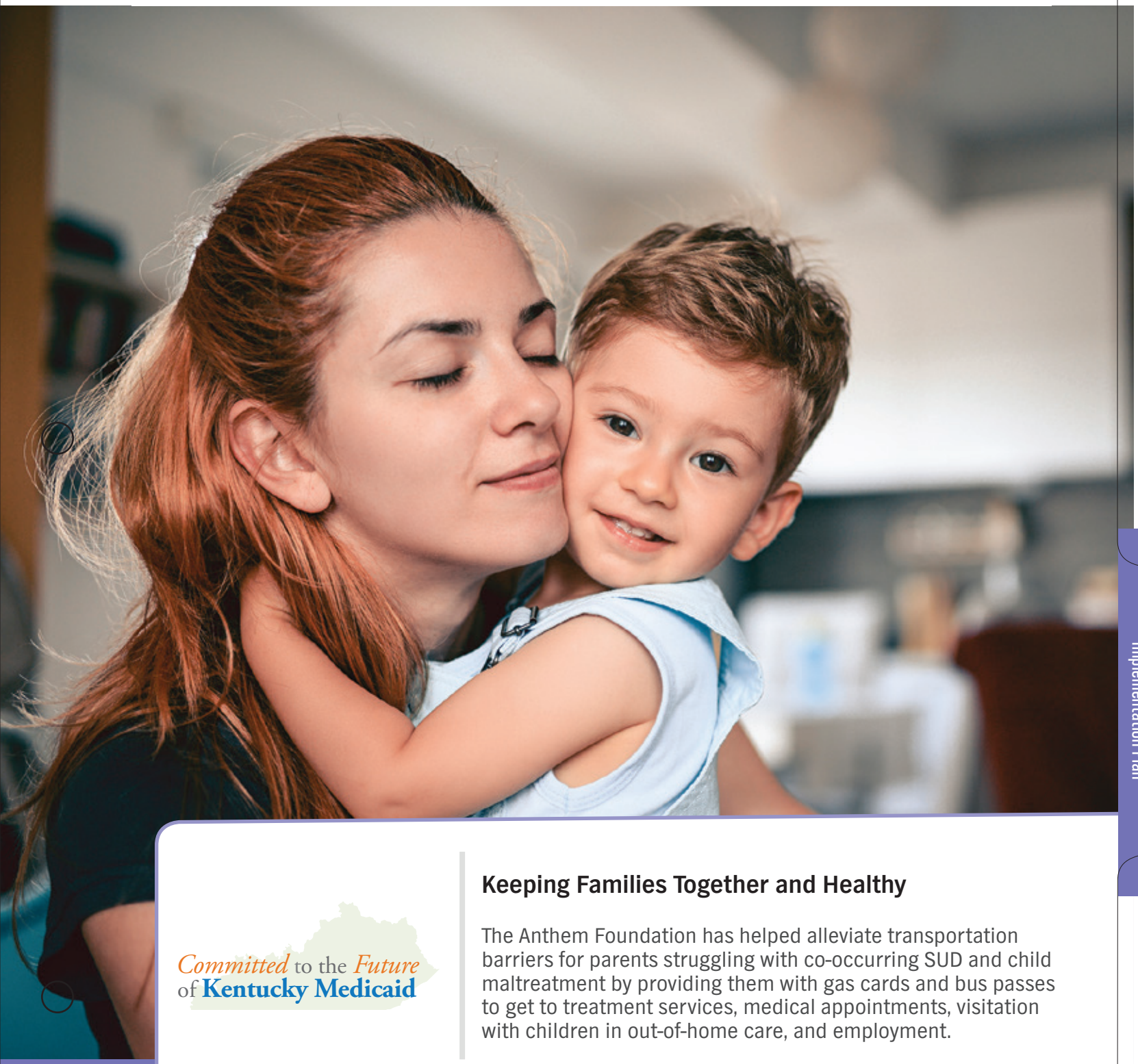
Committed to the Future of Kentucky Medicaid

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

Anthem Medicaid

Attachment D.1.a-1. Implementation Plan



Committed to the Future of Kentucky Medicaid

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

Attachment D.1.a-1. Implementation Plan

KY Medicaid MCO Proposed Program Implementation Plan

ID		Task Name	Duration	Start	Finish
1		**Kentucky Medicaid MCO - New Capabilities and Updates Only**	**290 days**	**Fri 2/7/20**	**Thu 3/18/21**
2		**Initiation Phase**	**115 days**	**Fri 2/7/20**	**Thu 7/16/20**
3		Proposal due date	1 day	Fri 2/7/20	Fri 2/7/20
4		IMO attends RFP Team internal review to begin ramp up	20 days	Mon 3/9/20	Fri 4/3/20
5		Business Development Handoff to IMO	1 day	Mon 4/6/20	Mon 4/6/20
6		Award Communications	7 days	Fri 5/1/20	Mon 5/11/20
7		Issue Award Announcement Internal Communication	1 day	Tue 5/12/20	Tue 5/12/20
8		Issue Award Announcement Press Release	2 days	Wed 5/13/20	Thu 5/14/20
9		**Legal**	**30 days**	**Tue 5/12/20**	**Mon 6/22/20**
10		Conduct contract Review Meeting	3 days	Tue 5/12/20	Thu 5/14/20
11		Sign contract with the state	30 days	Tue 5/12/20	Mon 6/22/20
12		Initial Project Documentation	7 days	Tue 5/12/20	Wed 5/20/20
13		**Implementation project setup**	**45 days**	**Fri 5/15/20**	**Thu 7/16/20**
14		Create Charter	5 days	Fri 5/15/20	Thu 5/21/20
15		Communication Plan	1 day	Fri 5/22/20	Fri 5/22/20
16		Sponsor Engagement Document	1 day	Mon 5/25/20	Mon 5/25/20
17		**IMO Project Setup Tasks (Checklist)**	**40 days**	**Fri 5/22/20**	**Thu 7/16/20**
18		Ensure Project Resource Tracking is configured	1 day	Fri 5/22/20	Fri 5/22/20
19		Kick Off Prep	7 days	Fri 5/22/20	Mon 6/1/20
20		Meet with Health Plan project sponsor	1 day	Mon 5/25/20	Mon 5/25/20
21		Create Org Charts	1 day	Tue 5/26/20	Tue 5/26/20
22		Schedule Sponsor Meeting Series	1 day	Tue 5/26/20	Tue 5/26/20
23		Schedule Kick Off Meeting	1 day	Tue 5/26/20	Tue 5/26/20
24		Conduct Project Kickoff Meeting	1 day	Mon 6/1/20	Mon 6/1/20
25		Conduct Contract Review Meeting	2 days	Tue 6/2/20	Wed 6/3/20
26		Setup Checklist	1 day	Tue 6/2/20	Tue 6/2/20
27		Setup SharePoint Site	1 day	Tue 6/2/20	Tue 6/2/20
28		Establish Issue, Risk, and Decision Logs	1 day	Tue 6/2/20	Tue 6/2/20
29		**Establish Implementation Budget**	**32 days**	**Wed 6/3/20**	**Thu 7/16/20**
30		**IT High Level Solution Design and Budget**	**25 days**	**Wed 6/3/20**	**Tue 7/7/20**
31		Review Requirements with IT Solution Leads	2 days	Wed 6/3/20	Thu 6/4/20
32		Produce IT estimates	3 days	Fri 6/12/20	Tue 6/16/20
33		Assign IT resources	5 days	Fri 6/12/20	Thu 6/18/20
34		Develop High Level IT Solution Design	5 days	Fri 6/26/20	Thu 7/2/20
35		Finalize IT budget	3 days	Fri 7/3/20	Tue 7/7/20
36		**FTE Budget**	**6 days**	**Wed 6/10/20**	**Wed 6/17/20**
37		Update Membership Projection	5 days	Wed 6/10/20	Tue 6/16/20
38		Produce Impact Assessment	2 days	Wed 6/10/20	Thu 6/11/20
39		Send membership projections and impact assessment to Finance	1 day	Fri 6/12/20	Fri 6/12/20
40		Validate Full FTE Budget	2 days	Mon 6/15/20	Tue 6/16/20
41		Post FTE Budgets to Project SharePoint Site	1 day	Wed 6/17/20	Wed 6/17/20
42		**SG&A and Capital Budget**	**22 days**	**Wed 6/17/20**	**Thu 7/16/20**
43		Review Full Implementation Budgets w/Finance	15 days	Wed 6/17/20	Tue 7/7/20
44		Final Review of Budget w/ Leadership	6 days	Wed 7/8/20	Wed 7/15/20
45		Post Budgets to Project SharePoint Site	1 day	Thu 7/16/20	Thu 7/16/20
46		**Planning Phase**	**42 days**	**Tue 5/26/20**	**Wed 7/22/20**
47		Schedule Requirements Gathering Meeting	1 day	Tue 5/26/20	Tue 5/26/20
48		Conduct Requirements Training Sessions (AM/PM)	1 day	Wed 5/27/20	Wed 5/27/20
49		Receive business area draft requirements	8 days	Thu 5/28/20	Mon 6/8/20
50		Create baseline requirements matrix	7 days	Tue 6/9/20	Wed 6/17/20
51		Conduct Requirements Matrix Review Meeting	5 days	Mon 6/22/20	Fri 6/26/20
52		Distribute Budget Template to Project Team	1 day	Mon 6/29/20	Mon 6/29/20
53		Finalize Requirements Matrix Document	1 day	Mon 6/29/20	Mon 6/29/20
54		Advise Project Team - Requirements Locked Down (Change Request)	1 day	Tue 6/30/20	Tue 6/30/20
55		Collect Initial Questions for the State and Submit to Regulatory	5 days	Tue 6/30/20	Mon 7/6/20
56		Submit business requirements to IT to create system requirements	1 day	Tue 6/30/20	Tue 6/30/20
57		Create MS Schedule	10 days	Mon 6/29/20	Fri 7/10/20
58		Create Baseline MS Project Schedule	6 days	Tue 6/30/20	Tue 7/7/20
59		Refine MS Project Schedule with functional leads	10 days	Wed 7/8/20	Tue 7/21/20
60		Obtain IMO Approval & Post Baseline MS Project Schedule	1 day	Wed 7/22/20	Wed 7/22/20
61		**Monitor and Control**	**175 days**	**Mon 6/29/20**	**Fri 2/26/21**
62		**Readiness Review**	**102 days**	**Mon 6/29/20**	**Tue 11/17/20**
63		**Desk Readiness Review**	**60 days**	**Mon 6/29/20**	**Fri 9/18/20**
64		Receive State Readiness Requirements/Tool	1 day	Mon 6/29/20	Mon 6/29/20
65		Meet with Project Team to Review Desk Readiness Review Requirements	1 day	Tue 7/7/20	Tue 7/7/20
66		Business Areas Submit Documentation to Regulatory/Compliance	50 days	Wed 7/8/20	Tue 9/15/20
67		Regulatory/Compliance Review	2 days	Wed 9/16/20	Thu 9/17/20
68		Desk Readiness Review Submitted to State	1 day	Fri 9/18/20	Fri 9/18/20
69		**Onsite Readiness (At State's Discretion)**	**37 days**	**Fri 9/18/20**	**Mon 11/9/20**
70		Determine participants/speakers	2 days	Fri 9/18/20	Mon 9/21/20
71		Create/distribute Responsibility Grid	1 day	Tue 9/22/20	Tue 9/22/20

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KY Medicaid MCO Proposed Program Implementation Plan

ID		Task Name	Duration	Start	Finish
72		Produce agenda and distribute to all participants	1 day	Wed 9/23/20	Wed 9/23/20
73		Rehearsal walk through of full presentation	14 days	Mon 9/28/20	Thu 10/15/20
74		Onsite Readiness Review (as required by State)	17 days	Fri 10/16/20	Mon 11/9/20
75		Receive Findings	1 day	Mon 10/5/20	Mon 10/5/20
76		Response to Findings	10 days	Tue 10/20/20	Mon 11/2/20
77		State Acceptance/Closure	1 day	Tue 11/17/20	Tue 11/17/20
78		**Milestone: New Contract Effective Date**	1 day	Fri 1/1/21	Fri 1/1/21
79		Schedule and Hold Daily Pre and Post Member Effective Date Meetings	45 days	Mon 12/28/20	Fri 2/26/21
80		**Execution Phase**	**141 days**	**Tue 6/9/20**	**Tue 12/22/20**
81		**Member Journey**	**90 days**	**Tue 6/9/20**	**Mon 10/12/20**
82		Submit updated Grievance and Appeal P& P	10 days	Thu 7/23/20	Wed 8/5/20
83		**Member Communications (MAMCOM)**	**90 days**	**Tue 6/9/20**	**Mon 10/12/20**
84		**Letters**	**55 days**	**Tue 6/16/20**	**Mon 8/31/20**
85		Identify Letter Impacts	5 days	Tue 6/16/20	Mon 6/22/20
86		Create/Modify Existing Letters	10 days	Tue 6/23/20	Mon 7/6/20
87		Review/Approve Verbiage and Branding	10 days	Tue 7/7/20	Mon 7/20/20
88		CMS Approval (State & CMS)	30 days	Tue 7/21/20	Mon 8/31/20
89		Execute UAT	5 days	Tue 7/21/20	Mon 7/27/20
90		Implement in Production	10 days	Tue 8/11/20	Mon 8/24/20
91		Comparison Guide Updates	60 days	Tue 6/9/20	Mon 8/31/20
92		Literature	60 days	Tue 6/9/20	Mon 8/31/20
93		**Member Handbook**	**35 days**	**Tue 6/16/20**	**Mon 8/3/20**
94		Identify MHB Impacts	30 days	Tue 6/16/20	Mon 7/27/20
95		Insert vs. Handbook	5 days	Tue 7/28/20	Mon 8/3/20
96		**End to End Service**	**90 days**	**Tue 6/9/20**	**Mon 10/12/20**
97		Call Anthem	20 days	Tue 6/23/20	Mon 7/20/20
98		Update processes for Health Risk Assessment	20 days	Tue 6/23/20	Mon 7/20/20
99		Population Health Management	20 days	Tue 6/23/20	Mon 7/20/20
100		Submit UM Program to State	1 day	Wed 7/8/20	Wed 7/8/20
101		Submit Population Health Management Program Plan	1 day	Wed 7/8/20	Wed 7/8/20
102		Survey	90 days	Tue 6/9/20	Mon 10/12/20
103		SDOH	90 days	Tue 6/9/20	Mon 10/12/20
104		**Care Management**	**75 days**	**Tue 6/16/20**	**Mon 9/28/20**
105		UM Letters	75 days	Tue 6/16/20	Mon 9/28/20
106		Referrals	75 days	Tue 6/16/20	Mon 9/28/20
107		Authorization approval/ denials	75 days	Tue 6/16/20	Mon 9/28/20
108		Transition of Care	75 days	Tue 6/16/20	Mon 9/28/20
109		Caregiver Assessment	75 days	Tue 6/16/20	Mon 9/28/20
110		Smoking and Tobacco Healthy Behaviors Program	75 days	Tue 6/16/20	Mon 9/28/20
111		Cancer DM Program	75 days	Tue 6/16/20	Mon 9/28/20
112		Maternal Postpartum Outreach Program	75 days	Tue 6/16/20	Mon 9/28/20
113		Disease Management	75 days	Tue 6/16/20	Mon 9/28/20
114		Health Risk Assessment	75 days	Tue 6/16/20	Mon 9/28/20
115		Oncology and End of Life Program	75 days	Tue 6/16/20	Mon 9/28/20
116		Behavioral Health	75 days	Tue 6/16/20	Mon 9/28/20
117		CI3 Report	75 days	Tue 6/16/20	Mon 9/28/20
118		Medical Cost Reporting	75 days	Tue 6/16/20	Mon 9/28/20
119		M360 Updates	75 days	Tue 6/16/20	Mon 9/28/20
120		Follow up Letters	75 days	Tue 6/16/20	Mon 9/28/20
121		Pharmacy (IngenioRX)	75 days	Tue 6/16/20	Mon 9/28/20
122		Prescription Benefits	75 days	Tue 6/16/20	Mon 9/28/20
123		Review end to end pricing process for transparency	75 days	Tue 6/16/20	Mon 9/28/20
124		Live Health Online	75 days	Tue 6/16/20	Mon 9/28/20
125		Add Members to existing 834 Feed	75 days	Tue 6/16/20	Mon 9/28/20
126		FasPsych Online	75 days	Tue 6/16/20	Mon 9/28/20
127		Establish 834 Feed	75 days	Tue 6/16/20	Mon 9/28/20
128		Establish claim process	75 days	Tue 6/16/20	Mon 9/28/20
129		Bright Heart Health	75 days	Tue 6/16/20	Mon 9/28/20
130		Establish 834 Feed	60 days	Tue 6/16/20	Mon 9/7/20
131		Update claim process	30 days	Tue 7/14/20	Mon 8/24/20
132		Diabetes Programs	60 days	Tue 7/14/20	Mon 10/5/20
133		**Kroger Diabetes Pilot**	**60 days**	**Tue 7/14/20**	**Mon 10/5/20**
134		Establish Program for Bluegrass Region	60 days	Tue 7/14/20	Mon 10/5/20
135		Establish Connectivity as necessary	30 days	Tue 8/25/20	Mon 10/5/20
136		**Diabetic Educational Outreach Program**	**60 days**	**Tue 7/14/20**	**Mon 10/5/20**
137		Establish Program	60 days	Tue 7/14/20	Mon 10/5/20
138		Establish Connectivity as necessary	30 days	Tue 8/25/20	Mon 10/5/20
139		Subcontractor Management	60 days	Tue 7/14/20	Mon 10/5/20
140		Validate existing processes	60 days	Tue 7/14/20	Mon 10/5/20
141		**Provider Journey**	**141 days**	**Tue 6/9/20**	**Tue 12/22/20**
142		Submit Provider Satisfaction Survey tools to state	1 day	Thu 7/16/20	Thu 7/16/20
143		Submit Provider Orientation and Education Plan	1 day	Fri 8/14/20	Fri 8/14/20
144		Provider Collaterals	50 days	Tue 6/16/20	Mon 8/24/20
145		Collaborate with state on VBP programs	30 days	Tue 6/30/20	Mon 8/10/20
146		ICQIP	30 days	Tue 7/14/20	Mon 8/24/20

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KY Medicaid MCO Proposed Program Implementation Plan

ID	Task Name	Duration	Start	Finish
147	OBQIP	30 days	Tue 7/14/20	Mon 8/24/20
148	PRTQIP	30 days	Tue 7/14/20	Mon 8/24/20
149	P4Q HEDIS	30 days	Tue 7/14/20	Mon 8/24/20
150	**CVO**	**111 days**	**Tue 7/14/20**	**Tue 12/15/20**
151	Establish transition process to TBD CVO	12 days	Tue 7/14/20	Wed 7/29/20
152	Create Policy and Procedures	10 days	Thu 7/30/20	Wed 8/12/20
153	Submit to State for approval	19 days	Thu 8/13/20	Tue 9/8/20
154	Operationalize CVO	70 days	Wed 9/9/20	Tue 12/15/20
155	Start Provider Communications meetings	120 days	Tue 6/9/20	Mon 11/23/20
156	Identify any new collaterals	90 days	Tue 6/9/20	Mon 10/12/20
157	Identify any collaterals to be rebranded	90 days	Tue 6/9/20	Mon 10/12/20
158	Submit collaterals for State acknowledgement	90 days	Tue 6/9/20	Mon 10/12/20
159	Provider collaterals ready for Readiness Review submission	90 days	Tue 6/9/20	Mon 10/12/20
160	Submit intakes for collaterals requiring contract changes	90 days	Tue 6/9/20	Mon 10/12/20
161	Provide any provider collaterals to MDS for web posting	90 days	Tue 6/9/20	Mon 10/12/20
162	Verify web posting submission are complete	60 days	Tue 6/9/20	Mon 8/31/20
163	Submit Network Plan to state	30 days	Tue 6/9/20	Mon 7/20/20
164	Update Anthem Training Academy	91 days	Tue 6/9/20	Tue 10/13/20
165	Implement Elsevier training platform	40 days	Tue 7/7/20	Mon 8/31/20
166	Develop custom trainings based on required topics	50 days	Tue 9/1/20	Mon 11/9/20
167	Submit training materials to state for approval	1 day	Tue 11/10/20	Tue 11/10/20
168	**Staffing**	**124 days**	**Thu 7/2/20**	**Tue 12/22/20**
169	Submit staffing plan, org charts and job descriptions to state	1 day	Thu 7/2/20	Thu 7/2/20
170	Post open positions	1 day	Tue 8/4/20	Tue 8/4/20
171	Hire Staff	70 days	Wed 8/5/20	Tue 11/10/20
172	Onboarding / Training	30 days	Wed 11/11/20	Tue 12/22/20
173	Privacy	30 days	Tue 6/9/20	Mon 7/20/20
174	**IT**	**7 days**	**Wed 7/15/20**	**Thu 7/23/20**
175	Review IT requirements and technical schedule	1 day	Wed 7/15/20	Wed 7/15/20
176	Update Implementation schedule with technical deliverables	1 day	Thu 7/23/20	Thu 7/23/20
177	Legal	30 days	Tue 6/9/20	Mon 7/20/20
178	**Quality**	**1 day**	**Thu 7/16/20**	**Thu 7/16/20**
179	Submit QAPI plan to state	1 day	Thu 7/16/20	Thu 7/16/20
180	Finance	30 days	Tue 6/9/20	Mon 7/20/20
181	**Program Integrity (PI)**	**15 days**	**Tue 7/7/20**	**Mon 7/27/20**
182	Evaluate any changes for CPU	15 days	Tue 7/7/20	Mon 7/27/20
183	Evaluate any changes for SIU	15 days	Tue 7/7/20	Mon 7/27/20
184	Regulatory Reporting	30 days	Tue 6/9/20	Mon 7/20/20
185	**Closeout Phase**	**49 days**	**Mon 1/11/21**	**Thu 3/18/21**
186	**Lessons Learned**	**39 days**	**Mon 1/11/21**	**Thu 3/4/21**
187	Conduct Lessons Learned survey and interviews	1 day	Mon 1/11/21	Mon 1/11/21
188	Receive & collate Lessons Learned survey results	10 days	Tue 1/19/21	Mon 2/1/21
189	Conduct Lessons Learned meeting(s)	5 days	Tue 2/16/21	Mon 2/22/21
190	Create Lessons Learned action plan	3 days	Tue 2/23/21	Thu 2/25/21
191	Execute Lessons Learned action plan	5 days	Fri 2/26/21	Thu 3/4/21
192	Project Transition to Operational Owners	6 days	Fri 1/29/21	Fri 2/5/21
193	Complete IMO Project Transition Document	1 day	Wed 2/10/21	Wed 2/10/21
194	Conduct Transition Meeting	1 day	Thu 2/11/21	Thu 2/11/21
195	Identify Participants	1 day	Fri 2/12/21	Fri 2/12/21
196	Schedule Conference Room	1 day	Mon 2/15/21	Mon 2/15/21
197	Review post go-live enhancements	1 day	Tue 2/16/21	Tue 2/16/21
198	Establish Meeting Touchbase with Account Management (1 month prior)	1 day	Wed 2/17/21	Wed 2/17/21
199	Project transition to operational owners complete	1 day	Thu 2/18/21	Thu 2/18/21
200	Formal Project Closure & Document Archival	20 days	Fri 2/19/21	Thu 3/18/21
201	Conduct project closure meeting with executive sponsor and account manager	10 days	Fri 2/19/21	Thu 3/4/21
202	Present Project Lessons Learned Report to Project Sponsor	4 days	Fri 3/5/21	Wed 3/10/21
203	Obtain formal written close project authorization from project sponsor	1 day	Thu 3/11/21	Thu 3/11/21
204	Archive all project artifacts and SharePoint site	5 days	Fri 3/12/21	Thu 3/18/21
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Anthem Medicaid

E. Emergency Response and Disaster Recovery Plan

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

E. EMERGENCY RESPONSE AND DISASTER RECOVERY PLAN

E.1. Local Situation Awareness, National Capability

Describe the Vendor's proposed emergency response and disaster recovery plan, including a summary of how the plan addresses the following areas:

1. Essential operational functions and responsible staff members;

We anticipate the unexpected. In Kentucky, the most likely disruptive events are tornadoes and ice storms, but there is potential for damage to facilities from flood, fire, or earthquake. The threat of a cyberattack is a national concern for which our Ultimate Parent Company, Anthem, Inc., like all major corporations, continues to prepare. Here in the Commonwealth, Anthem Kentucky Managed Care Plan, Inc.'s (Anthem's) comprehensive disaster recovery planning and continuous readiness demonstrate how seriously we take our responsibility as a service provider to our Enrollees (Members), our Provider Network, the Department of Medicaid Services (DMS), and our employees.

Our business continuity-disaster recovery (BC-DR) plan, redundant systems and hardware, and data recovery hot site equip us with a swift and effective response capability to anything that could jeopardize processing integrity or temporarily disable or interrupt operations — natural disaster, pandemic, major telecommunications or electrical outage, or a computer virus — with minimal impact on all constituencies. We have detailed independent disaster recovery plans for our systems, applications, and platforms, as well as business continuity plans for operations related to our systems. We have the technology and staffing to recover and restore operation of information systems, data, and software to limit service interruptions to 24 hours or less. Our information systems are compliant with NIST SP 800-34 standards. Every component of our BC-DR planning interconnects to create workplace safety for employees, contractors, and visitors; to manage emergencies effectively; and to facilitate business continuity.

We Safeguard Essential Operational Functions

Each of Anthem, Inc.'s national support business units (for example, Claims and Finance) develops and maintains a business continuity plan specific to the operational needs of its customers and stakeholders. To safeguard Member Services, Pharmacy, Health Services (clinical and non-clinical), Human Resources, Technology Services, and Finance operations in Kentucky, we ask three questions:

- What are absolute essentials that sustain the core functions of the business?
- What triggers the implementation of the BC-DR plan?
- What resources will be required and when?

These questions help us identify business process-critical paths; document the recovery strategies and resources required to support those critical paths; define roles and responsibilities; and link critical path business processes with the resources, systems, and vital records required to support response, recovery, and survival. ***Crisis management plans*** support overall response command control and communication. ***Business continuity plans*** provide for recovery of critical business functions. ***Disaster recovery plans*** provide for the recovery of system infrastructure, data, and applications. See Attachment C.6.e-1a for an overview of Anthem's Workforce Information Security Program, which covers all aspects of measures we take to demonstrate our commitment

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to data and system security. The team that evaluates the impact of any unplanned event on business unit functions and implements recovery under the direction of the Critical Incident Response team is listed in Table E.1-1.

Table E.1-1. Louisville Business Unit Recovery Team

Name, Role	Work Location	Essential Area Responsibility	Backup Contact
Leon Lamoreaux Chief Executive Officer	13550 Triton Park Blvd. Louisville, KY 40223	• Government Relations • Executive Sponsor	**Lawrence Ford** Government Relations Senior Director
Nicole Basham Chief Operating Officer	13550 Triton Park Blvd. Louisville, KY 40223	• Claims • Call Center	**Kory Legel** Manager, Medicaid Operations **Bobby Batta** Business Change Director (Secondary)
Victoria Meska Director, Population Health and Utilization Management	13550 Triton Park Blvd. Louisville, KY 40223	• Member Services • Emergency Medical Contact • Population Health Programs • Community Engagement and SDOH	**Peggy Hagan** Manager, Medical Management **Julie Horn-Easley** Community Engagement Navigator
David Crowley Behavioral Health Director	13550 Triton Park Blvd. Louisville, KY 40223	• Behavioral Health (BH)	**Kelly Bendorf** Guardian Liaison
Shaun Collins Planning and Performance Director	13550 Triton Park Blvd. Louisville, KY 40223	• Business Continuity • Safety and Security • Emergency Action Planning	**Jeremy Randall** Business Change Director
Jennifer Ecleberry Provider Network Director	13550 Triton Park Blvd. Louisville, KY 40223	• Provider Services	**Ken Groves** Provider Services Manager
Paulette Loghides Management Information Systems Director	5800 Northampton Blvd. Norfolk, VA 23502	• Management Information Systems	**Lynette Anderson** Manager, IT Account Management
Dave Burianek (Interim) Quality Improvement Director	13550 Triton Park Blvd. Louisville, KY 40223	• Quality	**Patricia Kirkpatrick** Director II Quality
Andrew Rudd Pharmacy Director	13550 Triton Park Blvd. Louisville, KY 40223	• Pharmacy	**Jeannine Murray** Staff VP IngenioRx Account Management
Genie Thompson Manager of Care Management	13550 Triton Park Blvd. Louisville, KY 40223	• Care Management	**Kelly Bendorf** Guardianship Liaison
Dr. Peter Thurman Medical Director	13550 Triton Park Blvd. Louisville, KY 40223	• All Clinical Functions	**Dr. Pradip Patel** Associate Medical Director
Jess Hall (Interim) Chief Financial Officer	13550 Triton Park Blvd. Louisville, KY 40223	• Financials	**Dennis Petersen** Finance Director
Brittany Boelscher Chief Compliance Officer	13550 Triton Park Blvd. Louisville, KY 40223	• Regulatory and Compliance	**Carvin Vaughn** Director of Compliance
Amanda Stamper Director of Community Outreach	13550 Triton Park Blvd. Louisville, KY 40223	• Marketing	**Victoria Jude** Community Relations Representative

Anthem, Inc.'s Business Continuity team, outlined in Table E.1-2, supports the Louisville Business Unit Recovery team. Steve LaBrique, Anthem, Inc.'s Business Continuity leader,

directs all policy, implementation, training, testing, and maintenance of the BC program, including the Mobile Recovery Solution and its supporting assets, the Virtual Command Center, and the Corporate Incident Response team. He oversees the other team members listed in Table E.1-2. This team does not take over for local health plans, but is available to support BC-DR efforts for any Anthem affiliate.

Table E.1-2. Anthem, Inc.'s Corporate Business Continuity Staff

Corporate Business Continuity Team	Anthem, Inc. Job Title
Steve LaBrique	Staff Vice President, Business Continuity
Janis Barry	Business Change Advisor
Jay Chambers	Business Relations Management Executive Advisor
Frederic Cooper	Senior Tech Project Manager
Lillie Gorgievski	Business Continuity Manager
James Hargreaves	Business Continuity Manager
Gary Kroc	Account Management Executive Advisor
Kristen Lafferty	Systems Analyst Senior Advisor
John Lanier	Systems Analyst Advisor
James Minnick, Jr.	Business Continuity Manager
Stephen Pratt	Business Continuity Manager
Tim Roche	Technical Program Director

During an event, our ***Virtual Command Center (VCC)*** activates to facilitate the flow of information to key managers. The VCC maintains automated call tree notification and management functionality; has repositories for business continuity documents; stores employee, site, Subcontractor, external partner, and other mission-critical information; and uses collaborative meeting tools such as a teleconference bridge in day-to-day operations. The VCC can effectively and quickly inform employees with recorded messages through our National Employee Emergency Information numbers using a process similar to the message and alert systems that school systems and police departments use nationwide.

We continually update our BC-DR protocols to align with industry best practices, changing technology and systems environments, and State requirements. Our national Technology Services department supports data and backup centers with different risk profiles, topography, and vulnerability to natural disasters and physical attacks, as well as off-site storage to assure restoration and recovery. A comprehensive backup strategy is a key component of our BC-DR plan and protects from a loss of data due to system or program failures or destruction. We consistently backup systems and databases and store copies of key files in multiple locations, including secure off-site locations.

Multiple protocols are in place to keep all parties aware of the importance of our day-to-day operations and to notice emergent risks as they participate in planning for or responding to disruptive events. Our Compliance team monitors privacy and security, while our Cyber Security Testing Center evaluates the security of web-based and mobile solutions and provides dedicated assets in a secure environment for audits, compliance assessments, regulatory reviews, and third-party testing.

Certified Professionals Support Our BC-DR Response

The employees who support our plan have significant industry experience and include Certified Business Continuity Professionals, Certified HIPAA Security Professionals, Certified Business

Continuity Management Systems Auditors, and are ITIL Foundation-certified Information Technologists.

E.2. Minimized Disruption for Providers and Enrollees

2. Plans to ensure critical functions and continuity of services to Providers and Enrollees will be met;

Assuring Critical Functions

We test our BC-DR plan annually. We provide DMS with a DR after-action report (AAR). The DR AAR covers successes and contains a plan to address the areas identified for improvement. We make sure that DMS has the information they need at all times for a smooth interface with Anthem and its Members in the event of an emergency or disruption.

At our Louisville facility, we have uninterruptible power systems (UPS) that keep power on through brief disruptions. Both UPS units are Fuji Electric UPS7300WX-T3U Series Model UPS7300WX-T3U/300-SF. The UPS and generator can run four passenger elevators, Life Safety, intermediate distribution frame (IDF) closets, main distribution frame (MDF) room and servers, emergency lighting, the east side of the building, one chiller and cooling tower 501, the chill water condenser, standby pumps, building automation system, emergency circuits in workstations and offices, the card access system, and CCTV. The Vendor who services the UPS systems and batteries estimates run time for UPS #1 with its current load at approximately 83 minutes, and UPS #2 with its current load at approximately 148 minutes (though run times can be affected by age, condition, and temperature). The UPS units were recently serviced and no issues were reported. The emergency generator is a Cummins Diesel Series QSK78 (60 HZ) 2500 KW with a 4,000 HP motor 480 Y configuration and a 6,500 gallon diesel fuel capacity. It consumes 172 gallons of fuel per hour under full-load conditions. A 3,000-amp breaker protects the building and data center, and a 100-amp breaker protects Life Safety.

Emergency Planning for Vulnerable Populations

Anthem maintains specific disaster management operating procedures and guidelines for our most vulnerable Members that cover emergency planning, implementing the emergency plan, and considerations for after the emergency. Members who reside in facility settings follow the facility's emergency and evacuation plans.

Care Managers work with Members to record and review their personal emergency plans or help them develop one. The emergency plan discussion may include assisting with registration for a county special needs registry/shelter; making sure the Member has at least two weeks of medications, shelf-stable food, water, and medical supplies; making a plan for pets; registering with county transportation if going to a shelter; and assessing the Member's desire to evacuate to a facility (based on level of care needed).

In an impending emergency, Care Managers reach out to Members on their caseload to verify and document location and contact information for the Member or their representative. Care Managers discuss early refill for medications and supply needs the Member may have, such as oxygen tanks and ventilator supplies, diabetic supplies, CPAP and BiPAP supplies, wound care supplies, or other essential items they need to obtain in advance of the event. Care Managers advise the Member about the on-call process while the event is in progress, reminding them that weather conditions may affect Providers' ability to deliver services. If the Member indicates that

the existing plan is not going to meet their needs, the Care Manager helps the Member make other arrangements.

After the Crisis has passed, Care Managers again contact their assigned Members to confirm that they are safe and coordinate delivery of services as they are needed.

Maintaining Communication with Members and Providers

We know that communicating promptly and effectively with our Members and Providers is critical in an emergency or service disruption. Our plan includes steps to notify Members or Providers depending on the type of event and the services that are unavailable. Our plan emphasizes proactive communication to Members and reduced administrative requirements for Providers, so they can focus on their own health and safety.

We use numerous methods to notify Members and Providers of an impending or ongoing emergency and to inform them about accessing services during and immediately after the emergency. Depending on the nature of the disruption and its impact on Members and Providers, notifications may be communicated via:

- **Member and Provider websites.** We may post alerts on our website notifying Members and Providers of a service disruption and how they can access services.
- **Automated calls, text messages, and email messages.** We can generate automated telephone calls, text messages, and emails to communicate information to our Members and Providers.
- **Personal calls.** Our employees may make personal calls to vulnerable Members, including those in care management.
- **Member and Provider Services call centers.** Our call centers provide up-to-date information to callers regarding how to access services.
- **Local media.** We may use local radio and television to disseminate emergency information to our Members and Providers.

Regardless of the nature of the emergency, redundant operations for key functions minimize disruption for Kentucky's Members and Providers. We can use telecommunications and networking technology among remote sites to reroute Member and Provider calls to an unaffected worksite.

In the event that we cannot operate our local call centers, we leverage Customer Care Representatives in five additional Medicaid call center facilities across the United States. Our telephonic technology circulates calls among them as necessary, creating virtual Member and Provider Services call centers. In an emergency or service disruption, we quickly and seamlessly route calls to another site to continue to serve our Members and Providers. Using our call center ***Integrated Desktop and Knowledge Management System***, representatives in other facilities have real-time access to Covered Services, eligibility, and claims data. Access to this technology allows them to support our Kentucky Members and Providers in the event of a disruption.

We also mobilize Care Managers, Member and Provider Services staff, and other clinical staff to assist Members with access to information and services before, during, and after a declared incident. Our national support services teams and affiliate health plans can help in the event of a disruption, as they did in 2017 when Florida employees relocated to Kentucky for more than a week as Category 4 Hurricane Irma hit Florida (see section E.7, Annual BC-DR Testing and Updates).

E.3. Employee Training and Awareness

3. Staff training;

Effective and efficient response to any type of emergency or business disruption requires that employees in Kentucky and our national shared services areas understand their roles and responsibilities. Our employees are prepared to:

- Maintain and update the components of our contingency plans
- Perform emergency tasks
- Designate off-site Crisis meeting places and implement Crisis communications plans

We involve employees and leadership in exercises specific to responding to an emergency. The initial response in any scenario involving employee safety is to inform the ***Corporate Incident Response team*** at the VCC (888-653-6672) and the ***National Employee Emergency Information*** number (800-422-2085). The ***Business Unit Recovery team*** (Table E.1-1) and Management team assess the severity and likely duration of the event. Our Louisville Safety and Security Director conducts biannual fire and annual tornado drills and regularly updates contact information for all employees. Our most recent fire drills were in April 2019 and October 2019, and we had our tornado drill in May 2019. Fire drills are planned for April and October 2020. The next tornado drill is scheduled for May 2020. Severe weather shelters are marked in the building, and employees on the fourth floor are directed to stairwells between the second and fourth floors. Within two hours of an event, the Business Unit Recovery team activates an employee call tree, beginning with remote (work-at-home) employees, to define the impact of the event.

Anthem, Inc.'s Employee Safety program, Business Continuity Management plan, and Emergency Management program are available to all employees on our internal website, as are the phone numbers for the Emergency Reporting Hotline, Global Security Operations Center, Corporate Security, Corporate Risk Management, and Corporate Facilities Services. Online courses are available to all employees, including one on employee safety and emergency response procedures, focusing on the actions employees should or should not take in emergencies. Instructions for evacuations and sheltering in place, managing power failures, fire or smoke, bomb threats or crimes in progress, suspicious packages, severe weather, and earthquake are available at all times on the employee site and in our in-house ***Quick Action Guide***.

To help maintain general safety and security awareness, employees receive regular emails and notification of internal news articles on safety protocols. In 2019, Anthem published a video called *Run*, *Hide*, *Fight* on our internal website to educate employees about what to do in a hostile intruder situation. An intranet page contains written evacuation drill instructions as well as training videos on emergency response procedures and automated external defibrillator (AED) use. Our National Employee Emergency Information number keeps employees updated by phone when events disrupt working hours, operations, or facilities. All Providers in our plan must follow our Blood-borne Pathogen Exposure Control Plan, and we have strategically placed mask and glove supplies to support heightened workplace hygiene during a pandemic threat. Consideration of people not being available is built into business continuity strategies at all levels.

E.4. Contingency Plans

4. Contingency plans for covering essential operational functions in the event key staff are incapacitated or the primary workplace is unavailable;

Managing Outages of Employees, Facilities, and Vendors

Anthem's contingency plans go into effect immediately with any disruptive event. Our BC-DR plan is scenario-neutral to address any situation that disrupts normal operations. If circumstances require assistance from outside Kentucky, we can reach out to Medicaid affiliates in our Central region (Arkansas, Indiana, Iowa, Louisiana, Minnesota, Tennessee, West Virginia, and Wisconsin) or, if necessary, to affiliates in our East or West regions. Kristen Metzger, President of our Medicaid Central region, can coordinate with the presidents of the West and East regions. All three regions are under the supervision of Felicia Norwood, EVP and President of our Government Business Division, and Dr. Tunde Sotunde, President of Medicaid. Our national structure and regional organization allow for quick and orderly implementation of contingency plans if there is damage to a facility or a major employee outage.

All Anthem employees are trained to respond to specific events through the Employee Safety program, and the Management and Business Unit Recovery teams (see Table E.1-1) immediately contact the Corporate Incident Response team to notify them of the situation and its expected duration. They also update the National Employee Emergency Information number so employees at any location can get the most current information related to work and unit functionality. In general, the Business Unit Recovery team continues to assess, inform, plan, and implement work continuity during these events. Contingencies for communications systems disruptions are outlined in E.6, When Normal Systems Are Unavailable.

People Unavailable

If a local event affects large numbers of employees, the Business Unit Recovery team determines the resources required for business functionality and match business needs to available personnel skill sets. We keep an annually updated list of all employees for this purpose. They call employees to verify who is able to work, evaluate impact and capacity, and to determine whether temporary or permanent staff are required. They also determine training needs required to fill any gaps in business function. The Business Unit Recovery team is authorized to develop a backlog reduction program using overtime, interim site capability, work redistribution, or any other appropriate method to manage workloads.

Facility Unavailable

For an event such as a fire, flood, or damage to a building, the Management and Business Unit Recovery teams quickly develop messaging for employees and convey that information to the Corporate Incident Response team. Together, those teams assess the duration of the facility outage. They then activate the employee call tree. If necessary, they compile information about which employees are available to travel to other sites. The primary focus of the Business Unit Recovery team in this scenario is redistribution of employees according to need and skill set, with consideration of what training, lodging, transportation, and work materials may be required at interim locations. Finally, the team begins planning for return to the permanent work site at the time it is expected to be available again.

Outsource Vendor Unavailable

When a Vendor is unable to work, the Business Unit Recovery team follows a protocol similar to an employee outage, remaining in contact with the Vendor for status updates. They identify the resource gap and any deviation from standard procedures that might be required or alternative vendors for the duration of the primary Vendor's unavailability.

Restoration of Daily Operations

Restoring day-to-day operations as quickly as possible is critical. Our BC-DR plan includes access to a substantial workspace recovery capability using a combination of resources, including network redirection of work, our national organization's worksite recovery capacity, mobile recovery resources, and secure satellite connectivity for voice and data.

In the following sections, we describe key components of our BC-DR plan that support restoring day-to-day operations, including alternate work locations, communication protocols, continuity of service to Members and Providers, and employee training and awareness.

Alternative Work Sites

The ability to provide continuing business services throughout any occurrence is critical. Our employees can seamlessly access necessary systems remotely to continue operations when their primary work location is unavailable. Using our Citrix Access Gateway, employees can securely use critical applications from any location with internet access.

To supplement worksite recovery, they can access a ***Mobile Recovery van*** within 96 hours following an event that results in unavailable network connectivity. The vans have both network and voice over internet protocol (VOIP) to support up to 500 call center seats and the following components:

- Two mobile satellite units (data connectivity for 1,000 seats each, including servers, data switches, onboard generator, and HVAC)
- Satellite connectivity for voice and data (bandwidth equivalent to two DS-3s)
- VOIP phone switch (ACD) for 500 seats/1,000 line servers and data switches
- Two satellite ground stations
- Workstations to use with mobile recovery seat

If the building is unavailable, ***Mobile Workspace trailers*** can provide seats for employees and personal computers within 72 hours. The Mobile Workspace trailers can be deployed in conjunction with or separately from our Mobile Recovery vans. The Mobile Recovery solution is tested every six months to assure its viability. With multiple protocols, our BC-DR plan supports continued operation during a disruption.

Communications Continuity

Communicating promptly and effectively is critical in an emergency or service disruption. Our plan provides multiple methods to communicate with staff, suppliers, DMS, Members, Providers, and other stakeholders.

Our VCC, staffed by the Corporate Incident Response team, manages any event-based activity (planned or unplanned) in concert with the local Business Unit Recovery team. To facilitate the flow of information, we issue redundant communication tools to key managers; maintain automated call tree notification and management functionality; have repositories for business continuity documents; store employee, site, Subcontractor, external partner, and other

mission-critical information; and use collaborative meeting tools such as a teleconference bridge in day-to-day operations. Our National Employee Emergency Information number quickly and effectively informs employees with recorded messages, using a process similar to the message and alert systems that school systems and police departments use nationwide.

E.5. Data Protection and Continuity

5. Approach to maintaining data security during an event;

Anthem's BC-DR plan is designed to protect against data loss and facilitate recovery from major unplanned interruptions to computing services. (For a full description of our Workforce Information Security Program, see Attachment C.6.e-1a.) A comprehensive backup strategy is a key component of our BC-DR plan and protects from a loss of data due to system or program failures or destruction. We consistently backup systems and databases and store copies of key files in multiple locations, including secure off-site locations. We back up our mission-critical systems at our data recovery hot site data center using near real-time replication. We also perform daily, weekly, and monthly full backups.

We use a "3-2-1" backup strategy: three copies, two different types of media, and one copy stored off-site. This approach maintains the production copy (original copy) and a replicated copy within the data center. We take a backup of the replicated copy and store it off-site.

Our Technology Services team uses Oracle tools and software with NetApp integration to solve data management challenges, such as workload management, database cloning, and backup and recovery. NetApp Snapshot technology delivers better performance and efficient use of storage. Maintaining multiple versions of the database allows for faster, near-instantaneous recovery and supports more frequent testing activities.

We store physical backup copies off-site with Iron Mountain, an industry leader in storage and information management. Our procedures detail the rotation of backup copies to and from the Iron Mountain facility in Richmond, Virginia, and the documentation and logging maintained to support tracking. In addition, we have backups and off-site storage in our alternate data centers.

Our data center in Virginia Beach hosts the majority of systems, applications, databases, and technologies that support our Kentucky operations. We maintain complete redundancy at all tiers of our system, providing high availability in addition to the production and disaster recovery instances. ***We invest in the technology and equipment necessary to support our operational and business continuity needs.***

We back up key hardware and communication lines that enable us to switch operations quickly from one piece of hardware to another. In most cases, we maintain mirror images of files so that if the hardware fails, a system can be quickly switched to operate from those recovery environments.

To support disaster recovery, mission-critical systems in Virginia Beach have replicated backups at our data recovery hot site data center in Harrisonburg, Virginia, an additional solution for a widespread event that affects our primary data center. By the end of 2021, we plan to move production applications from Virginia Beach to Richmond, Virginia, and to move non-production applications to our data recovery hot site, described in the next section.

Our Data Recovery Hot Site

Our data recovery site, or hot site, is in Harrisonburg, more than 220 miles from our Virginia Beach data center. Our Ultimate Parent Company, Anthem, Inc. owns the Harrisonburg Data Center (HDC). The HDC includes equipment to support our most critical medical management and Member/Provider contact applications, clinical criteria, Fax II/Rightfax databases, imaging and workflow document management, and call center workforce management. There is continuous real-time replication between the production data center in Virginia Beach and the recovery hot site to keep critical applications and data in sync with production.

Because Anthem, Inc. owns our recovery hot site, the Technology Services team does not rely on a Vendor for disaster recovery testing or actual recovery of operations. Rather, Technology Services fully controls the location, capacity, and resources to support a recovery event. In a regional event, this mitigates the risk of competition for shared Vendor resources inherent with an outsourced solution.

The geographic distribution and different risk profiles, including the topography of the area for vulnerability to natural disasters and malicious physical attack, support the HDC's use as a recovery hot site for our Kentucky operations. The HDC is an Uptime Institute Tier III Certified facility. Certified in design and construction, it is one of only 50 of its kind in the country. The facility's construction is also Leadership in Energy and Environmental Design (LEED) Silver-certified.

The HDC is 102,000 gross square feet, has top-level physical security, and an electrical substation on premises that has a 33-megawatt capacity in a fully redundant, mirrored system (2N configuration). Physical security includes a perimeter fence, 24/7 on-site staffed security operations, and surveillance cameras. Access to the building, the data center, and individual data halls requires a security key card and entry of a PIN (something you have and something you know). Biometric controls provide additional security to the data center. Security systems log and track all personnel movements.

The HDC's configuration supports maintenance, replacement, and improvement of critical infrastructure without affecting operations. The design is simple but highly redundant. The configuration provides UPS-protected dual-path distribution to each server rack. The system has no single points of failure from the utility source to the rack level and is concurrently maintainable.

HDC has four data halls (10,000 square feet each) to allow for segregation of sensitive environments, with one hall dedicated as the recovery hot site. HDC currently has more than:

- 450 devices deployed
- 4,500 Intel cores of compute with 45 terabytes of memory
- 500 Power8 cores of compute with more than 10 terabytes of memory
- 2,500 terabytes of data replicated

Persistent environments for certain mission-critical infrastructure and systems (network, DNS/DHCP, security authentication, and backup and recovery) are live and in place at all times to support faster recovery.

For cooling, the HDC has a high-efficiency water-cooled solution to handle peak demand conditions of 105° Fahrenheit. The design includes on-site backup water storage tanks to support approximately 24 hours of operation.

For electricity, in addition to the on-site substation, the HDC has seven dedicated 2.5-megawatt generators, each with a 3,000-gallon belly tank. Two 20,000-gallon aboveground storage tanks provide long-term fuel, if necessary. The generators are tested monthly.

For fire protection, all four data halls have a Very Early Smoke Detection System Apparatus (VESDA) installed. VESDA systems are aspirating smoke detection used for early warning applications where response to a fire is critical. The VESDA detectors communicate with our security and building monitoring systems.

E.6. When Normal Systems Are Unavailable

6. Communication methods with staff, Subcontractors, other key suppliers, and the Department when normal systems are unavailable; and

Our staff, Subcontractors, and our relationship with DMS are critical to our ability to serve our Members in the event of an emergency, and proactive outreach is critical. In situations that allow for some preparation, we communicate through our Member- and Provider-facing websites, fax blasts, phone trees, and calls to hospitals, dialysis centers, durable medical equipment (DME) Providers, and Subcontractors. Once the Corporate Incident Response team and the National Employee Emergency Information line have been advised of any unexpected event, the Management and Business Unit Recovery teams initiate a conference call if phone service is available to begin assessment of the situation and activate BC-DR plans as indicated. Our Chief Compliance Officer, along with our Planning and Performance Director, contacts key members of DMS via phone and email to directly communicate and update them with regard to unavailable systems. In the following scenarios, we outline our planned response to outages of systems that would normally be in use during business hours.

Communication Systems Disruptions

No Inbound Calls

In this scenario, an incident has occurred that results in no inbound calls being received at the site. The recovery strategy focuses on routing critical call volume to other locations. An internal telecommunications expert might make the first contact with the Help Desk, as outlined in Table E.6-1.

Table E.6-1. Response to Loss of Inbound Call Capability

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of situation • With Management team, assess duration based on information and determine Action Plan • Notify employees of situation • Notify Corporate Incident Response team about expected duration and provide instructions • Continue to communicate with employees and Help Desk regarding updates • Direct call takers to alternate work activities • Anticipate need for staggered hours, partial staffing, or releasing employees for day
Event Duration	• Engage Work Force Management contacts to redirect call volume as appropriate • Continue to update Corporate Incident Response team and National Employee Emergency Information number

Timeline	Business Unit Recovery Team Actions
	• Discuss employee work scheduling and reassignments to interim site • Develop backlog reduction strategy
Event Resolution	• Initiate actions for returning to normal work conditions when appropriate • Deactivate en route announcement • Initiate backlog reduction and plan to address initial increased call volume

No Outbound Calls

In this scenario, Customer Care Representatives will still be able to receive calls. The recovery strategy involves using available means for outbound communication. See Table E.6-2 for list of response actions.

Table E.6-2. Response to Loss of Outbound Call Capability

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of situation • With Management team, assess duration based on information • Notify Corporate Incident Response team about expected duration and provide instructions • Continue to communicate with Help Desk regarding updates • Develop Action Plan based on call-back volume • Develop backlog reduction strategy • Management team notifies employees via email or in person • Update key stakeholders via email as appropriate • Develop backlog reduction plan to be used when outbound calls available again
Event Duration	• Continue as above until outbound calls are operational • Continue to update Corporate Incident Response team and National Employee Emergency Information number • Initiate backup log reduction strategy and track progress • Advise key stakeholders via email as appropriate
Event Resolution	• Initiate actions for returning to normal working when appropriate • Deactivate en route announcement • Initiate backlog reduction and plan to address initial increased call volume

Fax Unavailable

In this scenario, inbound and outbound fax lines fail. The recovery strategy focuses on redirecting fax copy to working fax machines in other departments or at other sites, as outlined in Table E.6-3.

Table E.6-3. Response to Loss of Fax Capability

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of situation and open ticket to have fax line redirected if appropriate • With Management team, assess duration based on information and advise remote and in-house employees that fax machines are not available • Continue to communicate with Help Desk regarding updates
Event Duration	• Continue as above until permanent fix is in place
Event Resolution	• Contact Anthem's Technical Help Desk and open ticket to have fax line redirected back to permanent fax line • Advise employees of restored fax capability

Automated Call Distribution, Interactive Voice Response Unavailable

In this scenario, the only impact to automated call distribution being down would be to reporting. The recovery strategy would focus on managing incoming call volume and advising all parties about loss of interactive voice response. See Table E.6-4 for more detail.

Table E.6-4. Response to Loss of Automated Call Distribution and Interactive Voice Response Capability

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of the situation • With Management team, assess duration based on information and advise in-house employees of loss of functionality • Notify Corporate Incident Response team about expected duration and provide instructions • Continue to communicate with Help Desk regarding updates • Activate en route announcement • Develop Action Plan based on expected duration and impact to caller (no self-service, potential ring with no answer, recording advisory about technical difficulties)
Event Duration	• Continue to update employees, Corporate Incident Response team, and National Employee Emergency Information number • Maintain contact with Anthem Technical Help Desk • Notify key stakeholders if appropriate
Event Resolution	• Initiate actions for returning to normal working when appropriate • Deactivate en route announcement • Initiate backlog reduction and plan to address initial increased call volume

Network Operations Disruptions

Data Network Connection Unavailable

In this scenario, an incident has occurred that prevents connection to the network and access to mainframe applications. Depending on the location of local servers, no access is available beyond the limited capabilities of a desktop PC. The recovery strategy focuses on routing critical volume to other locations. Refer to Table E.6-5 for a full response strategy outline.

Table E.6-5. Response to Loss of Data Network Connection Capability

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of situation • With Management team, assess duration based on information • Inform employees about situation and expected duration; assign system-independent work where possible • Notify Corporate Incident Response team about expected duration, instructions, need for alternate site or data connection, and requirements • With Management team, update remote and in-house employees • Continue to communicate with Help Desk regarding updates • At two to four hours, evaluate appropriateness of sending employees home and activate call tree, beginning with remote employees • Assess interim workstation availability and resource deployment based on skill set and ability to travel, overtime strategy at all operating locations • Assess training needs of interim worksite staff • Assess and communicate workflow process changes to internal stakeholders • Arrange transportation and lodging for redistributed employees • Develop alternate work distribution plan using phone or fax to sites and remote employees • Evaluate level of backlog and timing of critical due dates • Evaluate appropriateness of contacting key internal and external stakeholders (including outsource Vendors) to inform them of situation

Timeline	Business Unit Recovery Team Actions
Event Duration	• Continue to update employees and Corporate Incident Response team • Continue to monitor backlog and timing of critical due dates • Determine ongoing resource gap • Review daily actual versus projected production • Assess availability of recently separated or retired employees • Communicate and coordinate with dependent internal stakeholders • Assess and communicate workflow process changes to internal stakeholders
Event Resolution	• Verify that workstations and phones work correctly • Create phased approach to returning employees to permanent site • Assess and communicate workflow process changes to internal stakeholders for returning employees

Local Server (LAN) Unavailable

In this scenario, an incident has occurred that prevents access to the local server or mainframe applications. The recovery strategy focuses on routing work to sites not experiencing data network issues, as outlined in Table E.6-6.

Table E.6-6. Response to Loss of Local Server Contact

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of critical situation • With Management team, assess duration based on information • Inform employees about situation and expected duration • Make alternative work assignments where possible (not requiring mainframe) • Notify Corporate Incident Response team about expected duration and instructions • With Management team, update remote and in-house employees • Assign work to remote employees as appropriate • At two to four hours, evaluate appropriateness of sending employees home and activate call tree, beginning with remote employees • Maintain contact with Help Desk regarding updates • Assess interim workstation availability and resource deployment based on skill set and ability to travel, overtime strategy at all operating locations • Assess training needs of interim worksite staff • Arrange transportation and lodging for redistributed employees • Assess and communicate workflow process changes to internal stakeholders • Develop work alternative distribution plan via phone or fax to sites and remote employees • Develop overtime plan for remote employees • Assess and communicate workflow process changes to internal stakeholders • Evaluate appropriateness of contacting key internal and external stakeholders (including outsource vendors) to inform them of situation • If employees were sent home, activate call tree, beginning with remote employees
Event Duration	• Continue to update employees and Corporate Incident Response team about need for alternate site or data connection and requirements • Evaluate level of backlog and timing of critical due dates • Determine ongoing resource gap • Review daily actual versus projected production • Assess availability of recently separated or retired employees • Communicate and coordinate with dependent internal stakeholders • Assess and communicate workflow process changes to internal stakeholders
Event Resolution	• Verify that workstations and phones work correctly • Create phased approach to returning employees to permanent site • Develop a backlog reduction program • Assess and communicate workflow process changes to internal stakeholders for returning employees

Data Center Unavailable

In this scenario, an incident has occurred that brings down the mainframe. The recovery strategy for the mainframe would be activated. The business recovery strategy focuses on communication with internal and external stakeholders, tracking backlog, and having employees perform any work that would not require mainframe access (as a local server is available). See Table E.6-7 for details of the response strategy.

Table E.6-7. Response to Loss of Contact with Data Center

Timeline	Business Unit Recovery Team Actions
First 24 Hours	• Contact Anthem's Technical Help Desk to inform them of critical situation • With Management team, assess duration based on information • Inform employees about situation and expected duration; assign system-independent work where possible (any tasks not requiring mainframe access) • Notify Corporate Incident Response team about expected duration, instructions, and need for alternate site or data connection and requirements • With Management team, update remote and in-house employees • Continue to communicate with Help Desk regarding updates • After four hours, evaluate appropriateness of sending employees home • Send employees home as necessary
Event Duration	• Continue to update Corporate Incident Response team and employees via the National Employee Emergency Information number • Continue to hold conference calls with Anthem's Technical Help Desk • Evaluate appropriateness of contacting key internal and external stakeholders (including outsource vendors) to inform them of situation • Coordinate with site Emergency Response Leader and Corporate Incident Response team and site Emergency Response Leader
Event Resolution	• Verify that work site is ready • Notify employees to return to work

The following section illustrates the real-life test of Anthem's BC-DR planning when a major hurricane affected our affiliate in Florida.

Disaster Planning in Action: Hurricane Irma

Before the Hurricane Hit

As Hurricane Irma approached southern Florida on September 4, 2017, our affiliate there activated their Hurricane Preparedness Plan, a geographically indicated adjunct to their BC-DR plan that outlined the responsibilities of critical functional areas in addressing the needs of Members, Providers, and employees as they prepared to evacuate or shelter in place. They began outreach to vulnerable populations (Medically Complex, in long-term care, ventilator- or oxygen-dependent, on dialysis, or late-stage or high-risk pregnancy) and opened up transportation services for evacuation assistance in areas of anticipated landfall. They lifted pharmacy edits and accelerated Member access to necessary medications, supplies, and DME. They contacted care facilities to make sure they had adequate supplies, generators, caregivers, and evacuation plans in place to protect the well-being of Members. Anthem, Inc.'s national call centers augmented services to more effectively assist Members with storm-related questions and direct them to the appropriate resources using a database listing Federal Emergency Management Agency (FEMA) contact points, Red Cross locations, shelter information, and evacuation orders. They added all pertinent information to their Member website as well.

They deployed a 20-person, cross-functional "go team" to a non-impacted location in Kentucky for more than a week to address Member and Provider needs and concerns, as most

employees in the Miami area were without power for several days. The "go team" in Kentucky supported multiple operations for Florida, including:

- Entering service notifications into our system to facilitate claims processing
- Coordinating critically needed care for Members
- Coordinating transportation needs
- Providing eligibility and payment information to out-of-state Providers delivering care for evacuated Members
- Handling Member and Provider concerns
- Processing Member Grievances and Appeals

They initiated twice-daily Emergency Response meetings with senior leadership to review and strategize Member and employee contingency planning and coordinate operational communications. They also established daily Clinical team meetings to coordinate and address the clinical needs of Members, with a triage list to assure that Members with critical needs were addressed.

During the Hurricane

Throughout the storm, our Florida affiliate continued twice-daily Emergency Response meetings, with participation from senior management as they were able, to assure Member and employee communication and safety. They also continued daily Clinical team meetings to coordinate and address Member clinical issues. They updated phone messages to explain that offices were closed, giving Members and Providers instructions on how to communicate throughout the storm, and waived administrative requirements for Providers to allow clinical flexibility. The "go team" had daily meetings with senior management to address any new Member or Provider concerns, responded to Member and Provider needs during the storm, and continued to process Grievances and Appeals.

> When Hurricane Irma hit Florida, our call centers in other states picked up calls from that area. Members in the affected area continued to receive timely, accurate, and program-specific information and services.
>
> KY_Hlth2019_Florida_COB_01

After the Hurricane

Activities after the hurricane focused on assessing the impact to Members, Providers, employees, and other stakeholders and returning to normal operation. All of our affiliate's offices opened within 48 hours, with 85% of staff reporting for work. Twice-daily Emergency Response meetings and daily clinical meetings continued and the plan maintained close contact with the State, providing proactive updates on their activities and Member needs. They continued to provide Member and Provider support 24/7 through the call center, with additional support from our national call center, and they supported staff in going out into the field to personally deliver needed supplies and assess Member needs.

Just as we continue to refine integrated health care, we continue to think about BC-DR planning in a way that connects all levels of the organization in a cohesive operational environment. We consider the safety of all who engage in that environment, either directly or at great distance, protecting the Commonwealth and its citizens in every way we can.

E.7. Annual BC-DR Plan Testing and Updates

7. Testing plan

Anthem conducts several comprehensive disaster recovery exercises every year, unhindered by Vendor testing windows because of our dedicated DR site. Our detailed national disaster recovery base plan outlines all protocols for affiliate plans to follow and assigns responsibility for each task. Our Technology Services department assesses business unit recovery, telecommunications, and local communications capabilities at least annually in its ongoing program of BC-DR plan testing. Technology Services assigns employees to disaster recovery teams along with developed contingency plans for worst-case scenarios and lower-level failures. Scenarios include testing and restoring applications at the disaster hot site recovery facility (see section E.5, Data Protection and Continuity) and verifying the ability of alternate locations to assume business operations during a disruption. DR teams take ownership of business operations recovery by reviewing all documentation, making recommendations, alerting contingency planners of system changes and upgrades, and participating in testing data center recovery plans. Recovery objectives for each individual critical system are established in advance. Tests are designed to reflect the actual workload that would be required in any disruptive event. We assign each item a priority (with corresponding 30-day or 60-day service-level agreement) and track them to closure. We analyze test results to identify potential problem areas and improve the plans. We provide DMS a DR AAR that outlines successes, areas for improvement, and plans to address those areas.

In accordance with the Contract, our Incident Response Plan aligns with the Kentucky Cabinet for Health and Family Services (CHFS) Office of Administrative and Technology Services Information Security (OATS) Incident Response Plan. CHFS representatives are invited to all meetings and given information pertaining to the performance of disaster recovery drills. We defer to OATS on any changes or updates they wish to make to our policies during the Contract term. Any event that meets the CHFS criteria of an Incident are reported to CHFS in a fully descriptive Incident Report as soon as possible to adhere to federal and State data breach reporting requirements: within one hour to Social Security Administration; 24 hours to Internal Revenue Service; 72 hours to the Commonwealth of Kentucky; and within 60 days to HIPAA in accordance with the HITECH Act. The Incident Report contains as much information about the incident as we have, results of any investigation, its impact and remediation, considerations for prevention, and any pertinent logs, screen shots, or situational recreations that help CHFS assess the severity of the incident.

We test business continuity at least annually using a combination of tabletop exercises and evaluating our workspace recovery capability. The team structures tabletop exercises to simulate an incident that escalates to disruption. Designated employees participate and discuss the steps to be taken in accordance with the plan. In workspace recovery testing, employees simulate an incident that requires them to telework or relocate and test access to required systems.

The Technology Services department also reviews and updates application recovery and technical recovery guides at least annually as part of the recovery testing process and after major system changes. Some application systems have dedicated standby hardware in a second location that can be quickly activated if the primary site fails. Storage Area Network replication and database log shipping keep database copies at secondary sites synchronized with production.

Critical systems that are not replicated are protected by warm-site agreements, through which Technology Services restores the latest production backups onto new hardware and brings the systems up as production replacements. Redundant circuits connect the disaster recovery warm sites and are tested regularly. In a disaster, the recovery sites become part of the production network.

During our annual review, we amend or update our BC-DR plan as necessary to make sure that it aligns with applicable federal or State laws and regulations and supports our ability to serve our Members, Providers, and other stakeholders. In addition to our annual review, major system upgrades or significant operational changes prompt a review to determine whether any aspect of our BC-DR plan needs revision.

Anthem Remains Vigilant to Assure Business Continuity

As described throughout this section, Anthem takes BC-DR very seriously. Assuring that Members are always able to access services is our highest priority, and our systems and processes include built-in redundancies and backup plans that are ready to be implemented in the event of a disaster. We consistently review and update our BC-DR plan in order to assure continuous service and operations for our Kentucky Members.

Anthem Medicaid

F. Turnover Plan

Committed to the Future of Kentucky Medicaid

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

F. TURNOVER PLAN

F.1. Vendor Approach to Turnover Planning

Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:

1. A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities.

Anthem Kentucky Managed Care Plan, Inc.'s (Anthem's) Turnover Plan for the Kentucky Medicaid Contract complies with the requirements in Attachment C, Draft Contract, Section 39.12 - Obligations upon Termination. We continue our longstanding commitment to providing health care services to the Commonwealth with many significant business lines and obligations. We will make sure all turnover activities are fully supported and accomplished to best serve the Enrollees (Members) and Providers of Kentucky Medicaid.

Our overarching goal of the Turnover Plan is to serve our Members and Providers in Kentucky through the end of any contract term — our responsibility to those stakeholders continues through any turnover or transition to assure continuity of care as they may transition to another Managed Care Organization (MCO) or other State program.

Our Turnover Plan, also called the Transition Plan in Attachment C, Section 39.12, addresses Anthem's required turnover activities and coordination with DMS or another Vendor who may assume responsibilities. The Turnover Plan is a comprehensive document that includes the proposed schedule, activities, and resources required to support Contract termination and turnover with the following goals:

- Assure a smooth transition
- Provide Covered Services to Members
- Coordinate with DMS or another Vendor assuming responsibilities to securely transfer data and Member records

Approach to Providing Turnover Planning in the Event of Contract Expiration or Termination

If DMS issues a notice of termination, our Contract with DMS ends, and Anthem will provide a written Turnover Plan for DMS approval. In the event of Contract termination, we will provide the Turnover Plan within ten (10) days of receiving Notice of Termination from the Commonwealth; and revise and resubmit the Turnover Plan as required by DMS. Anthem will coordinate with DMS and other Vendors as necessary in the development of our Turnover Plan.

Through our affiliates, we have experience replacing a Vendor that left a market, as well as experience as an existing Vendor taking on additional membership when a peer left that market. It is these experiences that guide what actions to take to assure a smooth turnover and transition, minimizing impact on our Members and Providers in the Commonwealth.

The Turnover Plan will address all activities, resources, schedules, provisions of services, and data and record maintenance and transfer outlined in Attachment C, Draft Contract, Section 39.12. We focus on the following Turnover Plan components to implement a turnover:

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

- Appointing a Post-transition Liaison
- Providing sufficient staff in all operations across all Member populations
- Providing Covered Services to Members as required in the Contract Section 39.12
- Transferring both Member and Medical Records to appropriate Providers
- Resolving Grievances and Appeals in the timeframes stipulated by the Contract
- Submitting encounter data, reports, and performance data
- Adhering to DMS schedule for all information requested during Turnover
- Maintaining records for audit and inspection by DMS, CMS, and other authorized government officials

Summary of Support Provided for Turnover Activities

We document the following support services in Anthem's Turnover Plan:

- **Member Enrollment and Communication.** To minimize disruption, Anthem will coordinate closely with DMS, developing communications under the existing DMS approval guidelines and requirements. All Members will receive a DMS-approved letter, explaining the reason and process for turnover and the key staff, such as Member Services and Member Liaisons, available to assist during turnover. The letter will also provide the toll-free number for Member Services and emphasize the availability of Care Managers to assist with turnover activities.
- **Authorizations.** To enable other MCOs to comply with DMS requirement to honor authorizations during the turnover period, Anthem will provide DMS with HIPAA-compliant data, identifying all Members with open authorizations. This data will contain sufficient information for the subsequent Vendor to manage the authorization, including Member information, authorization type, authorization units, and Provider information. Our Turnover Plan will include the Member's history; a summary of current physical health (PH), Behavioral Health (BH), social determinants of health (SDOH) needs, and immediate needs; and services required, their frequency, and who will provide these services, along with care plans, information on care management level, and any chronic condition management involvement.
- **Provider Contracts and Communication.** Anthem will not automatically terminate agreements with Providers upon departure from a Contract. We will prepare a communication to Providers to explain the timeline for our activities and remind them of the processes for transitioning authorizations to other MCOs. All communications will be coordinated through DMS approval process.
- **Member and Provider Services Training.** Prior to turnover, we will train our staff so they thoroughly understand the additional required turnover activities and their roles in minimizing impact on Members and Providers. Staff will undergo training on requirements and timelines, Anthem functional area turnover responsibilities, and coordination with DMS or a successor Vendor. Care Managers, Nurse Hotline Nurses, BH Services Hotline Representatives and Clinicians, and Customer Care Representatives will receive additional training on communication protocols for Members, parents, families, guardians, and Providers; frequently asked questions during turnover; and new DMS or successor Vendor contact information. Care Managers will receive additional training on triage and turnover priority planning, continuity of care policies and strategies, and identifying and addressing potential challenges during care transition. Potential challenges covered will include eligibility redeterminations, BH crises, hospitalizations, and continuity of pharmacy therapies during transition to a new MCO.

- **Anthem Employees and Facilities.** Anthem will evaluate the need for facilities and staffing changes as business needs evolve. If necessary, we will develop a timeline to close an office in coordination with turnover activities and the terms of our building lease. Our multi-product commitment to the citizens of Kentucky will help assure we will have local staff available even if an office closes. We will forward phone calls and mail to other Anthem or affiliate offices for direction to local or regional staff.

Required Coordination with DMS or with Another Vendor Assuming Responsibilities

To facilitate continuity of care for our Members, meetings and discussions aimed at supporting a smooth turnover will take place with DMS or the Vendor who is assuming responsibilities of the Contract. Anthem will develop a transition plan for these Members and will work closely with all involved parties to schedule meetings either face-to-face or electronically, as appropriate to coordinate each transition task. We communicate with DMS and the other Vendor to schedule meetings, including any required turnover training, at a time that does not impede Contract operations or interfere with Member care needs. For Members with complex medical conditions, an Anthem Care Manager would facilitate coordination with DMS or another vendor. Further, we understand special considerations must be taken for our Members who will be transitioning to the SKY program. Minimizing re-traumatization should be a guiding principle when transitioning these children and youth and this can be achieved by minimizing any duplication in assessments and disruption in trusted relationships. Therefore, it is essential that service and Provider disruptions are minimized and all information captured in our care management system, Health Intech, is shared with the SKY vendor. We fully understand the transitioning of these Members must be done in close collaboration with the Department for Community Based Services (DCBS) and, for dually committed youth, Department of Juvenile Justice (DJJ) as well as the SKY vendor.

F.2. Documentation and Data Turnover to the Department

2. Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program.

Approach to Identifying and Submitting Documentation, Records, Files, Methodologies, and Data for DMS to Continue Program

To support a seamless transition for Members and Providers, Anthem will provide data and information as requested by DMS and in accordance with Attachment C Draft Contract, Section 39.12 Obligations upon Termination, including the following:

- **Care Management.** Anthem will share staffing and program documents, as well as details on Member engagement, with the care management team, inclusive of contact logs, care plans and care management level.
- **Utilization Management.** Anthem will share information about current and historical utilization that would enhance the ability of the receiver to conduct predictive modeling with DMS or a subsequent Vendor in the format DMS designates.

- **Pharmacy Management.** Anthem will share all Pharmacy reports for collection of pharmacy rebates and assist in resolving manufacturer drug rebate disputes for claims incurred prior to the contract termination date.
- **Record and Data Management.** Transfer Member and Medical Records to other Providers
  - Submit encounter data for all claims incurred for dates of service prior to Contract termination
  - Submit performance data with a due date following Contract termination or expiration, but covering a reporting period prior to Contract termination or expiration
  - Submit unpaid claims data submitted by out-of-network Providers
  - Submit information in formats required by DMS no later than thirty (30) days of the request
  - Maintain all records for audit and inspection by DMS, CMS, and other authorized government officials, in accordance with terms and conditions specified in this Contract

We will appoint a Post-Transition Liaison who will continue to work with DMS and our Anthem Support Services and staffing until DMS notifies us of the completion of all turnover and closeout activities.

F.3. Resources and Training for Department or Contractor for Turnover of Operations

3. Resources and training that the Department or another contractor will need to take over required operations.

Resources

Anthem leadership coordinates turnover resources for activities that include the resources and training DMS or another Vendor will require to take over operations. We will work closely with DMS to make sure Members and Providers are fully supported in the event of a turnover and we will provide resources and training necessary to accomplish all turnover requirements outlined in the Draft Contract. Table F.3-1 lists organizational areas and staff responsible for primary deliverables incorporated into the Turnover Plan required in turnover execution.

Table F.3-1. Anthem's Turnover Plan Clearly Delineates Responsibilities for Key Activities

Organizational Area	Key Activities and Deliverables	Responsible Staff
Service Administration	• Transfer mail and telephone for post-turnover support • Complete office space planning and closure as necessary	Real Estate Manager
Claims Operations	• Complete claims run-out	Claims Processing Manager
Claims Payment Integrity	• Complete Provider over- and under-payment processing	Claims Processing Manager
Information Systems	• Prepare data dictionary, map data, and test for file and data transfers • Identify data file recipients (DMS, Vendor, or other entities) • Identify file format (data mapping or data dictionary) and transfer method • Generate and test data files • Generate and execute data transfers	Management Information Systems Director

Organizational Area	Key Activities and Deliverables	Responsible Staff
Member Services	• Complete Care Manager staff turnover training • Design Care Manager turnover communications protocols • Maintain Member and Provider services toll-fee numbers during turnover	Member Services Manager
Member Enrollment	• Validate termination of Members in the Core Services System • Identify and remediate Member termination issues	Member Services Manager
Health Care Management Services	• Review and approve Prior Authorization data transfer file • Manage continuity of care transitions, including those for Members who are inpatient during transition • Identify and produce necessary Prior Authorization reports • Identify and produce necessary Care Plan reports	Utilization Management Director Care Management Director
Legal	• Complete contract terminations or amendments	General Counsel
Provider Relations and Communications	• Complete Provider Relations turnover training • Draft Provider termination letter, obtain DMS approval • Distribute Provider termination letter and notify downstream Providers	Provider Network Director
Quality Management	• Submit self-reported, audited HEDIS® data to DMS	Quality Improvement Director
Regulatory	• Update reporting grids and attestations on regulatory and internal reporting • Determine reporting time period • Verify that financial and regulatory reporting continue through turnover phase • Complete Turnover Results Report	Compliance Manager
Subcontractor Management	• Identify and coordinate needed DMS or subsequent Subcontractor training	Program Manager Execution and Oversight

Training

Anthem will provide turnover training, including resources and materials DMS or another Vendor needs to perform a successful Contract transition without disrupting Member or Provider services. Our Anthem organizational staff will participate in training sessions. We will coordinate training sessions with DMS or another Vendor to make sure the required personnel is available to receive training. We will answer all questions related to training in any format acceptable by DMS and will make sure both DMS and another Vendor receive answers to questions.

F.4.Tracking and Reporting Turnover Results

4. Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover.

Methods for Tracking and Reporting Turnover Results

As part of our Turnover Plan, the methods we use for tracking and reporting turnover results include:

- A work breakdown structure of turnover tasks that can be tracked and reported on to DMS. Key deliverables of our Turnover Plan are shown in Table F.3-1
- Clear and transparent communications with all involved parties
- A schedule of turnover milestones to make sure turnover is completed in a timely matter

- An electronic dashboard of turnover operations to allow for visual tracking of turnover progress
- Any additional data or materials required by DMS to track turnover events and operations

Documentation of Completion of Tasks at Each Step of Turnover

As part of our project management of the Kentucky Medicaid Contract, we provide DMS with an incorporated tracking checklist and compliance matrix compiled with tasks based on our Turnover Plan. We will document and communicate turnover progress and provide reports to DMS at intervals required by DMS.

F.5. Data Transfer During Turnover

5. Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.

Anthem's Management Information System (MIS) complies with HIPAA and HITECH. We use encrypted file transfer protocols to secure Protected Health Information (PHI) exchanged both in and outside of Anthem. We take full responsibility for the transfer of information in the required format(s), and will verify that DMS or the subsequent Vendor receives and verifies information transfer. We will provide data and reference tables; data entry software; license agreements for third-party software and modifications; software and interface documentation; functional business process flows; and operational information, including correspondence, documentation of issues, operations support documentation, and information regarding Subcontractors.

Maintaining Confidentiality, Integrity, and Availability (CIA) During Turnover

To maintain CIA during turnover, Anthem leverages significant experience establishing appropriate protocols for connectivity to and from the Commonwealth's Medicaid Management Information System (MMIS), fiscal agents, Enrollment Brokers, other third-party Vendors, clearinghouses, community organizations, and State agencies. Our Ultimate Parent Company's, Anthem, Inc.'s, Technology Services department submits data using HTTPS or FTP over secure connections, including VPN, and will collaborate with DMS to determine the best method for each data exchange during turnover. Systems Operations staff will monitor all data exchanges, address any transmission or data errors, and confirm successful processing and transmission of all files.

We base our MIS's design and configuration on the more than 29 years of experience our Ultimate Parent Company has supporting government health care programs in 24 Medicaid markets nationwide. Supported by flexible data exchange systems and procedures, Anthem Inc.'s experienced data exchange team will work with DMS to readily establish mutually agreed-upon data exchange protocols, including, but not limited to, X12, NCPDP, XML, HL7, and JSON formats. Anthem, Inc.'s Technology Services team has established more than 2,000 data exchanges to support Medicaid and Medicare programs nationwide.

Anthem Medicaid

Kentucky Medicaid Supplemental Attachments

Kentucky Medicaid Supplemental Attachments

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

Anthem Medicaid

G. (OPTIONAL SUBMITTAL) Kentucky SKY

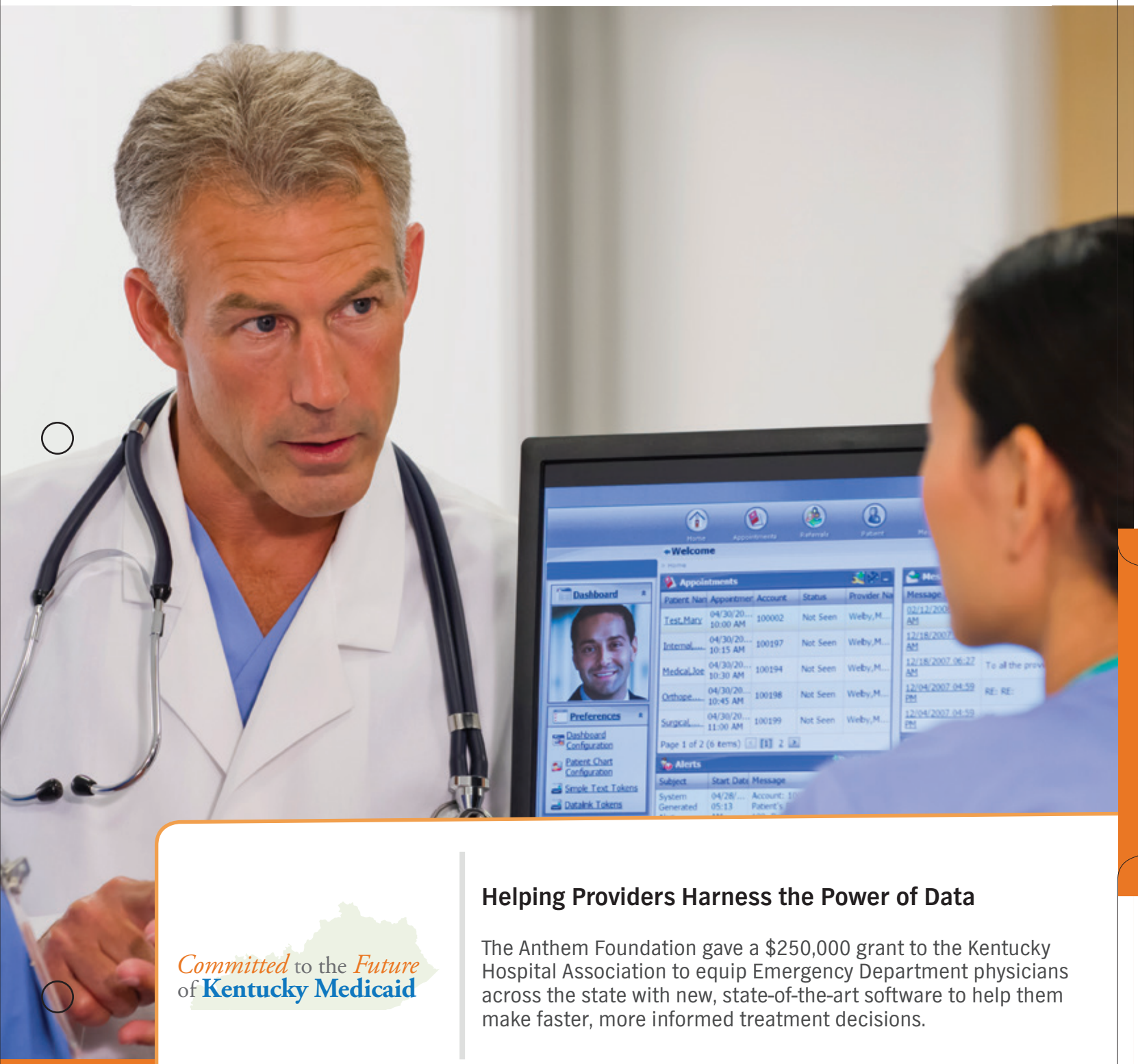
Committed to the *Future* of **Kentucky Medicaid**

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

G. (OPTIONAL SUBMITTAL)
Kentucky SKY

Anthem Medicaid



Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

G. KENTUCKY SKY

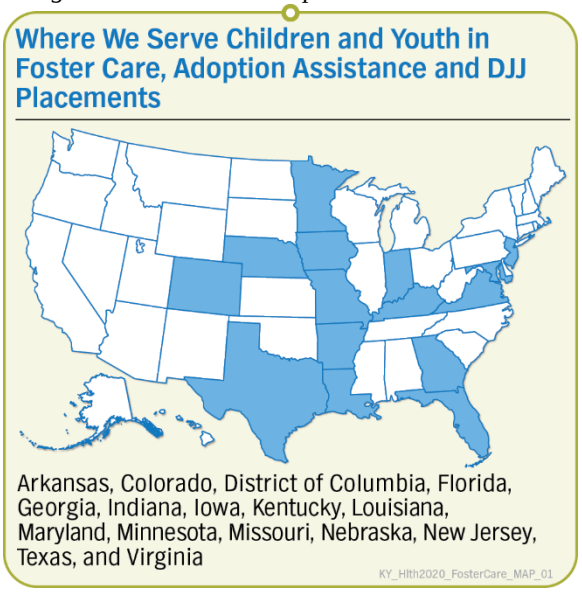
G.1. Executive Summary

G.1.a. Proposed Technical Approach, Structure, and Implementation

a. Provide an Executive Summary that summarizes the Contractor's proposed technical approach, staffing and organizational structure, and implementation plan for the Kentucky SKY program. The Executive Summary must include a statement of understanding and fully document the Contractor's ability, understanding and capability to provide the full scope of work.

As a current Medicaid Managed Care Organization (MCO) in Kentucky, ***Anthem Kentucky Managed Care Plan, Inc. (Anthem) and our affiliate health plans have a proven history serving approximately 99,000 children, youth, and young adults in the child welfare systems across 16 of our 24 Medicaid markets as referenced in Figure G.1.a-1.***

Figure G.1.a-1. Broad Experience in 16 Markets



Our affiliates represent a valuable resource for leveraging lessons learned and best practices to enhance our organizational model for Kentucky SKY. Anthem's goal is to go above and beyond simply coordinating health care. We offer exceptional service, partnerships, and innovative solutions to meet the needs of our Members and the goals and expectations of the Cabinet for Health and Family Services (CHFS). We will expand our already successful model to support Members with family-centered care that includes the coordination of health care, Behavioral Health (BH) and Social Determinants of Health services provided by local Providers and community organizations who understand their needs.

Our local leadership and staff draw upon our existing relationships with CHFS, our experience, and our passion for serving Kentucky's children and families to assure our children and youth in the child welfare system receive the right care at the right time. Our designated Key Personnel hold more than 200 years of combined, relevant health care experience. Many of our employees have experience working with children in child welfare, are kinship or Foster Care parents, or are have been part of the child welfare system themselves.

Experience Matters

- **99,000** Child Welfare Members in **16 markets**; **1,400** in Kentucky
- **7.5 million** Medicaid Members served in **24 markets**, including one million Members with specialized medical, behavioral, and/or social needs
- **29 years** Medicaid experience nationwide, including **17 years** of Child Welfare experience
- **81 year history** in Kentucky, with **6 years** serving Medicaid Members

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Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Our experience has helped us develop our ***Fostering Connected Care model for Kentucky***, which is designed specifically for children and youth in the child welfare system and their families, while addressing the specific goals and objectives of CHFS and the unique Kentucky Medicaid landscape. Our local focus and knowledge, paired with administrative advantages from our ultimate parent, Anthem, Inc. and the ability to leverage and share ideas and programs with our affiliates solidifies our optimal position to serve the children and youth of Kentucky. Anthem Inc. is one of only two organizations in the nation whose affiliates are operating single-entity specialty contracts exclusively serving Members in Foster Care, Juvenile Justice, and adoption assistance programs. The other organization is Centene who has recently acquired WellCare.

Anthem, Inc. is ***one of only two*** *organizations in the nation whose affiliates are operating sole source specialty contracts exclusively serving Members in Foster Care, Juvenile Justice, and Adoption Assistance.*

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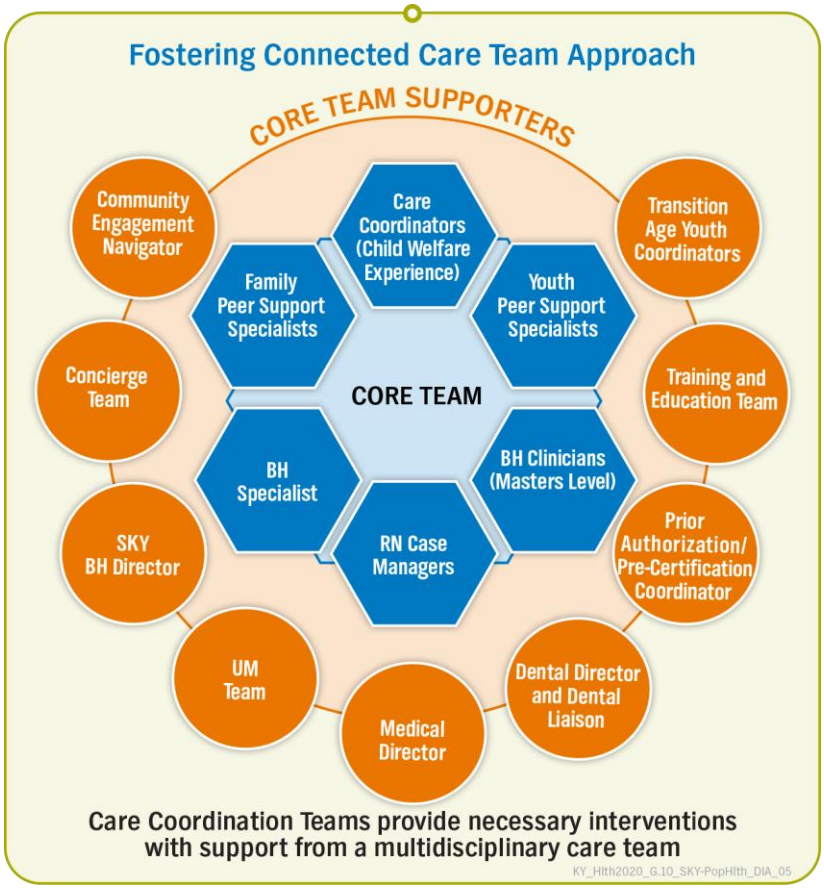
Our Evidence-Informed Approach Delivers on Goals

Anthem confirms that we fully understand DMS requirements and goals for administering the Kentucky SKY program, and our approach has the understanding and capability to provide the full scope of work as defined in the RFP and Draft Contract. Not only do we understand and bring years of experience, but we bring with us dedicated and passionate staff.

Figure G.1.a.-2 Our Comprehensive Approach to Serving Our Kentucky SKY Members



Our Anthem Child Welfare model is ***Fostering Connected Care***. As shown in Figure G.1.a-2 our Fostering Connected Care goes beyond a medical model, as it has been developed in alignment with Population Health Management (PHM) and High Fidelity Wraparound principles and using system-based approaches. Every component of our model — from Provider Network approaches to Quality Management to Care Coordination and Training — is developed using a system of care and person and family-centered lens, incorporating the recognized impact of trauma on children, youth, and young adults in child welfare and Juvenile Justice. Our approach has

been tried and tested showing positive results as it continues to be flexible to meet Member, Caregiver and Stakeholder needs.

For example, our Georgia affiliate administers services as a single statewide entity through the Georgia Families 360°SM program, which serves more than 29,000 youth and young adults in Foster Care (FC), involved in the justice system, or receiving Adoption Assistance. Additionally, our Louisiana affiliate is one of two Louisiana Department of Health preferred MCOs to serve the FC population. Throughout our proposal, we will demonstrate how we will use our local knowledge of Kentucky combined with our affiliates' experience, to ***bring proven solutions*** to the Kentucky SKY program.

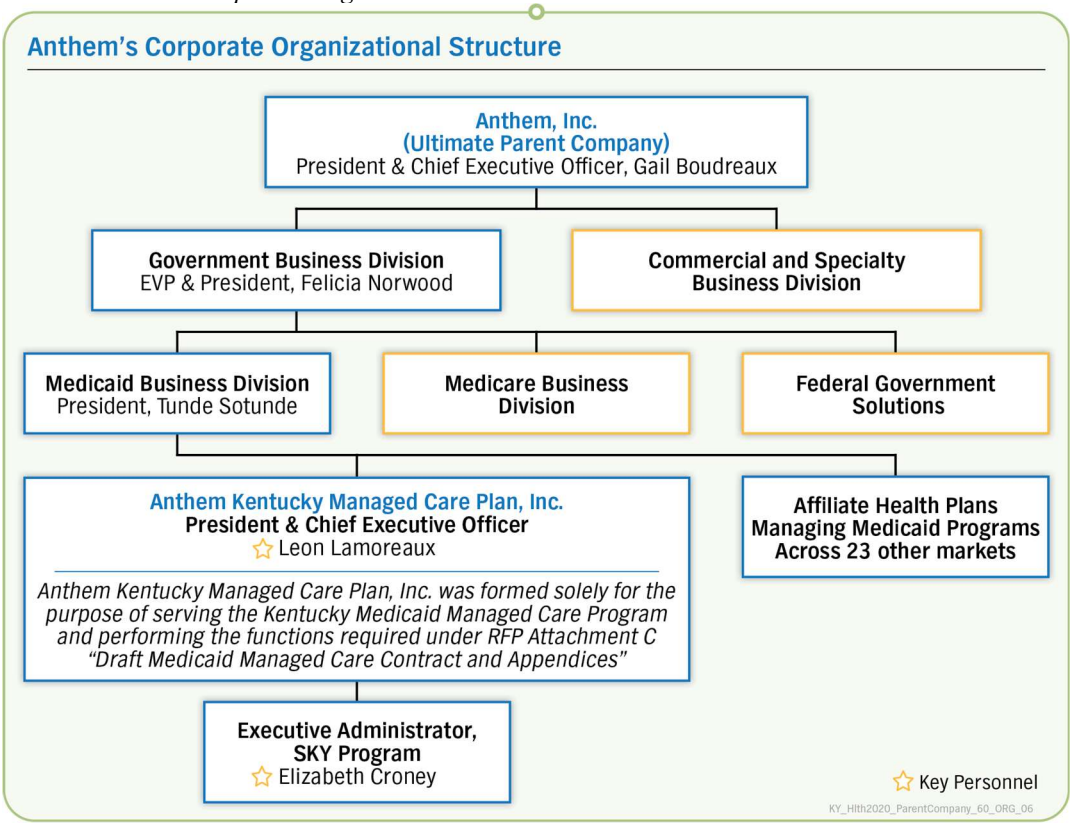
In addition to our broad experience in Kentucky and that of our affiliates, we based our approach on the best practices of our national ***Foster Care Collaboration team,*** which is a dedicated team of experts that drives innovation by incorporating lessons learned, evidence-based practices, state and national data analysis, State goals, and identified critical success factors into our Care Coordination model, training and education materials, and operational procedures and processes. The team also cultivates collaborative partnerships with organizations nationwide, such as Child Welfare League of America and National Federation of Families for Children's Mental Health, to identify and support the needs of children, youth, young adults, caregivers, and case workers involved in Foster Care, Adoption Assistance, and Juvenile Justice Programs. Team leaders regularly meet with state agencies early in their evolution to managed care, assisting with program design and helping shape initiatives for better performing systems of care. We also have Foster Care Health Plan champions who have worked previously serving children and youth through public and private child welfare organizations and have a passion for this work.

Our Staff and Structure Will Support Kentucky SKY Members

Our organizational structure for the Kentucky SKY program will help bring stability and improved health outcomes for children, caregivers, and families of origin through a systems-based, person-centered, Trauma-informed model of care that reaches Members where they live and coordinates care through community resources. We will help connect the entire system of care across the many State agencies and community organizations involved in child welfare through well-trained, qualified, and fully dedicated staff who live in these same communities, fully understand the nuances of effective services and supports for children and youth, and bring stakeholders together to work collaboratively toward the same goals. We have learned through our own and our affiliates' experience the importance of hiring the right staff, with the right experience and passion. Therefore, we will employ staff with child welfare and Juvenile Justice experience, along with strong community ties, and support them with specialized training necessary to appropriately serve the children and youth who will be our Members in Kentucky SKY.

All dedicated staff for Kentucky SKY will be living in those very same communities they serve. Our program will include one of our most seasoned child welfare and Medicaid executives, Elizabeth Croney, as the Executive Administrator of the program. As shown in Figure G.1.a-3, Ms. Croney will report directly to our Chief Executive Officer, Leon Lamoreaux. Several of our key positions will be drawn from staff already serving our Kentucky Medicaid Members, and the balance will be recruited and located in our Louisville offices or other key locations throughout the Commonwealth.

Figure G.1.a-3. Anthem's Corporate Organizational Structure



Our Kentucky SKY organizational structure was developed based on a proven model, and will be staffed with dedicated personnel as outlined in the RFP and Draft Contract. Our staffing model blends our 100% dedicated local SKY staff of 151 FTEs with Kentucky designated shared services supports of 30 FTEs for a total of 181 FTEs. Our Members, Providers and stakeholders will also be supported by our more than 360 KY Medicaid plan employees, which will reduce duplication, enhance the integration of services and improve Member outcomes.

A Smooth Implementation Will Bring Kentucky SKY to Life

Anthem recognizes the importance of meticulous planning to successfully implement the Kentucky SKY program. Our history of successfully launching programs for Members in Medicaid and child welfare populations includes the Kentucky Medicaid implementation in 2014. For our initial program launch in Kentucky, we delivered the systems and infrastructure, and established community level relationships and Network capacity necessary for a

During our Georgia affiliate's planning and launch as the sole MCO for the Georgia Families 360°SM (child wellfare) program, our IMO assisted the health plan to:

- Transition more than 27,000 children, youth, and young adults into managed care
- Establish more than 9,000 care plans in collaboration with parents, guardians, caretakers, and Providers in the 60 days before go-live, and linked Members and families with care teams within 30 days of launch
- Achieve readiness with systems, staffing, Provider Network, and infrastructure in place and ready **a full three months prior to the launch** in March 2014
- Establish a dedicated Georgia Families 360°SM call center available 24/7

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successful transition, and ***we met all readiness review expectations***. We will apply best practices and lessons learned from our Kentucky Medicaid implementation to minimize disruption for Kentucky SKY Members and Providers. Additionally, our affiliates' experience developing and implementing FC programs in other markets — including the Georgia Families 360°SM program — will inform our approach to Kentucky SKY.

We will leverage the implementation experience, processes, and best practices of our national Implementation Management Office (IMO). ***It has executed more than 250 implementations since 1996, including 14 FC programs — such as Georgia Families 360°SM, where we transitioned 27,000 children, youth, and young adults to managed care without ever missing a readiness review or Member go-live date.*** The IMO is dedicated full-time to supporting local health plans with new and transitioning business, including building Provider Networks; configuring Management Information Systems; establishing operational processes; and recruiting, hiring, and training qualified employees. Anthem will designate a Project Manager from the IMO to coordinate implementation planning and processes with our local Kentucky-based team.

We will draw from our comprehensive implementation project management plan and process, and incorporate the lessons learned from the 2014 Georgia Families 360°SM implementation and tailor it specifically for Kentucky SKY. For example, we understand the need to remain in constant contact with the various stakeholders serving the FC population; with no wrong door for communication or issue resolution, we will further communicate through Advisory Groups, focus groups, and listening sessions. Additionally, through our rapid response and issue identification process we can quickly identify issues, improve processes, and deploy better performing initiatives. ***The implementation and onboarding work and level of effort for a new managed care program such as SKY cannot be overstated. We will rely on our previous experience while quickly adapting to the State's needs and new requirements.***

G.1.b. Understanding Kentucky SKY Enrollees' Needs

b. The Contractor's statement of understanding of the unique needs of Medicaid Enrollees in the Commonwealth enrolled in the Kentucky SKY program;

Anthem understands that children and youth in the child welfare system typically have more intensive health care needs than other children, and may have lacked access to regular and coordinated primary care, dental care, or BH care.

Understanding the Needs of Members Engaged in the Child Welfare System

Using our predictive modeling and analytics, we found **30%** of Members engaged in the child welfare system have BH conditions compared to their peers not in Foster Care, of whom only **10%** are diagnosed with BH conditions.

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Trauma and Adverse Childhood Experiences

They have also been exposed to trauma and Adverse Childhood Experiences (ACEs), such as abuse, neglect, and family disruptions through parental divorce, death, or incarceration. Anthem also understands that different children experience and express the impact of trauma in different ways. For example, one child may express behaviors that are a result of trauma immediately and another much later in life, often leading to incorrect diagnoses. Anthem also understands that ACEs have long-term impacts on a person's health and well-being, including injuries, mental health, maternal health, infectious diseases, chronic diseases, engagement in risky behaviors, and opportunity impacts on education, occupation, and income. Our model emphasizes the importance of recognizing and

addressing trauma and avoids approaches that can re-traumatize children. We understand the importance of stability for children who have experienced trauma, and we support DCBS efforts to keep them in their homes, schools, and communities whenever possible. Bringing treatment and intervention to children in their natural settings to get treatment decreases trauma to the child and family and decreases burden to the DCBS. Anthem is committed to supporting caregivers through evidence-based treatments and support programs such as High Fidelity Wraparound services and community-based support services. We believe that our strategies, which are built on cross-system collaboration and a coordinated, multidisciplinary care management program, will support these needs. And we have refined our Care Coordination program based on emerging best practices, such as providing certified Person-Centered Thinking (PCT) trainers for Care Coordinator staff to foster a person-centered culture. We continuously train, coach, and supervise our employees to assure they apply person-centered principles and demonstrate our values in their daily interactions with Members. Beginning with new hire training, we educate employees on our person-centered approach to care, best practices, and strategies for engaging Members using evidence-based practices, such as motivational interviewing and cultural competency training. We provide continuous training, coaching, and supervision to support employees' consistent application of these principles when serving our Members.

American Academy of Pediatrics Statistics

Data presented by the American Academy of Pediatrics show **30-80% of children come into FC with at least one medical problem,** and one-third have a chronic medical condition. **Up to 80%** enter with significant mental health needs, and **almost 40%** have significant oral health issues. An **estimated 60%** of children younger than five years have developmental health issues.

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Behavioral Health Conditions

In addition to the significance of trauma in the lives of children in child welfare, and the fragmentation of care, there are also important needs related to health status. Children coming into FC have higher prevalence of BH conditions, may require care for complex and chronic medical issues, and often have significant oral health needs.

The higher prevalence of certain conditions described in national data is further supported by our membership data. Our most recent Kentucky data show that 30% of our Members in child welfare have a BH condition, compared to 10% of our TANF Members. Our data also shows that 7% of these Members have ADHD, compared to only 2% of TANF Members and 4% of Members in FC have Asthma, compared to 3% of TANF Members.

Transition Aged Youth

Transition Aged Youth are a significantly vulnerable group within the child welfare population we serve. Anthem is committed to aligning our efforts with the KY Child Welfare Transformation workgroup goal, which includes building processes and supports necessary to better prepare youth for adulthood and reduce the number of transition aged youth with negative outcomes. Our commitment includes providing youth access to high-quality care, coordinating adolescent and family-centered services, and enhancing opportunities to engage as learners, leaders, team members, and workers.

We Understand the Needs of Transition Age Youth

Young adults who age out of the child welfare system are more susceptible to poverty, homelessness, poor educational outcomes, low wages, unemployment, adverse health issues, incarceration, higher rates of high school dropout, substance use, and pregnancy. They lack the natural supports of an intact family.

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Unique Populations Require Unique Solutions

Meeting the unique needs of children in the child welfare system is not as simple as altering a standard Medicaid program or benefits package. Having experience managing the services and benefits for children, youth, and young adults in Foster Care, Adoption Assistance, and the Juvenile Justice system is important to the success of any managed care program for this population. Recognizing their unique and prevalent health needs, including impact of trauma, limited health history, and closing gaps in care, is key to our Fostering Connected Care model. Our solutions focus on having the right services to meet those needs, implementing strong communication strategies and technology platforms, and designing Trauma-informed, dedicated teams to assure effective coordination.

A thorough understanding of trauma's impact on physical and BH is essential to working with children, youth, and young adults involved in child welfare and the Juvenile Justice system. Meeting the holistic needs of Kentucky SKY Members will require understanding the impact ACEs can have on their development, health, and lives, as well as their ability to achieve permanency. We know virtually every Member who enters our program has experienced some level of trauma and toxic stress before, during, and following removal from the only family and environment they have likely ever known. This trauma varies in intensity and can include neglect; emotional, physical, or sexual abuse; abandonment; exposure to substance use; homelessness; or malnutrition. We also know our Kentucky SKY Members will have unique responses to their experiences that may be emotionally charged, resulting in placement disruption, and driving inappropriate or excessive utilization of medical resources.

We incorporate a Trauma-informed approach into every aspect of our program for SKY Members, supporting efforts to assure a Trauma-informed system for our Members. We do this through Provider and staff trainings, through Provider incentive programs, caregiver supports, and by hiring the right staff.

G.1.c. Proposed Organization to Provide Coordinated Services

c. An overview of the Contractor's proposed organization to provide coordinated services for the Kentucky SKY program;

Our organizational structure supports permanency, safety, well-being, improved quality of life, and better health outcomes for children and youth, while strengthening collaboration across the system of care to prevent disruption of placement, duplication of services, and administrative

burdens. Our organizational structure and Care Coordination model is built to make sure we are meeting the needs of Kentucky SKY Members and Providers, as well as DMS and DCBS.

Focused and Dedicated Teams Enable Whole-person Care

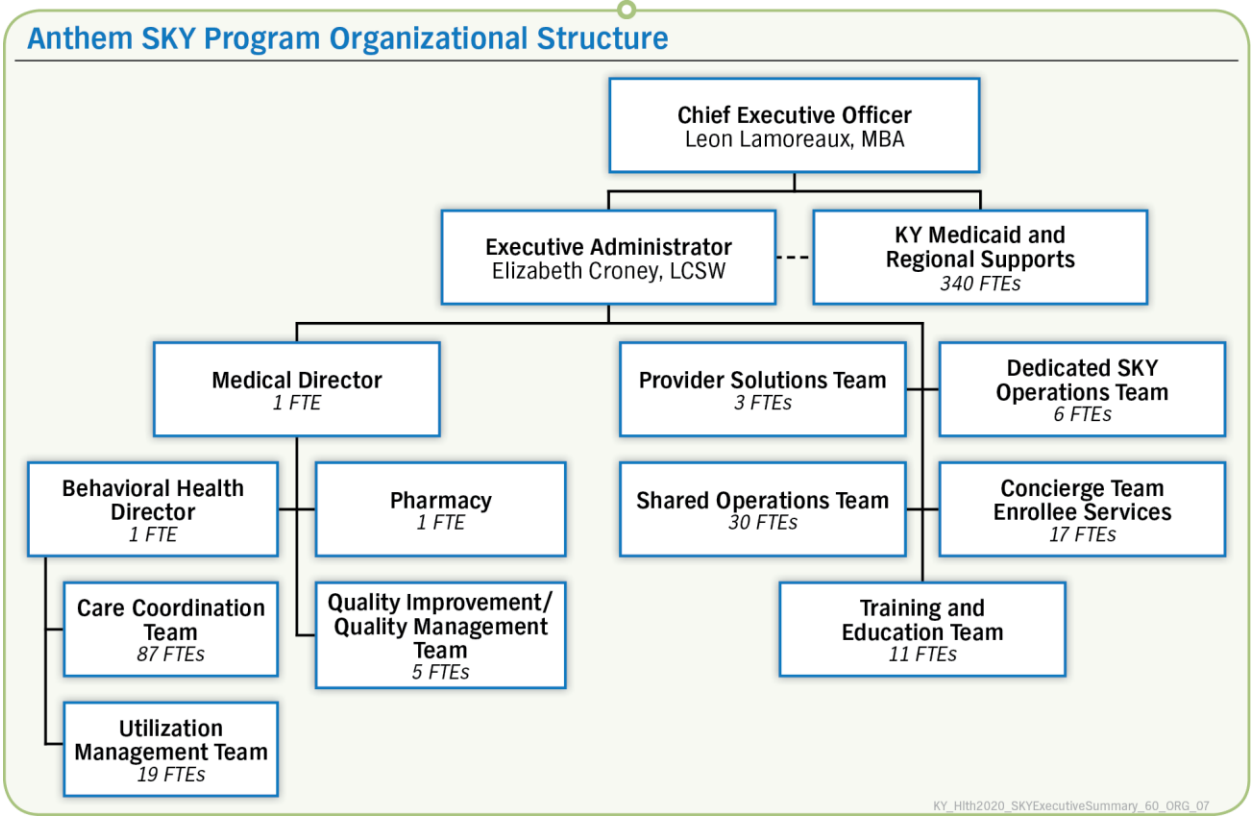
As part of our commitment to the High Fidelity Wraparound approach and Trauma-informed Care, we have developed innovative roles for staff, creating specialized teams, as well as unique programs, to better enable Members to reach their goals and to improve outcomes, including:

- **Local, Regionally Deployed Care Coordination Team (CCT).** Comprised of BH Clinicians and Specialists, Nurse Case Managers, Dental Liaison, Youth and Family Peer Support Specialists, and Care Coordinators, the individualized CCT will meet Members, caregivers, and families in their communities to find the best solutions, resources, and supports that are Trauma-informed and culturally and linguistically responsive.
- **Fostering Connected Care Concierge Team.** Through a Kentucky-based, dedicated hotline for the Kentucky SKY program, our Concierge Representatives will go beyond just answering calls to coordinate and schedule assessments, verify the accuracy of Member contact information, and make sure the care planning process begins with as much information from the Member as possible.
- **Training and Education Team.** Our unique staffing for training and education includes a dedicated Training and Education team, two dedicated SKY Provider Relations Liaisons, and support from a Provider Training Coordinator, the Provider Relations Staff, and our national Foster Care Collaboration team. Led by our Training and Education Specialist, our team will include a Court and Justice Liaison, a Trauma Specialist, and five regionally focused Training and Education Representatives. This team will communicate regularly with staff responsible for other health plan functions — Provider Relations, Quality, and Clinical Services — to assure alignment of messaging and community educational programming.

Anthem knows that it takes a team approach working across agencies, Providers, and the community to achieve the goals of the Kentucky SKY program. Our comprehensive SKY organizational structure highlights the various components that when work together to facilitate the coordination of services for Members. At the core of what our team does is our heart, with the backbone of our 87 employees who make up our CCT.

Our organizational structure is depicted in Figure G.1.c-1.

Figure G.1.c-1. Anthem's Organizational Structure Will Fully Support the Kentucky SKY Program



G.1.d. Strategy and Approach for Administering Services

d. A summary of the Contractor's strategy and approach for administering services for Kentucky SKY Enrollees;

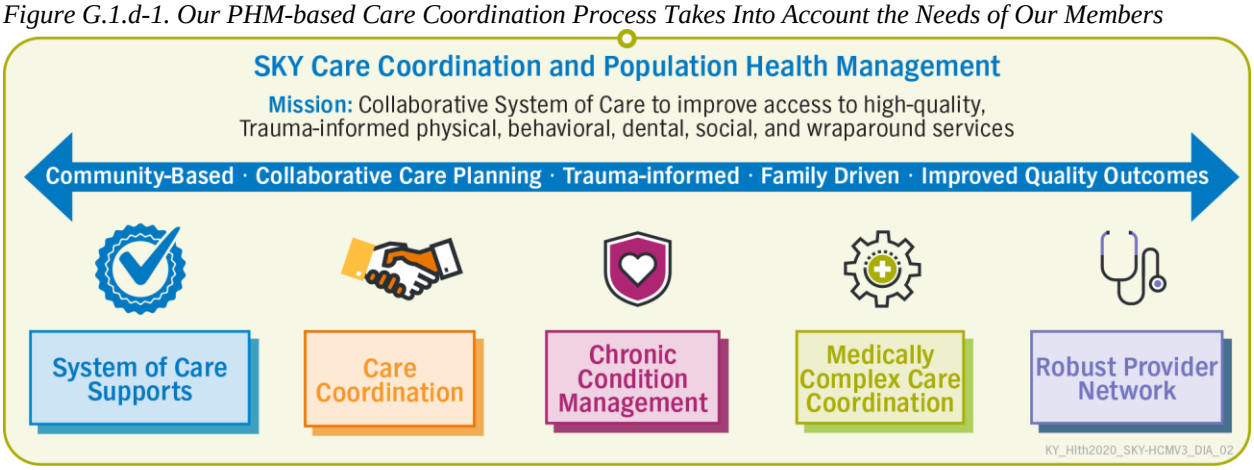
Anthem's approach to administering services for Kentucky SKY Members reflects core values and guiding principles including being youth- and family-driven, community-focused, culturally and linguistically appropriate, trauma-based and evidence-informed, collaborative, and engaged. ***Our approach is strengths-based, person-centered, includes enhanced communication and integration, and encompasses all aspects of NCQA's Population Health Management approach including being person-centered, data driven through data integration, advanced analytics empowering population assessment and stratification, with targeted interventions offering Provider support with an eye on measuring results and quality improvement.***

Our Program Model Supports Coordinated Care

Our PHM-based Care Coordination process demonstrates our understanding of the impact of trauma and the clinical needs of Members in the child welfare system. Our model is based on High Fidelity Wraparound principles, such as collaboration with various stakeholders, including CHFS, Providers of all types, Caregivers, advocates and the justice system, individualized care teams, using the Member's strengths and voice in care planning, and measuring outcomes. In accordance with PHM, our Care Coordination process takes into account the needs of the whole person across the continuum of care — keeping Members healthy, managing those with

emerging risk, maintaining Member safety and outcomes across settings, and managing their multiple chronic illnesses (See Figure G.1.d-1). Our Fostering Connected Care model also includes other required components of PHM, including population identification, data integration, stratification, and measurement. We have developed a predictive model that is specific and built just for children and youth in the child welfare system to provide better predictive results than standard models. We will enhance Care Coordination and access to services — including Trauma-informed and High Fidelity Wraparound services — by working closely with Providers, CHFS agencies, and community resources to provide care management and assure that services and supports are delivered in a coordinated and evidence-based manner.

Figure G.1.d-1. Our PHM-based Care Coordination Process Takes Into Account the Needs of Our Members



Team Approach to Care Coordination

Our Fostering Connected Care model is built to minimize disruptions and assure responsiveness, providing needed consistency to reduce crises and meet the needs of our Members. To engage fully with Kentucky SKY Members, their families of origin, Providers, and caregivers, we will establish key teams to provide outreach, connect Members with services, and partner with community supports:

- Our regionally deployed ***Care Coordination Teams*** are multidisciplinary teams that include Care Coordinators with experience in the child welfare system, including RN Case Managers, BH Clinicians, BH Specialists, Dental Liaison, Community Engagement Navigators, Youth and Family Peer Support Specialists, who will focus on safety, continuity, permanency, and Member well-being.
- The ***Fostering Connected Care Concierge team*** will be available 24/7/365 through the Concierge Call Line to serve as a resource for Members, caregivers, or DCBS staff. This team can schedule assessments, connect Members and caregivers to the Care Coordination Team, and respond to immediate needs, including arranging crisis services when applicable.
- Our ***Kentucky SKY Training and Education Team*** will develop program-specific trainings for caregivers, DCBS staff, Providers, and other stakeholders on the roles and responsibilities of the managed care plan and to help meet Kentucky SKY program-specific training requirements. Additionally, the team will have access to the latest trainings on evidenced-based practices, Trauma-informed Care and resiliency, toxic stress, and human trafficking via partnerships through the Child Welfare League of America, Florida State University School of Social Work, and Harvard University Developing Children.

Training Care Coordination Teams to Provide Appropriate Care

To address the unique needs of the Members who will be enrolled in SKY, ***we will staff our Fostering Connected Care team with professionals who have extensive expertise in recognizing and treating trauma in children, youth, and young adults.*** Anthem has sought out local and national experts to support and train staff, Providers, and stakeholders to increase knowledge of the emerging research and evidence-based approaches and practices to enhance our understanding. Our Anthem Training Academy (Academy) will provide Trauma-informed education about the unique needs of Members in the SKY program to all stakeholders involved in a Member's care, including families, caregivers, Providers, law enforcement, judges, advocates, and agency partners throughout the Commonwealth. The trainings will include education about the types of externalized responses to trauma that can lead to inaccurate diagnoses, such as ADHD, oppositional defiant disorder, and attachment disorder; misuse of medical resources, such as inappropriate prescribing of psychotropic medications; and information and interventions that can prevent inappropriate or excessive use of medical resources.

Additionally, through the Academy, we will support Member and family resiliency by training and educating our Care Coordinators on:

- Trauma and ways that Members respond to ACEs, supporting their access to developmentally appropriate BH services and supports
- How to foster resilience by supporting, connecting with, and developing trusting relationships with our Members, families of origin, caregivers, and natural supports
- Encouragement of voice and choice in the decisions that affect their lives
- Available and accessible effective, evidence-informed, community-based services and supports that can be individualized for Members and their families
- Person-centered, strengths-based Care Coordination in accordance with the unique needs of each Member and family
- Cross-system collaboration with child agencies and programs, including traditional and non-traditional services, as well as informal and natural supports
- Protecting the rights of Members, families of origin, and caregivers, and supporting the delivery of services and supports within the least restrictive environments

Co-location Drives Collaboration

Our Georgia affiliate's co-location model of placing skilled and knowledgeable staff in high-volume Georgia Division of Family and Children Services regional offices is an example of the staffing approach we will bring to Kentucky. Through their experience over the last six years, we know that co-locating staff in greater numbers during implementation, and during scheduled intervals on an ongoing basis has worked well to facilitate early intervention, shortened response times, and enhanced Care Coordination. Community-based, co-located staff within the locus of the system of care is both supportive and adaptive to the ever changing needs of Members, families of origin, caregivers, agencies, and Providers. Rather than imposing a staffing model on the State, we will work closely with DMS and DCBS to develop the most effective co-location model for Kentucky.

Collaborating with Community Organizations in Promoting Coordination

We understand that children heal in communities, and not all aspects of health and well-being can be addressed in the exam room. Therefore, we work directly with community-based organizations to enhance the programs and services we will provide through ***Fostering Connected Care***. Over the past six years serving Kentucky, we have established collaborative relationships with a range of social service organizations that work to address the non-medical factors impacting Members' health. Our strategy for partnering with community-based organizations includes:

- Identifying resources available and population health needs
- Contracting with community-based organizations to establish information-sharing and data privacy protocols
- Developing interventions, such as referrals, communication mechanisms, and technology, to coordinate care and service delivery
- Identifying metrics to capture patient outcomes and promote efficient use of resources
- Conducting evaluation and monitoring fidelity to the system of care programs and goals

Examples of relationships we have established with Kentucky-based organizations include:

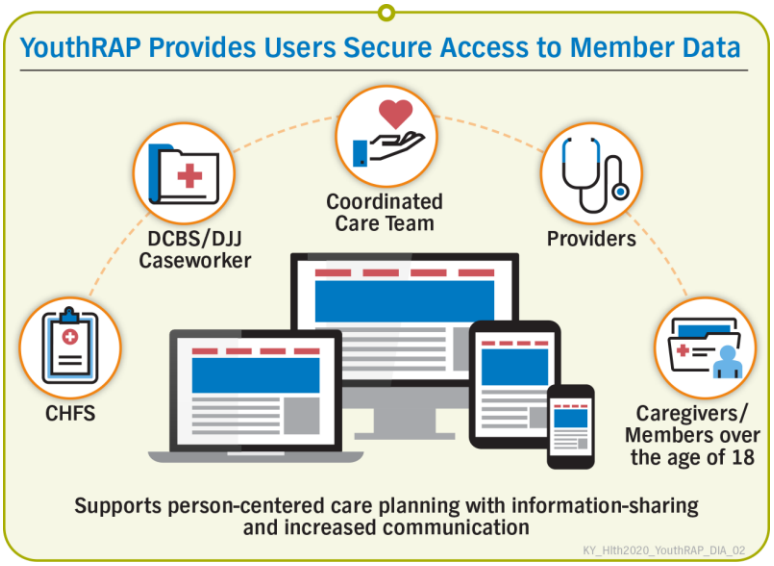
- **Welcome House.** Anthem has supported Welcome House with grants to expand housing options for Transition Aged Youth (TAY), provide housing subsidies, food, hygiene items, and services related to employment, training, and life skills.
- **Father Maloney's Boys and Girls Haven.** Between 2018 and 2019, Anthem provided funds for repairs to a shelter for underserved youth recently transitioning out of care, promoting our goals of supporting safety and self-sufficiency.
- **Wednesday's Child.** Since 2017, Anthem has provided computers to assist with homework and other educational services, as well as funds to purchase Christmas gifts for children in FC, enabling them to experience Christmas like their peers.
- **The College for Technical Education (CTE).** CTE is an organization focused on providing TAY with opportunities for career education; Anthem locates a Community Engagement Navigator at CTE three times per week to work directly with students and prospective students.

Our mission is to promote and support the rights of the children, youth, and families; prevent further trauma; improve individual health outcomes; and see that our Members and their caregivers receive the right care and supports in the right intensity that promote safety, well-being, permanency, and quality of life.

YouthRAP Powers Communication for Coordinated Care

With DMS consent, we will implement Anthem's Youth Records Access Portal (YouthRAP) to facilitate communication and coordination among our clinical staff, DMS, DCBS, DJJ, and PH and BH Providers. ***We will implement an electronic health record solution that will serve as a system of record for children and youth in child welfare — a repository of Member health information, aggregating data from our own internal systems (such as claims, encounters, and authorizations) with external data sources.*** A longitudinal health and service record that travels with children over time and across placements can improve communication, avoid redundant assessment processes, and reduce service duplication and fragmentation.

Figure G.1.d-2. YouthRAP Facilitates Communication, Collaboration, and Coordination



Key Functions. As shown in Figure G.1.d-2, YouthRAP will provide authorized users access to a consolidated view of Member PH, BH, pharmacy, and care planning data in an easy-to-navigate dashboard. Accessible screenings and assessments will include Anthem's Foster Care Health Risk Screening and Provider-completed assessments, such as Kentucky CANS, as well as HEDIS® care alerts, authorizations, pharmacy, and claims organized by type. ***It will provide a multifaceted perspective on Member utilization and pharmacy patterns to prevent service duplication and identify care gaps and trends to coordinate more effective care.*** This includes Care Planning and gaps around social determinants of health (SDOH) and other non-medical services critical to a Member's overall health. This platform will provide a common space to bring together the extensive assessments, appointments, placements, and health information on our Members to provide a complete picture to provide the best care coordination.

This is also a place for ***Members and caregivers to access and provide feedback on their*** care plan. They can also stay updated on PCP assignments and upcoming appointments.

YouthRAP will provide critical bridges across multiple teams to support High Fidelity Wraparound processes. This tool powers our strategy for optimal Care Coordination.

G.1.e. Establishing a Comprehensive Provider Network

e. A summary of the Contractor's strategy and approach for establishing a comprehensive Provider network able to meet the unique physical and Behavioral Health needs of Kentucky SKY Enrollees; and

Because of our extensive experience serving children, youth, and families involved in the child welfare system, we understand the unique needs of the Kentucky SKY Members. They have been exposed to trauma through abuse, neglect, and family disruptions. To properly care for these Members, it is necessary to have a strong Network of committed pediatricians, PCPs, and BH Providers who deliver Trauma-informed Care.

Building Upon and Preparing Established Network for Kentucky SKY

Anthem provides our Members with timely access to an extensive, statewide Network of culturally competent primary and specialty care service Providers, ***comprised of more than 5,000 unique PCPs, as well as 110 hospitals, more than 19,000 unique specialists including BH professionals and ancillary Providers, more than 1,660 dental Providers and more than 1,300 vision Providers. In 2018, we added more than 1,400 credentialed Providers to our Kentucky Network, and in 2019, we added more than 1,300 credentialed Providers.***

These Providers are currently part of our Kentucky Medicaid Network, and to make sure they are prepared to serve Kentucky SKY Members, we will provide training programs and other resources to enhance their skills.

Although we have a well built and established Network, we will regularly review and assess our Network and actively look for opportunities to improve both access and quality for our Members. ***This process goes beyond just focusing on Network analysis and Member location with time and distance, looking for Providers with unique attributes that meet the needs of SKY Members.*** We will recruit new Providers into our Network to meet the specialized needs of Kentucky SKY Members. Our Network Management and Provider Relations departments lead our development and recruitment efforts, and we have already begun to assess additional Network needs and potential gaps as child welfare reform efforts proceed in the Commonwealth. Upon Contract award, we will be ready to move quickly to recruit identified Providers, including those trained and experienced in Trauma-informed Care; treating individuals with complex special health care needs; and identifying child abuse and neglect.

Training Providers to Understand Members' Needs

To help Providers understand Kentucky SKY Members' unique needs, Anthem will provide training in Trauma-informed Care and evidence-based practices to support early identification and treatment for children who have experienced trauma. Our training courses will provide expert-developed, clinically appropriate, population-specific, and culturally competent education targeting the Kentucky SKY population's health and social needs, such as the CANS assessment tool, the High Fidelity Wraparound approach, and the impact of ACEs. Many trainings will offer the opportunity for continuing medical education or continuing education unit credits free of charge for our Providers with possible financial incentives.

To minimize administrative burden, we will leverage Anthem's existing Provider support resources, but will add additional resources to augment the scale and scope of Provider interactions. Anthem's Provider Services model for the Kentucky SKY program includes:

- A dedicated ***Training and Education Team***, led by a dedicated ***Training and Education Specialist*** who will oversee development of the Kentucky SKY program's Provider education, training, and outreach strategy, and comprising a ***Court and Justice Liaison and***

five regionally focused Training and Education Representatives. These team members will be strategically positioned throughout the Commonwealth to identify local training needs, collaborate with local subject matter experts, and provide trainings in local forums.

- ***Provider Relations Liaisons*** who will be focused on going beyond training to help Providers assess their ability to provide Trauma-informed Care and implement tools to improve their delivery of services and evidence-based practices through the use of our *Trauma-informed Guide to Support Provider Practice Integration.*

Assuring Delivery of Trauma-informed Care

Our approach to treating trauma goes beyond the recommendations of initial assessments. It involves our Providers as a central component in ongoing identification of trauma and its impact, avoiding re-traumatization, and as key partners in addressing the needs of Members in the context of trauma. Our approach to making sure our Network Providers deliver Trauma-informed Care will include:

- Contracting with Providers already certified or qualified to deliver specific Trauma-informed Care and related evidence-based practices
- Offering comprehensive Network Provider training on trauma
- Helping Providers assess their ability to provide Trauma-informed Care and implement enhancements
- Recognizing Providers who are identifying and addressing trauma and promoting the sharing of information among them
- Implementing quality oversight strategies to assess and confirm compliance and identify opportunities for improvement
- Working collaboratively with the Commonwealth to offer non-covered evidence-based practices, such as Multi-Systemic Therapy
- Offering high-performing BH Network Providers the opportunity to become certified in evidence-based practices, such as Parent-Child Interaction Therapy

Offering Incentives to Reward Quality

As a means of improving access and rewarding Providers who render the highest-quality care to our Kentucky SKY Members, we propose implementing Anthem's value-based payment (VBP) portfolio for our contracted Medicaid Providers in the Commonwealth. As shown in Figure G.1.e-1, our VBP strategy includes an array of Provider incentive programs focused on expanding access and wellness, and incentivizing improvements in management of population health. These programs will help drive integration of PH and BH, incentivize engagement by specialists and facilities in meeting Members' needs, and increase focus on SDOH.

We also promote innovation and expansion of evidence-based practices through recognition programs that reward Provider expertise in key areas important to our Members in the child welfare system. Our portfolio of VBP programs and incentives assures the delivery of evidence-based practices rooted in the foundation of Trauma-informed Care.

Figure G.1.e-1. Our VBP Programs Reward Providers for High-quality Care and Member Engagement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness • *Pay for Quality HEDIS (P4Q HEDIS)* • *Foster Care Access Incentive Program (FCAIP)*	**Focus on enhancing quality, efficiency, and total cost of care savings** • Provider Quality Incentive Program (PQIP) • PQIP Essentials	**Focus on specialized services and PH/BH integration** • Behavioral Health Quality Incentive Program (BHQIP) • Behavioral Health Facility Incentive Program (BHFIP) • *Integrated Care Quality Incentive Program (ICQIP)* • *Obstetrical Care Quality Incentive Program (OBQIP)* • *Pediatric Residential Facility Quality Incentive Program (PRTQIP)*	**Focus on SDOH and socially necessary services and supports** • Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** • Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) • Trauma-Informed Care Blue Ribbon Providers (Blue Ribbon Providers)

Indicates proposed programming subject to approval from DMS.

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Promoting Psychotropic Medication Management

Children and youth in the Kentucky SKY population are known to be disproportionately prescribed psychotropic medications — such as mood stabilizers and anti-depressants — often as an attempt to control behaviors related to the trauma they have experienced. Anthem supports DCBS's efforts to manage the reliance on these medications through improved exchange of health information, training, and access to non-pharmacological psychosocial interventions. We have taken proactive steps to identify opportunities to educate Providers and caregivers about the potential risks of over-prescribing these medications, while providing them with the supports needed to maintain placements and assure quality care without unnecessary psychotropic medications.

Our established relationships with Kentucky Providers; deep understanding of the State's health care landscape; and our innovative Provider training, support, and recognition programs will enable us to maintain a robust Provider Network that meets the needs of our Kentucky SKY Members.

G.1.f. Innovations and Trauma-informed Initiatives

f. A summary of innovations and Trauma-informed initiatives the Contractor proposes to implement to achieve improved health outcomes for Kentucky SKY Enrollees in a cost effective manner. Include a discussion of challenges the Contractor anticipates, how the Contractor will address such challenges, and a description of the Contractor's experience with addressing these challenges for similar contracts and populations.

Anthem has the goal of boosting resiliency and addressing trauma and ACEs. We support our goal with a comprehensive plan paired with national and health plan champions, who are charged with driving our plan forward. Anthem's approach to trauma aims to help everyone understand the events, experiences of those events, and their long lasting effects. The following elements of our approach make sure we meet this goal by:

- Realizing the widespread impact of trauma and paths for resiliency
- Recognizing the signs and symptoms of trauma, both for Members as well as for their caregivers
- Responding with progressive policies, procedures, and practices
- Avoiding re-traumatization
- Addressing both the upstream causes and downstream impacts of trauma

Providing the right services and supports to meet the unique needs of Kentucky SKY Members requires innovative thinking and creative solutions. Based on our experience in Kentucky, our affiliates' experience with similar populations in other markets, and supported by our national Foster Care Collaboration team, ***Anthem has developed and is proposing programs and initiatives that fall within the following overarching barriers. They are designed specifically to address challenges associated with serving Members in the child welfare system:***

- Engaging Members with the System of Care
- Increasing access to care
- Providing stable placements
- Meeting the needs of TAY

Engaging Members With the System of Care

Anthem understands the need to meet Members where they are in the child welfare system by simplifying the Care Coordination experience and connecting them with community programs focused on the needs of youth and young adults.

Simplifying Care Coordination Through a Single Point-of-Contact

Each Kentucky SKY Member will be assigned a Care Coordinator who is closely matched in background and experience to the Member's needs. The Care Coordinator becomes the single point-of-contact for the Member and FC caregiver throughout their enrollment in SKY, and uses a multidisciplinary team approach to engage the CCT in supporting the Member's needs, including RN Case Managers, BH Clinicians, TAY Care Coordinators, Youth Peer Support Specialists, and Family Peer Support Specialists. The CCT is further supported by our Medical, BH, and Dental Directors. Additionally, Community Engagement Navigators can assist the Care Coordinator with identifying community resources to support the Member and Caregiver. The Care Coordinator also works closely with our Utilization Management staff to verify that the right services are in place for the Member. This structure provides a constant, single point-of-contact for the Member, family, or caregiver, but also assures services are coordinated and connect them with the services they need.

Leveraging Technology to Offer Virtual Care Connection

Anthem's Georgia affiliate offers Virtual Care Connection (VCC) for its Foster Care, Department of Juvenile Justice, and Members in Adoption Assistance as an optional tool to strengthen collaboration and connection between Members, their caregivers, and the treatment team. If approved for use by DCBS, VCC can be used by Kentucky SKY Members and caregivers who wish to connect quickly to their Care Coordinator through a computer, tablet, or smartphone. The camera enables face-to-face contact between Member and Provider. Care Coordinators can work with Members and caregivers to schedule a virtual meeting with DCBS or a DJJ Social Worker, Providers, and community support staff. The benefits of VCC include:

- **Quality of Care.** Studies show use of videoconferencing for face-to-face meetings can empower Members to adhere to their treatment regimes, improve clinician-Member engagement, and promote improved compliance in health care measures and medical outcomes.
- **Improved Member Engagement.** Enhances relationships with colleagues, Providers, Members, and stakeholders — shows body languages of other attendees, such as expressions and gestures; benefits rural communities, and improves ability to meet face-to-face with these Members and stakeholders.
- **Reduced Travel.** Improves safety, minimizes meetings in unfamiliar settings, and Member homes.
- **Convenience and Flexibility.** Videoconferencing increases efficiency by removing communication barriers and making communication easy, vivid, and productive by enabling employees located in various places to see facial expressions and body language, and hear voices; enables content sharing of desktops, interactive whiteboards, files, software, and more information to enhance comprehension; and improves scheduling initiatives.
- **HIPAA-Compliant.** VCC is a secure tool that complies with HIPAA standards.

Building Relationships With Organizations Focused on Youth

To enhance the programs within our Fostering Connected Care model to meet the growing needs of Kentucky's FC youth, we will develop collaborative relationships with youth-focused organizations. By partnering with community-based organizations, Anthem is able to address the challenge of reaching youth where they are. Examples of these collaborations include:

- **Kentucky Partnership for Families and Children, Inc. (KPFC).** The Kentucky Youth MOVE Council, comprising Members between 14 and 26 years of age who have an emotional or BH diagnosis or disorder, advises the KPFC Board of Directors and works to reduce stigma, promote a youth-guided approach, and give youth a voice at all levels of the system of care. Anthem would like to partner with the Kentucky Youth MOVE Council to identify SKY Members for potential participation, as well as inform program decisions and opportunities for improvement.
- **Transition Aged Youth Launching Realized Dreams (TAYLRD).** TAYLRD is a federally funded initiative aimed at positively impacting the lives of Kentucky's 16- to 25-year-olds who have or are at-risk of developing BH challenges. Anthem is interested in placing TAYLRD drop-in center information in our TAY Resource Toolkit to promote positive social peer interactions of SKY Members, as well as provide planned on-site training for TAY. A similar program in Georgia, COACHES, has leveraged these training tools. In developing a partnership with TAYLRD, we will have comparative metrics and information against which to measure impact in Kentucky.
- **Student Alliance for Mental Health Innovation & Action (StAMINA).** StAMINA is a passionate network of students on a mission to improve the mental well-being of Kentucky youth by engaging them as solutions partners to inform development of high-impact youth mental health policies and programs. Through a partnership with StAMINA, Anthem would identify opportunities for leadership and engagement with SKY Members so they could influence critical decisions and inform policy specific to youth in FC. Building on this relationship, Anthem would be interested in working with StAMINA to co-sponsor their Youth Summits and afford participation to interested SKY Members.
- **Fostering Goodwill.** Fostering Goodwill offers educational resources for young adults aged 18-25 who are aging out of FC in Lexington. Anthem would collaborate with Fostering Goodwill to

identify specific non-medical factors that would enhance delivery of care. Additionally, Anthem would like to assist in the development of training materials and provision of trainings to support youth becoming independent Members of their Kentucky community.

Increasing Access to Care for Kentucky SKY Members

One of the major challenges of coordinating services for Kentucky SKY Members is assuring access to Providers who are trained in caring for children who have experienced trauma or ACEs. To make sure our Network Providers have the necessary skills and experience, we will institute the incentive and recognition programs, listed below, that encourage them to get the training they need to assist our underserved Members. We will also use our proven telehealth solutions to help reach Members who are not able to access these Providers in person, as well as work with Providers and communities to expand opportunities to access care.

Blue Ribbon Providers

Anthem's Trauma-responsive Care Provider Recognition program identifies Providers who complete a specified series of Anthem Training Academy Trauma-informed Care and System of Care trainings by placing them in a ***Blue Ribbon status*** and on a trained Provider list for reference by staff and stakeholders. Additionally, we will grant a small financial incentive upon completion of training.

By obtaining Blue Ribbon status, Providers demonstrate a greater comprehension of the effects of trauma, approaches for treatment and services, and meeting the complex needs of children, families, and caregivers who have experienced a traumatic event. Our affiliate in Georgia has developed this incentive and recognition, and we are excited to strengthen our supports for our Members with this initiative.

ACEs Provider Champions

Making sure that Providers who interact with Members in child welfare are properly equipped to provide Trauma-informed Care is a significant challenge for MCOs. Consequently, Anthem has identified local ***ACEs Provider Champions*** — organizations already delivering great care to our Members in Medicaid that are ready and willing to address ACEs, disparities in care, SDOH, and increase the resiliency of our communities. ACEs Provider Champions will receive small grants from Anthem to help offset one-time startup or other costs to expand their reach and Member impact. They will serve as role models and mentors for other Network Providers, and share their experiences and lessons learned at our annual Anthem Provider Education Workshops held in each region and in Anthem Provider communications. We expect ACEs Provider Champions will be available to give informal guidance and answer questions from other Providers in their region who want to implement similar initiatives.

ACEs Provider Champion*	Region
Maryhurst	3
KVC Kentucky	5, 7, & 8

*Signed LOIs

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Foster Care Access Incentive Program

Our Foster Care Access Incentive Program **(**FCAIP) offers Providers an opportunity to earn an enhanced payment rate for each eligible encounter for completion of comprehensive early and periodic screening, diagnostic and treatment (EPSDT) exams, including dental, hearing, developmental, and trauma screenings within 30 days of placement in Foster Care. We will pay

earned incentives quarterly at an enhanced rate for eligible claims for specified CPT® and diagnosis codes. As part of the criteria for participation in many of our Alternative Payment Models PCPs must have open panel status and other Provider types must be willing to accept all SKY Members.

Multispecialty Clinic: An Opportunity to Expand Access and Make it Easy

Our affiliate's Georgia Families 360°SM program recognized the need to access care quickly for children entering Foster Care, and with the assistance of a judicial member created a multispecialty health care clinic at a courthouse in Fulton County where there is a high number of children in care. The clinic provides high-quality, effective, and efficient health care to families who need the convenience of addressing medical needs while taking care of other responsibilities at the court house. The clinic offers members and their caregivers the opportunity to access primary care services; EPSDT; immunizations; lab services; dental care; counseling/therapy services in one location and in a single day, thereby minimizing the burden of caregivers to make multiple trips to various Providers. Anthem is committed to scaling this best practice in the Commonwealth for the SKY population with DCBS input and discussion regarding locations that provide ease of access.

Comprehensive Telehealth Solutions

Anthem has developed a Network of telehealth Providers by collaborating with well-established organizations, such as ***Clean Slate, Bright Heart Health, LiveHealth Online***, and ***Project ECHO®*** that have had positive impacts on access to care and quality in affiliate markets. Our approach offers options that increase access to PH, BH, and SUD treatment services, recognizing that Kentucky SKY Members and their caregivers may find it especially difficult to access care because of frequent moves and difficulty scheduling appointments when caring for multiple children. In addition, the greater likelihood of BH problems among children in child welfare and more intensive health care needs than other children compound this difficulty. We propose using telehealth solutions to increase access for Kentucky SKY Members, subject to appropriate consent of the legal guardian for Members less than 16 years of age.

Our Program Manager for Telehealth, Tammy Wood, will provide end-to-end support for implementation and compliance of the telehealth program in Kentucky. This process includes providing subject matter expertise for telehealth activities in the State and ongoing assessment of needs and gaps that telehealth may offer to improve care for Members. Ms. Wood will engage with the health plan to assist with training Providers, community organizations, health plan employees, and Members to support telehealth acceptance, adoption, and utilization. Her role includes ongoing monitoring, tracking, and reporting of telehealth functions to make sure the program effectively meets the needs of all stakeholders and Members.

Supporting Stable Placements for Kentucky SKY Members

Anthem supports safety, well-being, and stability for our Members, and we understand that caring for them also includes caring for their caregivers. We do this through programs that directly support the needs of kinship, foster, and adoptive families, as well as a variety of value-added services (VAS) that go beyond traditional physical and BH benefits to promote stability and meet social needs.

Caring for Caregivers

Supporting families is key to assuring the well-being of our Members, and we recognize that a Member's "family" can include the family of origin, kinship caregivers, Foster Parents, natural supports, or other designated legal guardians. We understand that caring for the caregivers is very important to the stability of placements, and is true for kinship, adoptive, and Foster Families. We know the importance of assessing the needs of the family with regard to SDOH, incorporating respite into care plans as appropriate, and providing access to evidence-based services. Anthem's approach to supporting caregivers includes:

- Providing training on addressing trauma, recognizing BH conditions, preparing for crisis, and the importance of self-care to reduce secondary trauma
- Identifying existing SDOH issues through our Health Risk Screening and ongoing Care Coordination contacts and linking them to necessary services and supports
- Working closely with Foster Parent and kinship caregiver associations and programs to identify possible partnerships
- Providing specific resources for kinship caregivers, including applicable enhanced benefits, such as car seats and targeted training
- Applying the principles of High Fidelity Wraparound and Trauma-informed Care

Providing Value-added Services to Enhance Kentucky SKY

We tailored our suite of Kentucky SKY VAS based on stakeholder engagement and our strong understanding of the needs of youth and families. They are designed to address the following challenges:

- Promoting or supporting education — a significant SDOH, as children and youth in the FC system often lag behind their peers academically
- Fostering a sense of normalcy to overcome the stigma of poverty that is common among these children and youth
- Caring for Members' caregivers and encouraging family togetherness and caregiver-child bonding to strengthen families and promote stability

We strive to make it as easy as possible for Enrollees to obtain or access their VAS. At any time, they can contact our Enrollee Services line to ask questions and obtain information on how to quickly access a specific VAS. For the majority of our VASs, Enrollees will also have access to our online platform: Benefit Reward Hub. This is a single sign on process accessed from the Enrollee website to access, request, and obtain VASs. The user experience is customized so that Enrollees can only see the VASs that apply to their eligibility criteria.

When Enrollees login to the portal, they are able to review all the VASs available to them and information on how to request or access the VASs. Further, Enrollees will have access to live customer support available as needed. Benefit Reward Hub is the transformation and digitization of our VAS fulfillment experience. It provides an Enrollee-centric approach to these services and customization to enhance engagement and transform the Enrollee experience. The solution will provide a unified user experience allowing Enrollees to access benefits through a single source portal. Enrollees will be able to view their customized product catalogs (similar to an Amazon shopping experience) that is carefully curated to address the category of VABs and their custom-curated product kits.

Figure G.1.f-1 provides details of the VAS that will be offered to Kentucky SKY Members to enhance our programs and help improve our Members' well-being, while also addressing SDOH and promoting stability. These VAS were created after listening to the needs of our Members and caregivers, understanding the barriers to improving their overall well-being, and working diligently to provide support in these areas.

Figure G.1.f-1. Anthem Will Offer Additional Tools to Promote Stability for Youth, TAY, Families, and Caregivers

Anthem's Unique Value-added Services Meet Members' Needs

Transition Age Youth	
Home Essentials Kit	For Members transitioning out of Foster Care, Anthem will provide a catalogue of items that will benefit Members as they look to set up their new living areas. Members can select up to $100 worth of goods. Catalogue offerings include basic household essentials such as sheets, bedding, cutlery, dishes, coffee pots, bathroom essentials, and more.
GED Assistance	To help encourage Members to obtain a high school-level education, Anthem will cover the costs of the high school equivalency test.
Lifeline Phone Benefit	Any Member who qualifies for the Federal Lifeline program, which provides smart phones to Members meeting certain criteria, will be eligible to receive a free cell phone with minutes and unlimited text messages. The cell phone, minutes, and data are supplied by the Federal Program. As a value-added service, Anthem Members receive unlimited calls through our toll-free line, as well as an additional 100 bonus minutes during Member's birth month and one-time 200 bonus minutes at enrollment.
Jump Start Program	Eligible Members will receive access to our online learning platform, Jump Start, where they can complete a skills assessment to identify and expand on their current skills, as well as see where they rank with health and financial literacy. Members will receive live one-on-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certification(s). The program also offers exam preparation for various certifications and has an imbedded personalized job search tool so Members can find job openings right in their area.

Tools for Foster Care Parents	
Medicine Safety Kit	Eligible Members will receive our Medicine Safety Kit which includes lockable medicine box, prescription destroyer gel, childproof prescription caps, and pill case covers that reset when opened.
Foster Parent Welcome Kit	Members will receive a Welcome Kit that includes educational information specifically for new Foster Care Parents. Kit contents include a reusable organization folder, a welcome letter explaining what we can do to help, and informational resources such as non-profit resources, faith-based resources, and clothing resources.
Community Resource Link	Community Resource Link is an online resource tool which locates and displays all available local community-based programs, benefits, and services.

Education Supports	
In-Home Tutoring Services	Anthem will provide up to 24 hours of one-on-one, in-person tutoring services. Tutoring is available in all subjects, including language arts, math, science, social sciences, and even foreign languages.
Summer Reading Benefit	Eligible Members will receive a $100 Barnes & Noble gift card to purchase books during the summer months.
Educational Milestone Program	Our Educational Milestone program is an incentive program designed to reward 11th and 12th grade students. When Members send us copies of their report cards showing that they have achieved at least a 10% improvement in grades from the previous report card, we reward them with their choice of a $25 retail store gift card.

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Anthem's Unique Value-added Services Meet Members' Needs

New Placements	
Comfort Kit	Members will receive an age-appropriate Comfort Kit filled with essential items to help ease their transition into their new home, and Foster Care Parents will receive educational information such as tip sheets, guides, and checklists as well as information on all available local resources.
New Placement Welcome Portfolio	Our Welcome Portfolio provides a unique way for our Members to introduce themselves to their Foster Care families. Contents include a coloring book, markers, crayons and colored pencils that allow the child to express themselves and provide a creative way to let their Foster Care families know more about them.

Healthy Lifestyles	
Online Well-being Program	Members will receive access to our Online Well-being program which is an online community promoting BH and wellness through instruction, games, goal setting and monitoring.
Boys and Girls Club Memberships	Anthem will provide a no cost Boys & Girls Club membership for children between the ages of 6 and 18.
Sports & School Physicals	Eligible Members can receive one annual sports and school physical at no cost.

Promoting Togetherness	
New Placement Welcome Wardrobe	Anthem will provide Members a $150 retail store gift card to help Members and their families purchase seasonal clothing such as winter jackets and other essentials such as shoes or pajamas.
Family Activity Coupon Book	Members will receive a Family Activity Coupon book filled with discounts from local retailers.

Weight Loss	
Healthy Families Program	Our Healthy Families Program is a six-month telephonic coaching program designed to help families with overweight or obese children make healthier food choices and improve their activity level to reduce childhood obesity and live healthier lives.
Fitness Coach Program	Eligible Members will receive access to online fitness and exercise classes and access to quarterly newsletters that include articles on nutrition, weight management, and improved self-care.

KY_Hlth2019_VASCategories2_67_VAS_04

Meeting Needs of Transition Aged Youth

While many programs focus on providing services to children while they are in the child welfare system, youth who are transitioning out of FC or Juvenile Justice have an increased need for support and care as they move toward independence. To address the specific needs of this population, we are offering the ***Uplifting Futures*** program for TAY. Transitioning into adulthood is challenging, even with a supportive family of origin. There are many decisions to be made about the future, and youth need support during this crucial time. Uplifting Futures is a comprehensive program to address the distinctive needs of youth in transition. In the Care Coordination process, TAY Care Coordinators work with the Member, their agency Case Managers, and community-based individuals identified by the youth to build their transition plan, helping them successfully move into adulthood, teaching self-management skills to achieve successful independence, and connecting them to resources and supports that will help them achieve their goals. This also includes access to VAS and support from Community Engagement Navigators who will bolster the CCT in breaking down SDOH barriers.

Anthem will collaborate with community-based organizations and other stakeholders to help these Members receive the support they need across multiple focus areas, as shown in Figure G.1.f-2. Transitioning is a process that needs more than an assessment or a checklist. Through engagement with the Member, families and caregivers, as well as community-based organizations, our program will build upon their strengths and support their needs.

Our dedicated TAY Care Coordinators in our Uplifting Futures program understand the increased vulnerability and challenges these Members face as they work towards independence. Transitioning from childhood to adulthood can be difficult in the best circumstances; for youth in FC, it is even more stressful. Through the perspective of transition planning as a process, our TAY Care Coordinators will help Members to develop both short- and long-term goals, enabling them to prepare and make informed decisions. Our TAY Care Coordinators will also support DCBS by working to create a transition plan for TAY and making them aware of the resources that may be available, including life skills training, independent living, scholarship opportunities, resources for employment, and education.

Figure G.1.f-2. Through Our Experience, We Understand What Transition Age Youth May Need To Achieve Independence

Examples of additional innovative solutions we will initiate for Kentucky SKY TAY include:

- **Transition Aged Youth Housing Stability Pilot.** This program will offer safe transitional housing solutions for TAY, many of whom are transitioning from FC and may be vulnerable

to human trafficking due to housing instability. Emergency housing assistance funds are used for youth to pay for deposit, rent, utility hook up, move-in costs, essential furniture, and household goods.

- **KentuckianaWorks – ShelterWorks.** For youth transitioning out of FC, we will offer access to ShelterWorks, a housing and workforce partnership that aims to support individuals experiencing homelessness to enter career pathway employment and permanent housing by participating in short-term occupational training and gaining industry recognized credentials.
- **SOAR/EKCEP and Anthem Foster Youth Employment Initiative.** By leveraging existing apprenticeships and employer relationships in Eastern Kentucky and partnerships with Shaping Our Appalachian Region, Inc. (SOAR) and Eastern Kentucky Consolidated Employment Program (EKCEP), we will support the development of career paths for TAY in Kentucky.
- **Code Louisville Summer Program for High School Students.** Through a series of sessions over 12 weeks, Code Louisville participants will obtain comprehensive online training, with weekly in-person, mentor-driven sessions to cultivate the next generation of software developers.

As we work with these community organizations, we will capture metrics for participants in each of the initiatives described above, to measure the impact each partnership has on Member outcomes, as well as cost savings and population level impact.

Stronger Together

It takes an entire community to provide the services needed to support youth displaced from their families. Over the past six years serving Medicaid and FC populations, Anthem has shown our commitment to the Commonwealth, its agencies, community-based organizations, and most importantly, our Members and Providers. We are an organization that truly cares for our constituents, and will drive change and innovation to provide the highest-quality programs and services in Kentucky. We learn through experience and collaboration, and are humbled by the opportunity to show the Commonwealth that we truly are ***stronger together***.

To demonstrate the support Anthem has received from our Provider partners, we have included a Letter of Support from Gina Klyachkin, President of KVC Kentucky, as Figure G.1.f-4.

Figure G.1.f-4. Anthem's Letter of Support From the President of KVC Kentucky Demonstrates the Support We Have Received From Our Provider Partners

Provider Support for Anthem in Kentucky

KVC Kentucky
people matter

2250 Thunderstick Drive, Ste. 1104
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(859) 254-1035
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KVC HEALTH SYSTEMS, INC.
Jason R. Hooper, L.M.S.W.
President and Chief Executive Officer

Erin Stucky, L.S.C.S.W.
Chief Operations Officer

Marilyn L. Jacobson, J.D.
Chief Financial Officer and General Counsel

Chad E. Anderson, L.S.C.S.W.
Chief Clinical Officer

Lonnie Johnson
Chief Information Officer

June 21, 2019

Kentucky Cabinet for Health and Family Services
Department of Medicaid Services
275 East Main Street, 6W-C
Frankfort, KY 40621

To Whom it May Concern,

As the President of KVC Kentucky, I am writing to provide support of Anthem as they pursue their bid for the Medicaid contracts to continue to serve as MCO and also serve the SKY population.

For over 17 years, KVC Kentucky has provided an array of behavioral health, substance abuse and child welfare services. We positively impact the lives of over 12,000 children and families each year by providing in-home behavioral healthcare and substance abuse treatment, family preservation and reunification, KSTEP and therapeutic foster care services. KVC Kentucky is committed to strengthening and supporting the well-being and vitality of Kentucky's children, families and communities through our high-quality, impactful services designed to empower clients by building on their unique strengths.

We have a longstanding relationship with Anthem. We have found them to be collaborative, and responsive to our needs as a provider as they arise. We have built a partnership in which creativity and innovation are central to meeting the needs of the consumers that we serve. We are thrilled to be able to take part in their ACEs Champions program. The ACEs Champions Program is a primary example of our shared partnership to implement innovative programming to address adverse childhood experiences and build resiliency in the Commonwealth.

Again, we are happy to support Anthem in their pursuit of their bid to continue as a Kentucky MCO provider and serve the SKY population. If you have any questions, please feel free to contact me.

Sincerely,

Gina Klyachkin, MSW, LCSW, LICSW
President
KVC Kentucky

Alliance

KY_Hlth2019_KVCKentucky_TST_02

2. Company Background

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

G.2. Company Background

G.2.a. Corporate Experience

a. Corporate Experience

i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma-Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and

d. How the Contractor will apply such lessons learned to the Kentucky SKY program

ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

a. State name

b. Contract start and end dates

c. Number of covered lives

d. Whether the Contractor provides services regionally or statewide

i. Experience Providing Services Similar to Kentucky SKY

i. Describe the Contractor's experience in the provision of managed care services similar to those specified in the Contract for the Kentucky SKY populations specified in this Contract. In addition, include the following information in the response:

Anthem Kentucky Managed Care Plan, Inc. (Anthem) brings significant experience to serving children in Foster Care, youth involved in both the Foster Care and Juvenile Justice systems, former foster youth under age 26, and post-adoptive children with subsidized care through both through our Kentucky Medicaid operations and through our affiliate health plans. We are dedicated to collaborative approaches, which involve multidisciplinary team members with deep knowledge and life experience with the Foster Care system. We involve the Members, caregivers, social workers from relevant agencies, and foster and support coordination across systems.

Experience Matters

- **99,000** Child Welfare Members in **16 markets**; **1,400** in Kentucky
- **7.5 million** Medicaid Members served in **24 markets**, including one million Members with specialized medical, behavioral, and/or social needs
- **29 years** Medicaid experience nationwide, including **17 years** of Child Welfare experience
- **81 year history** in Kentucky, with **6 years** serving Medicaid Members

KY_Hlth2020_G.2.a_SKY-Highlights_COB_06

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Our work with state agencies and community partners has demonstrated success in improving health outcomes for the more than 1,400 Kentucky SKY eligible Enrollees (Members) in the Commonwealth that we currently serve, as well as other at-risk individuals and populations. We also have a demonstrated track record of leveraging individual strengths and community assets necessary to address social determinants of health and foster self-sufficiency and independence for those youth who are aging out.

We know these children, youth, and young adults have unique needs due to traumatic events and disruption in living environments. A 2016 study in the Journal of Pediatrics found that children in Foster Care were twice as likely as other children to have learning disabilities and developmental delays, five times as likely to have anxiety, six times as likely to have behavioral problems, and seven times as likely to have depression.[1] We are aware that the opioid Crisis has exacerbated these problems in Kentucky, resulting in the loss of parents and disruption of families. At Anthem, we strive to increase stability for these children while helping to improve their overall health and well-being.

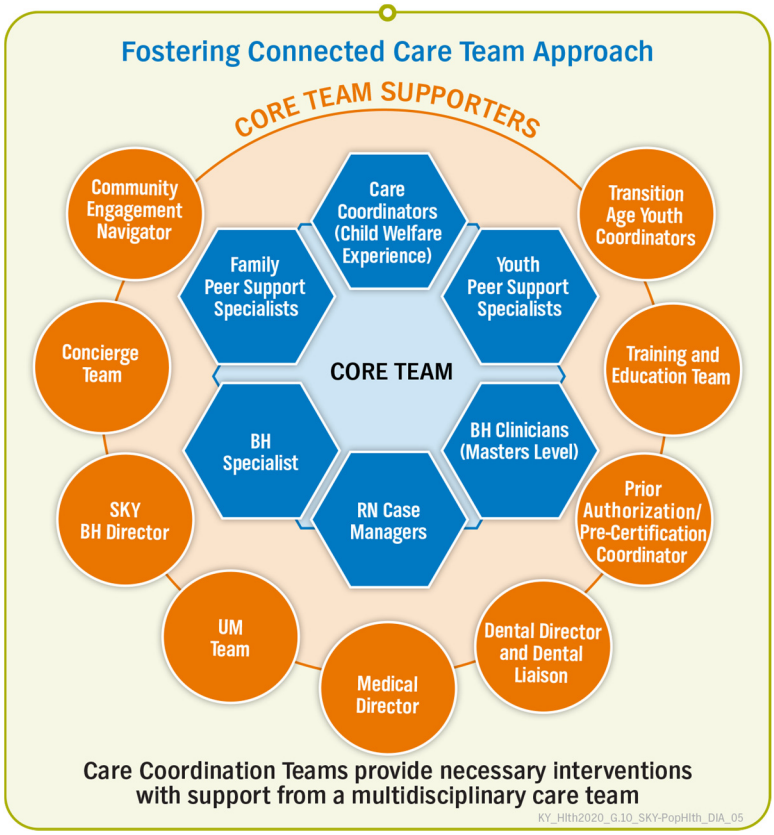
Our ultimate parent company, Anthem, Inc., is one of the nation's leading health benefits companies, serving more than 7.5 million Members in Medicaid in 24 markets across the country through its local health plan subsidiaries. ***Thirteen of these, including Anthem, care for approximately 99,000 children, adolescents, and young adults engaged in child welfare programs.*** Our affiliates began coordinating care for populations similar to Kentucky SKY more than 17 years ago. ***We are part of one of only two organizations nationally operating sole source specialty contracts exclusively serving Members in Foster Care, Juvenile Justice, and receiving Adoption Assistance.***

Anthem supports our Members with an approach that incorporates youth and family input, guidance and support, coordination of care, and choice in the health care and service decisions that impact their lives. We also recognize the "family" is extended and can include family of origin, kinship caregivers, Foster Parents, or other designated legal guardians. We understand that caring for the caregivers is very important to the stability of placements, and is true for kinship, adoptive, and foster families. That is why our approach includes assessing the needs of the family with regard to social determinants of health (SDOH), incorporating respite into care plans as appropriate, providing access to evidence-based services, such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT), and offering value-added services (VAS) that are specifically directed toward caregivers. There are 105 certified TF-CBT Providers, 57 of which are already in our Network and of the four certified PCIT Providers in Kentucky, three are in our Network.

[1] Turney, K. and Wildeman, C. (2016, November). *Mental and Physical Health of Children in Foster Care*. https://pediatrics.aappublications.org/content/138/5/e20161118

We know that Kentucky SKY is a unique program and that the needs of these Members, whether medical, dental, behavioral, or social, are different from those of the general Medicaid population. The model Anthem will bring to Kentucky SKY — ***Fostering Connected Care*** — is trauma-informed, family-centered, youth-driven, collaborative, and systems and community-based, with the goal of improving outcomes for Members and their families which is represented in Figure G.2.a-1. We embrace a Trauma-informed Care approach that coordinates the child's full experience — health care, Behavioral Health, child welfare, education, employment, and SDOH. We will establish key teams to accomplish this goal, which includes our:

Figure G.2.a-1. Our Comprehensive Approach to Serving Our Kentucky SKY Members



- Regionally deployed Care Coordination Teams (CCTs) staffed with professionals experienced in the child welfare system, as well as advocates and coordinators with lived experience with Foster Care, who utilize a trauma-informed approach
- Fostering Connected Care Concierge team which, through a Kentucky-based dedicated hotline, will go beyond answering calls and will coordinate and schedule assessments, verify and identify the accuracy of Member contact information, and assure the care planning process begins with as much information as possible
- Kentucky SKY Training and Education team that develops program-specific training for caregivers, DMS, Department for Community Based Services (DCBS), Department of Juvenile Justice (DJJ), sister agencies, law enforcement officials, and the judicial system, Providers, and other stakeholders

We will utilize dedicated Provider staff to engage in practice support and collaborative relations with SKY Providers to ensure and enhance Trauma-informed Care and evidence-based practices, and assure access and availability that goes beyond the state mandated requirements.

Our Fostering Connected Care model recognizes the prevalence of unmet health needs typical in foster youth populations and includes proven processes, tools, and strategies to address such needs and improve health outcomes. Our mission is to create a collaborative system of care to improve access to high quality trauma-informed physical, behavioral, dental, social, and

wraparound services. We have built our model around continuity of care to minimize disruptions and assure responsiveness, providing needed consistency to reduce crises and assist Members.

Experience matters when managing the services and benefits for children, youth, and young adults in Foster Care, Adoption Assistance, and the Juvenile Justice system, and it is critical to use a trauma-informed lens to view Member needs, services, and barriers. ***Anthem knows that meeting the unique needs of children engaged in the child welfare system is not as simple as altering a standard Medicaid program or benefits package or making tweaks to another Foster Care program.*** Anthem's administration of the Kentucky SKY program will not be treated as "business as usual." Kentucky SKY will require a unique approach that goes beyond managing the Member's health care needs and utilizes a system-based perspective. Anthem has developed a foster care model that addresses Members' unique needs with tailored and dedicated staffing models, skill sets, relevant training, and in-depth levels of Community Engagement and collaboration. We understand that these youth have often experienced significant and complex trauma and require a high level of coordination and collaboration to avoid duplication and fragmentation of services and supports. Our model has been built to be culturally and linguistically competent, and we are sensitive to the disproportionate impact on youth of color. We will partner with agencies, programs, and services that reflect and are competent to address the cultural, racial, and linguistic characteristics of our Members.

We will also have dedicated staff to develop collaborative relationships with and support SKY Providers to assure their adherence to trauma-informed practices and evidence-based practices when caring for children, youth, and young adults in Foster Care. This includes understanding of Adverse Childhood Experiences (ACEs), best practices in approaching and interacting with children and youth who have experienced abuse and neglect, and compliance with access requirements, such as after-hours and weekend appointment availability.

Leveraging the Experience of Our Affiliates

Anthem Brings Unmatched Experience to Kentucky SKY

- Our Georgia affiliate administers services as a single statewide MCO with **more than 29,000** Members in child welfare
- Our Louisiana affiliate is one of the state's two preferred MCOs administering care to Members in child welfare

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Our knowledge of the Kentucky SKY population and their unique challenges is informed by our own experience and that of our affiliates serving child specialty populations.

Our Foster Care Collaboration team, comprised of child welfare subject matter experts, consolidates our knowledge gained through lessons learned, evidence-based practices, data analysis, and innovative programs into our Foster Care model, which is then tailored to meet the specific needs of each state.

Our Georgia affiliate, has been the single statewide Foster Care Managed Care Organization (MCO) since 2014 and currently serves more than 29,000 Members enrolled in the Georgia Families 360°SM program making Anthem one of only two MCOs with affiliates' experience as a single source. In addition to being the single source contractor in Georgia, our Louisiana affiliate is also a preferred plan and, as such, have developed best practices for collaborating with the child welfare agency and system of care.

While children, youth, and young adults engaged in the child welfare system often have the same types of medical conditions as the other youth we serve in our Kentucky Medicaid program, they frequently have additional unique and complex needs because of their experiences within their

family units, associated with their removal from the only living situation they have ever known, and trauma experienced during their time spent in the child welfare system. These experiences often have a significant long-term impact on their safety, health, and well-being. For example, youth transitioning from Foster Care may experience anger, depression, substance use, and gaps in preventive health care, as well as significant SDOH needs, including housing, education, employment, and positive social interaction. We have developed our Fostering Connected Care model and our Uplifting Futures program for Transition Age Youth to address the needs of this population so they can have the same opportunities for meaningful relationships, stability, and well-being as all the children and youth we serve. By doing so, we improve not only their health but the opportunity for a brighter future.

Improving Health and Quality of Life

We know that children in Foster Care have been exposed to ACEs, resulting in more intensive health care needs than other children. Along with our affiliates, we are a national leader in providing enhanced coordinated services for children, such as these, who tend to have more BH conditions and require more psychosocial services than other children and youth receiving Medicaid services.

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We support the Commonwealth's approach to serving children, youth, and young adults in child welfare through one comprehensive, integrated program that assures they have access to the right care, at the right time, and in the right amount and location, using:

- Trauma-informed approaches
- Sufficient numbers of specialty Providers with expertise in trauma, ACEs, and Behavioral Health (BH) needs (mental health, substance use)
- Best practice techniques designed to develop trusting relationships, such as motivational interviewing and active listening
- Dedicated health plan staff focused on:
  - Screening and assessing needs
  - Identifying and engaging participants for the Member's multidisciplinary team (MDT)
  - Developing person-centered care plans that incorporate Member needs, caregiver needs, goals, preferences, and the services, supports, and resources needed for achieving identified goals
  - Accessing and coordinating the care identified on the care plan
  - Monitoring Member participation and progress in care
  - Adjusting the care plan as needed based on changes in the Member's needs, caregiver, living environment, and preferences
- Standardized processes that reduce administrative burden for Child Protective Services, Juvenile Justice, Providers, and the Commonwealth, such as standardized screening and assessment tools, referral processes, clinical practice guidelines, authorization requests, and reporting requirements

We are experienced and successful with these specific approaches and processes for our current Members and look forward to having enhanced impact as the single MCO providing benefits and services under the Kentucky SKY program.

Foster Care Collaboration Team Drives Innovation

Launched in 2015 by our ultimate parent company, the Foster Care Collaboration team works closely with Anthem and our affiliates who serve individuals in the Foster Care and Juvenile Justice systems or who are receiving Adoption Assistance. Our dedicated team of experts will

drive innovation by incorporating learned lessons, evidence-based practices, Commonwealth and national data analysis, Commonwealth goals, and identified critical success factors into our Care Coordination model. This includes training and education materials, as well as standardized operational procedures and processes. The team also cultivates collaborative partnerships with organizations nationwide to identify and support the needs of children, youth, young adults, caregivers, and caseworkers involved in Foster Care, Adoption Assistance, and Juvenile Justice programs. Team leaders regularly meet with State agencies early on in their evolution to managed care, assisting with program design and helping shape opportunities for better performing systems of care. For example, we have worked with Oregon, Oklahoma, Indiana, West Virginia, Maryland, Georgia, North Carolina, and Louisiana in supporting redesign efforts of their Medicaid delivery system for children and youth in child welfare and on overall child welfare system design.

The Foster Care Collaboration team continuously evaluates resources, research, and current markets operating with child welfare and related populations and helps us create, adapt, and implement programs to better serve our Kentucky Members. Anthem will continue to leverage the work of this team as we implement and operate the Kentucky SKY program.

a. Experience Coordinating and Providing Trauma-informed Care and Services

a. Experience in coordinating and providing Trauma-informed services, and educating Providers on Trauma-informed Care, ACEs, and evidenced based practices applicable to individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance;

Anthem and our affiliates serving individuals in the Foster Care, Juvenile Justice system, or receiving Adoption Assistance have proven experience in coordinating and providing trauma-informed services as well as educating Providers on Trauma-informed Care, ACEs, and evidence based practices applicable to this population. Understanding and addressing trauma is at the core of our Fostering Connected Care model for serving children in child welfare.

We also know that using evidence based approaches and adopting evidence-based practices helps ensure the best outcomes for our Members in child welfare. The passage of the Family First Prevention Services Act has reinforced the importance of supporting Providers in their adoption of these practices. Our extensive training coupled with our unique staffing, including a Trauma Specialist and two Provider Relations Liaisons focused on increasing provider capabilities to provide Trauma-informed Care and evidence-based practices, will help support these efforts.

Experience Coordinating and Providing Trauma-informed Services

Bringing Stability and Agility to Meet Our Members' Needs

Our processes and experience coordinating and providing trauma-informed services have evolved over the past five years in response to changing requirements, a shifting population, and the infusion of experience from our affiliates. For example, as highlighted next, as we have gained experience, we have added additional staff, developed programs, and established relationships with system partners.

When we began serving children in child welfare and recognizing the unique needs of this population, Anthem made the decision that care management staff dedicated to working with youth in Foster Care or Adoption Assistance need to have substantial experience working in

child welfare systems. This focus on staff experience grew in 2015 when we hired a Nurse Case Manager with experience developing Kentucky's Medically Complex Foster Care model and a passion for coordinating care with a lens to meet our Members' physical health (PH) and BH needs. ***Her experience as a Foster Parent trainer informed our processes with a specific focus to caring for the caregiver in the programs we implemented.***

To assure full-service care for our Members and their caregivers, we have expanded our dedicated Foster Care team and implemented processes, which include:

- Increasing collaboration with our Behavioral Health Provider Consultant to assess training and assistance needs for specialized Providers as they continue to learn how to deliver care in collaboration with an MCO
- Adding Care Management staff with specific experience, including expertise in Trauma-informed Care evidence-based practices which included:
  - A Foster/Adoptive Parent, Licensed Clinical Social Worker (LCSW), Risking Connection (Trauma-informed Care) trainer, previous therapist (with independent living, Foster Care, residential programs, and schools), and certified in administration of Child and Adolescent Needs and Strengths (CANS) assessment
  - A BH clinician with experience in Foster Care and children's inpatient psychiatric care and a specialty with autism and other pervasive developmental disorders, and a Risking Connection trainer
- Developing educational materials and programs to inform DCBS workers, Foster Parents, and stakeholders on how to leverage our Care Managers to meet their needs and promote better outcomes for Members, including sharing the Anthem Public Policy Institute's white paper about best practices in child welfare with DCBS and DMS leadership

Anthem's Care Management staff dedicated to Foster Care includes a **Risking Connection trainer.** Risking Connection is a SAMHSA recommended Trauma-informed Care program with a cultural-sensitivity training module. It emphasizes empowerment, connection, and collaboration. KY_Hlth2019_G.2.a_RiskConn_COB_04

In mid-2017, we began promoting the Building Bridges Initiative by participating and collaborating on workgroups, trainings, and the System of Care Academy. This included providing feedback during clinical documentation review and care management discussions for therapists and treatment teams for Psychiatric Residential Treatment Facility (PRTF) and inpatient Providers around the following topics:

- Requirement to involve the youth and their family in all treatment planning, particularly discharge planning
- Importance of child connecting with family/natural supports daily while in the program
- Collaborating with Providers around covering days when child is on family visits to facilitate discharge/release

When we have children who are difficult to place or have significant behavioral or mental health concerns that require specialized training, we make sure we participate at a high level on the DCBS organized conference calls, directing and suggesting Providers that we know to be trauma-informed and knowledgeable about the needs of the population. We often advocate for adjunct services when it makes sense and can be woven together with the care provided by existing Providers in order to maintain placement and minimize disruptions.

In 2019, we supported Provider training through our donation of 200 web-based licenses for the continuing education of the Children's Alliance members staff. Each license afforded the

individual access to a full library of trainings that provide continuing education units (CEUs) approved to meet Kentucky's licensure requirements for licensed clinical professionals who provide direct service to the child welfare population. The library of trainings was selected to specifically address topics of critical importance in providing services to children in child welfare including:

- Substance use treatment
- Person-centered care planning
- Dialectical behavioral therapy (DBT)
- Medication-Assisted Treatment (MAT)
- Motivational interviewing
- Cognitive behavioral therapy (CBT)
- Implementation of Trauma-informed Care systems
- Post-traumatic stress disorder

Leveraging Affiliate Experience

Ensuring Trauma-informed Care and Evidence-based Practices In Georgia

Our Georgia affiliate, has been coordinating and providing Trauma-informed services and educating Providers on Trauma-informed Care, Adverse Childhood Experiences (ACEs), and evidence-based practices for individuals in the Foster Care and Juvenile Justice System and those receiving Adoption Assistance as a single statewide MCO for more than five years. Examples of this experience include the following:

BRINGING PROVEN SOLUTIONS to the KENTUCKY SKY PROGRAM

- Prior to implementation of the Georgia Families 360° program, Georgia conducted community-based training and education on assessments and screenings for Member, families, and their State partners including DCH, DFCS, AA, and DJJ, Providers, and other stakeholders. They launched a trauma assessment information campaign to assure all Providers had the necessary resources to access the tools and obtained the training and certification required to utilize each tool. They released Provider Information Blasts, posted information on their web-based Provider portal, and provided face-to-face information through their Regional Customer Care Representatives.
- Following implementation, the Georgia Families 360° clinical review team identified inconsistencies in the quality and type of information provided by the assessment providers. To address this, they met with DCH and DFCS and conducted town halls and partnership meetings with organizations such as Together Georgia and the Georgia Alliance of Therapeutic Services for Children and Families (GATS). ***Their collaborative efforts resulted in a required Assessment Summary Report that guided the acquisition of needed information in a consistent and informative way, training for assessment providers, including a standardized form, and new procedures, which were accessible on their Provider website.***
- In 2015, Georgia entered into a groundbreaking new partnership with Georgetown University's Center for Child and Human Development National Technical Assistance Center for Children's Mental Health. Georgia formalized a relationship with Georgetown University to provide a health plan-wide integration of Systems of Care into their practice. As a part of this venture, Georgetown University provided a year-long series of web-based trainings to the Georgia staff, Provider Network, and stakeholders. Trainings were customized for Georgia's

child welfare system. Georgia offered training on System of Care principles to both their Medicaid and Georgia Families 360° Provider Networks. These trainings were also recorded and placed on our affiliate's Amerigroup Training Academy portal so that everyone can access this vital information 24/7. The trainings covered a variety of areas, from the importance of community-based services to using a strengths-based approach, but also tie into the essential principles of Systems of Care and reinforce integration into Georgia's system. This collaborative, Provider-focused engagement strategy helped transform health care delivery, create an integrated system of care, and drive improved access and health outcomes for Members.

Engaging In Collaboration to Provide Trauma Informed Training in Louisiana

Our Louisiana affiliate, Healthy Blue Louisiana, is one of two preferred plans managing services for children in child welfare. Between 2016 and 2018, staff engaged in a collaboration between the health plan, the Louisiana Division of Children and Family Services (DCFS), the Southern University of New Orleans School of Social Work (SUNO) and the Children's Bureau to develop and implement a Trauma Informed Systems Training for DCFS staff. The collaborative team identified trauma related training as a key workforce development issue for both DCFS child welfare workers and supervisors. Meetings to determine the selected training topics, curriculum planning and scheduling of statewide workshops occurred in 2016 and 2017. The trainings occurred throughout the state and were held between September 2017 and August 2018. Child welfare workers and supervisors received 12 workshops on trauma-informed child welfare systems from the SUNO and 10 workshops from the Children's Bureau. The training plan had clear objectives and included an evaluation conducted by SUNO which demonstrated that participants showed that they gained knowledge from baseline to follow up in the four areas of the training which were secondary trauma, worker safety, child trauma and disorders, and adult disorders and trauma.

Our Experience Supporting and Educating Providers on Evidence-based Practices for Substance Use

Anthem's experience serving children in child welfare and the impact of the opioid epidemic on the child welfare system and our communities, the places where we live and work, have made supporting and educating providers on best practices to address this a priority.

As part of our strategic commitment to address the opioid epidemic, ***Anthem set a goal to double the number of Members who receive BH services as part of Medication-Assisted Treatment (MAT) for opioid use disorder by the end of 2019. We have exceeded that goal in Kentucky with an 87% improvement from baseline.***

INNOVATION

Our innovative strategies to expand access to BH Services include Primary Care Provider (PCP) education and training (including harm reduction strategies and Screening, Brief Intervention, and Referrals to Treatment [SBIRT]), and evidence-based practices for MAT. We have developed partnerships with academic centers and other organizations throughout Kentucky, including the University of Kentucky, University of Louisville, and Bright Heart Health. We brought the use of ***Project ECHO® (Extension for Community Healthcare Outcomes)***, a collaborative model of medical education and care coordination that supports clinicians with evidence-based guidelines and tools to provide better care to more people where they live. Project ECHO's Opioid Addiction Treatment increases

access to specialty treatment in rural and underserved areas by providing no-cost training in opioid addiction to Providers, PCPs, and front-line clinicians the knowledge and support they need to manage Members with opioid conditions.

We have partnered with the LMPHW, the University Of Louisville School Of Public Health and Information Sciences, and Norton's Hospital System in Downtown Louisville to pilot ***a Harm Reduction Provider Education program***. This program is specifically designed to decrease the incidence of serious comorbid health conditions related to intravenous drug use. This program is focused on providing hospital medical staff with tools to improve their ability to provide care to people who use drugs, navigate the complicated relationships that often develop between medical staff and people who use drugs, and reduce burnout due to compassion fatigue and vicarious trauma. Our partnership with the University of Kentucky brings forward a pilot program named ***KY START*** (Statewide Treatment and Addiction Resource Training). The KY START program represents an effort to meet the growing demand for an in-depth opioid addiction continuing professional development training program for health care Providers. This pilot program will be used to improve training for health care professionals to act as the direct line of care for Members with SUD, increasing patient access to Narcan®, long-acting naltrexone (LAN) MAT, and additional mental health and SUD resources.

b. Examples of Initiatives Implemented that Have Supported Improved Outcomes

b. Three (3) examples of initiatives the Contractor has implemented for Medicaid managed care programs for individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance that have supported improved outcomes (e.g., greater awareness of Trauma- Informed Care, clinical outcomes, Discharge Planning between levels of care, etc.). Describe whether such initiatives were cost effective and resulted in sustained change;

Since we began operations in 2014, Anthem has been and will continue to be dedicated to operating under a culture of continuous innovation and improvement. Reviewing our performance and seeking opportunities for improvement is engrained in who we are and what we do every day. ***Anthem will bring this focus on innovation to the Kentucky SKY program to seek effective ways to assure the safety, permanency, and well-being of our Members.***

This will include leveraging our own experience and that of affiliates in other markets serving Members similar to the Kentucky SKY population. Anthem will tap into evidence-based, detailed information on targeted initiatives, including what worked and where outcomes did not meet expectations. The Foster Care Collaboration team is instrumental in developing and refining successful initiatives tailored to individuals in the child welfare population.

This team will be closely involved in analyzing these initiatives and incorporating up-to-date research and information into program design and updates. Priorities will be set around results that improve health outcomes and address the social determinants of health, recognizing the unique needs of children in Foster Care, including those who are aging out.

As part of our ongoing quality monitoring and assessment approach — Plan, Do, Study, Act (PDSA) — Anthem evaluates initiatives to determine whether they are leading to positive outcomes and sustained change. In addition, we also review initiatives to understand if they are cost-effective and evaluate the return on investment. Anthem knows that we need to apply

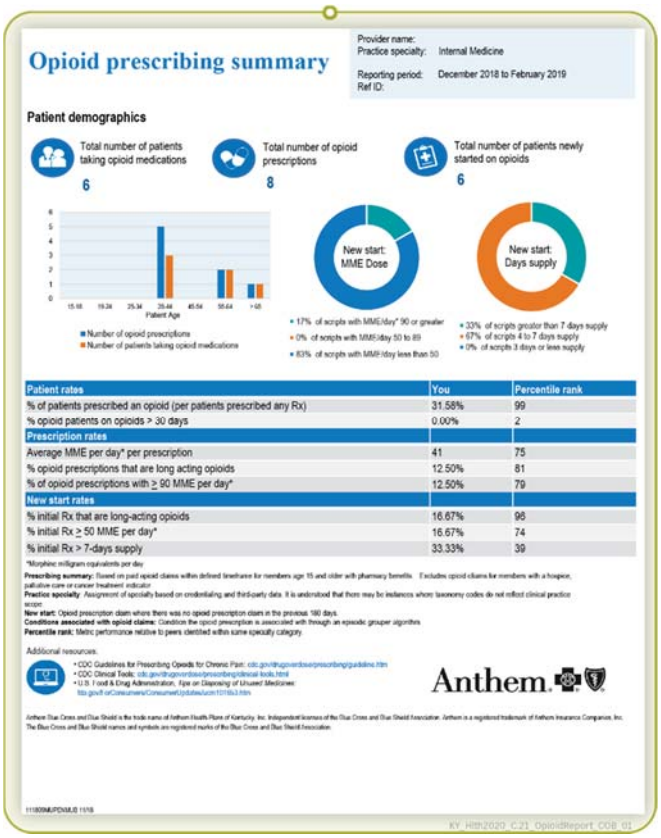
resources in areas that deliver the most value to our Members, Providers, and stakeholders. This review and analysis allow us to identify successes, as well as adjust initiatives to address population dynamics, and to engage in continuous improvement. Having the ability to collaborate with our affiliate health plans and leverage their experience, successes, and lessons learned, enables us to evaluate any initiatives implemented in affiliate markets and decide if they are appropriate to implement in Kentucky to address local needs and support improved outcomes for our Members.

We chose to focus on initiatives that, we believe, will directly address challenges that are contributing to the increased number of children coming into care in Kentucky and that impact the well-being of Kentucky's children and youth in care. We highlight our Opioid Management program because we know that opioid misuse has been a major contributor to the increase in the number of children coming into care in Kentucky. We seek to partner with the Commonwealth to address this significant health issue in Kentucky and to reduce the number of children who will be eligible for SKY enrollment in the future. We highlight our BH Medication Management, PRTF placement initiatives, and several SDOH initiatives because these initiatives directly address significant issues for children and youth in the child welfare system.

Opioid Management Program

The recently implemented ***Opioid Management Program*** helps reduce the opportunities of misuse of opioid treatment, including the development of opioid use disorders, by targeting outlier Provider opioid prescribing patterns, as well as assisting Members in gaining access to more clinically appropriate treatment. This program assesses physicians' opioid prescribing patterns evaluated against several utilization metrics such as an overall opioid prescription count, percentage of patients that are newly started on opioids, and opioid utilization summary of at-risk Members. This *Opioid Prescribing Summary report* of Providers' opioid prescribing practices compares prescribers to peers in their specialty practice areas as shown in Figure G.2.a-2.

Figure G.2.a-2. Opioid Prescribing Practices Comparatively by Provider



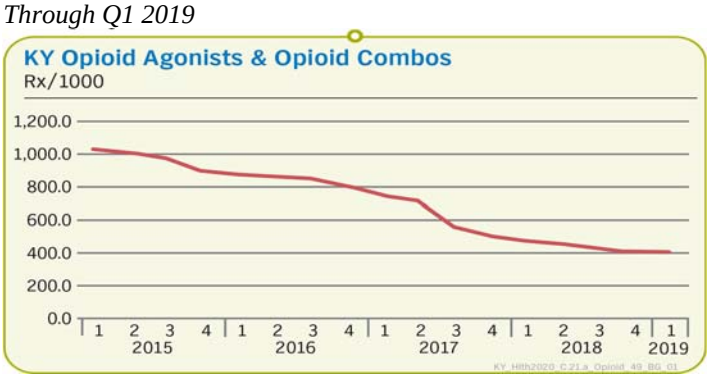
Information is provided to prescribers in the form of a report card to educate on their prescribing patterns and offer Providers multi-modal support to reduce the opportunities for opioid misuse and abuse. Additionally, we assess Members' risk of opioid misuse, and those that are identified as "At Risk" or "High Risk" have a clinical pharmacist outreach to their opioid prescribers

telephonically to discuss the opioid medication-related concerns identified and to develop an action plan that will reduce opportunities for opioid overutilization and misuse. We, alongside our ultimate parent company, are committed to taking a leadership role in addressing the opioid epidemic that has severely affected Kentucky and many other states. Anthem, Inc.'s commitment includes strategies that will lead to the reduction of prescription drug abuse and diversion while ensuring clinically appropriate access to treatment. We are leveraging the expertise Anthem, Inc. offers us to address the opioid Crisis in Kentucky.

Our comprehensive approach to managing controlled substance use disorder (SUD) includes retrospective and prospective drug utilization review (DUR) as well as several programs focused on the identification and reduction of fraud, waste, and abuse (FWA) of these medications. The goal of these programs is to reduce fraud, waste, and abuse by decreasing drug-seeking behavior, diversion, as well as pharmacy and prescriber shopping. Upon identifying a potential case of FWA, we send prescribers communication that includes a cover letter containing the Members' utilization history and messaging that encourages coordination with other prescribers to promote safe and effective medication use.

As a result of our opioid management strategies, we have seen a 53% decrease in opioid prescriptions per 1,000-Member months for our Members in Medicaid in Kentucky in the first quarter of 2019 compared to the same period in 2016, which is represented in Figure G.2.a-3.

Figure G.2.a-3. Opioid Reduction Results for Kentuckians Through Q1 2019



BH Medication Management

The BH Medication Management program provides support to promote medication adherence and improve prescriber practices for Members with mental health and substance use conditions. It addresses increased concerns about the safe, appropriate, and effective use of psychotropic and controlled substance medications, including opioids. It is a comprehensive program that improves Members' quality of care through more clinically appropriate prescribing, improves Member adherence to appropriate medication treatments, promotes Care Coordination between prescribers, decreases the cost of care, and improves performance on HEDIS® measures.

For Members targeted in the ***BH Medication Management program***, in 2018:

- **BH polypharmacy.** 67% of the targeted Members discontinued one or more of the multiple medications.
- **BH Child Age Appropriateness.** 30% of the targeted children under age six discontinued the inappropriate medication.
- **Antipsychotic adherence.** 40% of Members improved medication adherence.

In addition to Point of Service (POS) claim edits to prevent the dispensing of duplicate therapy with use of psychotropic medications, and Prior Authorizations (PAs) for antipsychotic use in children 17 years of age and younger, our Psychotropic Medication Management program is a Provider outreach program that targets Members with multiple prescribers and multiple

psychotropic medications. The program addresses polypharmacy issues, inappropriate prescribing of psychotropic medications for children under the age of six and adults over the age of 65, and the use of antipsychotics in children when there is no evidence of providing first-line psychosocial care or metabolic monitoring. We are expanding this program to include additional prescriber messaging on drug-drug interactions and high dose alerts (dosages that are higher than the FDA approved doses), which include new rules for pediatrics under 18 years of age. This includes looking at compliance with taking antidepressants and the maximum dose of stimulant medications to prevent exceeding maximum dose. For targeted Members in the ***Psychotropic Medication Management program***, in 2019, 60% had a positive change in behavior:

- 26% of children under age six identified discontinued the inappropriate psychotropic medication.
- 64% of Members identified discontinued one or more of the multiple psychotropic medications.

Impacting Outcomes in PRTF Stays and Readmissions

We have highlighted two long-standing programs demonstrating sustained, cost-effective program outcomes in our Members in Foster Care.

West Virginia Affiliate Brings Kids Back Home

When Behavioral Health Services were carved into managed care in West Virginia in 2015, our West Virginia affiliate, quickly identified that they had multiple children in out-of-state PRTF placement and that the lengths of stay in these facilities were typically 9 to 12 months. ***Through our innovative methods, we reduced the number of out-of-state placements by 86% and reduced lengths of stay by 3 to 5 months.*** They achieved this by implementing bi-monthly integrated team calls with each PRTF facility, active monitoring of progress towards treatment goals, and bi-monthly medical necessity review. All PRTF admissions required Medical Director approval and case managers reviewed progress towards treatment goals, family visits, and home visits weekly with parental guardians.

They also developed a comprehensive geographic list of alternative in-home Providers and intensive in-state programs to assist the team during discussions with providers to assure Members were accessing the least restrictive level of care inclusive of community options. They also developed a pre-certification and concurrent review process based on clearly defined standards for extended stays. We will leverage these best practices to manage PRTF placements for Members in the SKY program.

Georgia Families 360° Program Provides Innovative Payments for Reduced Readmissions

Georgia offered a value-based payment program to select residential Providers resulting in significantly reduced percentage of youth readmitted to a Behavioral Health Crisis Stabilization Unit, PRTF, or Inpatient Acute Care Facility within 30 days of discharge. ***In 2017, our Georgia affiliate had less than 8% readmissions, which was further reduced to less than 5% readmissions by 2019.***

Making a Difference by Addressing Social Determinants of Health

Anthem knows that SDOH can impact clinical outcomes. We chose to profile two programs with positive clinical outcomes—Transition Age Youth Housing Pilot and In-home Tutoring. In choosing these two programs, we considered those we are currently executing, and those that we

are proposing specifically for Kentucky SKY based on positive results reported by caregivers, effectiveness, and positive reception by stakeholders in other markets.

Transition Age Youth Housing Pilot

According to a recent study by the Annie E. Casey Foundation, "***among former foster youth with known outcomes, 36% reported at least one episode of homelessness.***" Anthem knows that Transition Age Youth, especially those in the Foster Care and Juvenile Justice systems, are at a high risk of homelessness. In mid-2018, we began working with Welcome House of Northern Kentucky to identify ways we could work together to provide additional housing support and services to help these individuals gain stability and prevent long-term homelessness.

Anthem supports Welcome House through a pilot program, a grant award, and co-located staff to support all Members served in that area. Funds help support the program and provide all Transition Age Youth (TAY), including those identified in the Kentucky SKY population, with transitional housing in a dedicated apartment program, housing subsidies, food, and hygiene items, as well as services related to employment, training, and life skills. Welcome House Care Coordinators support youth in the program with programming to assist them in securing permanent housing, such as budgeting, accessing local resources, working with landlords, finding employment, and/or job training. Staff can access flex funds to deliver immediate funding to help address barriers they may be experiencing to stable housing, such as their personal credit, utilities, and Behavioral Health issues.

The Anthem grant also allowed Welcome House to purchase a home in Covington for transitional housing. In October 2018, Anthem co-located a Community Engagement Navigator at Welcome House to support and engage with individuals, including conducting an SDOH assessment and working to address SDOH barriers.

Expected outcomes for this initiative are increased housing stability, reduced stress and anxiety, improved personal safety, and improved access to employment and education for Transition Aged Youth in the Covington area, as well as enhanced "soft skills" needed to acquire and maintain employment. We also expect to see improved health outcomes. Although early, we are seeing positive results. Welcome House has housed and supported 26 TAY, including seven who have been in the Foster Care system. While these numbers may seem small, this represents 26 young adults who would otherwise be living on the streets at high risk for human trafficking, violence, and a myriad of other risks to their safety and well-being.

We are currently measuring and reviewing client data and demographics, including age, living situation at intake, housing date, education level, physical diagnosis, behavioral diagnosis, and any other barriers. As the initiative matures, we will measure exits to positive housing and increase in income. Longer-term review will evaluate and address cost-effectiveness and evaluate whether interventions result in sustained change.

In-home Tutoring

Based on our affiliate health plan's success in Indiana, we are including In-home Tutoring services as a VAS for the Kentucky SKY population. Modeled after a VAS initiated by our Indiana affiliate, Anthem will provide up to 24 hours of one-on-one, in-person tutoring services that can be completed in the location that best suits the Member, such as the Member's home, at a school setting, during a stay at a hospital or group home, or at a public location such as a

library. Tutoring is available in all subjects, including language arts, math, science, social sciences, and even foreign languages.

Anthem understands that tutoring services are a priority for children in Foster Care because they often have gaps in their education due to difficulty focusing in school because of personal trauma and frequently moving and changing schools. Every 26 seconds in the United States, a child drops out of high school. Nationally, only about 50% of foster children graduate from high school by the age of 18, according to a national fact sheet on educational outcomes. Our In-home Tutoring benefit helps encourage children and adolescents, no matter their skill level or diagnosis, to become independent learners, assist in remediating educational gaps, improve study habits, reduce drop out and truancy rates, increase social skills, and improve their confidence. All of this sets them up for continued success into adulthood.

9th Grade Foster Care Member Luke Improves Math Skills and Reading Comprehension Through Anthem's In-home Tutoring

In other markets, Anthem affiliates have experienced many positive results with our In-home Tutoring value-added service (VAS), which we plan to offer to the Kentucky SKY population. The work between our affiliate in Indiana and male Foster Care Member, Luke, exemplifies the effectiveness of our In-home Tutoring VAS, often resulting in significant improvement for the foster child at both an educational and personal confidence level. Luke's assigned tutor, Maria, learned through the initial assessment that the 9th grader's math skills were below his grade level by two years and his reading comprehension was at a 3rd grade level. Maria met with Luke in his Foster Parent's home based on established preference of location and times. Maria was also invited to an IEP meeting for him, where she shared some techniques to help him better process information.

After a few weeks of Maria providing one-on-one tutoring to Luke and her continual collaboration with his Foster Parent and educators, Luke's post-test assessment revealed he had improved both his math skills and reading comprehension to 8th grade levels. His Foster Parent and teachers both wrote Maria and Anthem letters of appreciation for helping Luke. Moreover, Luke wrote a letter to Maria expressing his gratitude for helping with his growth. He exclaimed, "My grades were bad, and I never tried. I always gave up. Now I try my best, and I will pass!"

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Since the first tutoring session in mid-October 2018, our Indiana affiliate reports strong use and positive outcomes, receiving 106 referrals for tutoring. Before beginning tutoring, every child underwent diagnostic assessments to identify educational gaps. In June, all children were given post-test assessments, which resulted in an average of a 50 point increase in the assessment scores pre-tutoring to post-tutoring.

In addition, children reported increased confidence and also feeling their tutor was another person in their support system who wants to see them succeed. The results about positive changes in confidence and behaviors as reported by Foster Parents and tutors are harder to quantify but just as important as these are the types of changes that lead to overall increased resiliency. Our affiliate has many letters expressing support for the program and highlighting positive results, including higher grades and more enthusiasm for learning.

We will monitor our Indiana affiliate and the Foster Care Collaboration team as they continue to document outcomes and evaluate the cost-effectiveness of this initiative, including its ability to generate sustained change. As we move toward implementation of Kentucky SKY, we will develop additional monitoring and evaluation of the In-home Tutoring VAS based on the Indiana program.

c. and d. Lessons Learned and Applying Those to the Kentucky SKY Program

c. A summary of lessons learned from the Contractor's experience providing similar services to the populations enrolled in Kentucky SKY; and

d. How the Contractor will apply such lessons to the Kentucky SKY program

We have learned many lessons through our time spent serving Kentucky Members, and we will continue to seek out opportunities to listen and learn from our Members, Providers, affiliates, and stakeholders. We have chosen to highlight the following five key lessons that are critical to serving the Kentucky SKY population:

- Develop collaborative stakeholder partnerships
- Robust and flexible staffing model focused on lived experience
- Build and maintain a strong Network of Providers
- Family and Caregiver support is essential to Member well-being
- Implement a comprehensive training and engagement plan

Lesson Learned: Develop Collaborative Stakeholder Partnerships

"We are stronger together" is a key lesson learned. Our experience in Kentucky and from our affiliates has taught us we need to establish strong, focused communication channels with our stakeholder partners in order to share information, develop processes, and facilitate problem solving. We have also learned that building and maintaining a collaborative team that builds trusting relationships, has experience with the population, embraces a common mission of taking care of youth and setting them up to be healthy and productive adults, and is empowered to make decisions, is critical to success. This includes fostering and developing strong relationships with both agency staff and community-based organizations, co-locating staff, participating on and utilizing advisory group, and supporting opportunities to build relationships through social and work activities.

We have already put this lesson learned into action. For example, in early 2019, Anthem began holding "listening sessions" in DCBS service regions to establish an open forum to learn about Foster Care concerns, to educate ourselves on lessons learned and opportunities for the Kentucky SKY MCO, and to collaborate and support the work of the regional social workers in the field. Through these sessions we provided DCBS staff an opportunity to ask questions about managed care, share what they see as the main needs for the children and youth, and tell us what type of information they want to see from MCOs. This is an essential first step in working as collaborative partners to support the children and youth who will enroll in SKY. We put what we learned from these meetings in action by expanding training offerings related to Trauma-informed Care.

Additional examples of how we are applying lessons learned to continue collaboration with stakeholders and streamline access to information are:

- During quarterly meetings with DMS and DCBS, we have honed processes for early identification of Members in Foster Care, improved the outcomes reporting we provide to these partners, and collaborated to share experiences from our affiliates.
- To make sure we have accurate information on each Member's DCBS Social Service Workers (SSW), we have designated staff reach out to points of contact at DCBS — a function our Fostering Connected Care Concierge team will perform for Kentucky SKY.

- At a DCBS Community Partners meeting, some caregivers and Providers shared how difficult it is for Foster Parents to keep up with all the critical documentation required. To help make it easier, we began sending all Foster Parents an expandable file folder they can use to store and organize paperwork, along with other useful information.
- We continue to learn more about the resources of people with lived experience in Kentucky communities through our engagement in the State Interagency Council for Services and Supports to Children and Transition Age Youth (SIAC) and Regional Interagency Councils (RIACs). This led us to incorporate Peer Support Specialists in our whole-person health staffing models.

Building pathways to communication is more than setting up a series of meetings. ***We enhance our successes by working with stakeholders to create processes and develop technology that streamline access to information and promote faster, more agile decision-making.*** We will continuously challenge our entire organization to think about ways we can remove barriers, reduce complexity, and gain faster access to more accurate information. Our focus remains on the Member and how we can best coordinate and support timely access to screenings, assessments, services, and supports. Our Georgia affiliate reinforces the lesson through co-location, which allows for access to timely information and helps streamline processes.

For example, our Georgia affiliate collaborated with the state agency to create an E-form to provide early notification of a new Member coming into care. The E-form allows their Care Coordination Team to begin coordinating services for a child entering out-of-home placement, including obtaining state mandated assessments in close to real time, without losing valuable time waiting for updated Medicaid enrollment information.

First, We Listen

Experience has taught us that the best way to serve our Members, support Providers, and collaborate with stakeholders is to listen first, gain knowledge and understanding, brainstorm solutions, collaboratively define strategies, and then take action. can only benefit when all those supporting them work together toward common goals.

As an incumbent health plan who already serves the population that will be part of the SKY program and has strong ties to the communities we serve, we already have a good understanding of who our key stakeholders are. We will build on existing partnerships and develop new ones to continue to engage with stakeholders, including Providers, and locally based state staff. We will work with our Commonwealth partners to develop strong communication processes and protocols ahead of implementation.

Improved Collaboration Through Technology

In collaboration and partnership with DCBS, we will leverage our technology solutions and work to interface with Commonwealth systems as appropriate, and to improve communication with caregivers, Members, and DCBS Social Service Workers and DJJ Social Workers.
For example, our Youth Records Access Portal (YouthRAP) facilitates communication, collaboration, and coordination between participants in the Member's care, such as Foster Parents, DCBS Case Managers, DJJ staff, Anthem Care Managers, and Providers. Through our secure website, team members will have role-based access to YouthRAP, a consolidated view of the Member's electronic health record (EHR) that includes information in near real time in an easy-to-navigate dashboard. The holistic Member view identifies the following types of information:

- Diagnoses and conditions
- Screening and assessment results, including Anthem's Health Risk Screening, CANS, Child Protective Services Environmental Assessment, and Commonwealth assessments such as from First Steps
- Individualized care plan
- Service utilization, including PH, BH, pharmacy, and dental services, ER visits, and hospitalizations
- HEDIS care alerts and gaps in care
- Service authorizations
- Clinical notes regarding Member participation in services and progress
- Participants on the Member's MDT
- Care Coordinator and contact information

Growing and Identifying New Partnerships

We will collaborate with our State partners to identify opportunities for enhanced communication. Our regionalized staff will develop strong relationships with local DCBS and DJJ staff through interactions in Care Coordination and possible co-location. Our Provider Relations Liaison will engage with Providers to continue to develop their capacity to provide Trauma-informed Care and will explore unique Provider partnerships. Our Court Justice Liaison will be dedicated to strengthening relationships and partnering with law enforcement and justice-related organizations, including the courts, Court Appointed Special Advocates (CASAs), guardian ad litem (GALs), and others. The Fostering Connected Care Training and Education team will continuously identify training opportunities at the local level by working with community organizations and engage in collaborations with training partners such as universities, local experts, and Providers. We will establish our Advisory Committee to help us continually improve our program and develop additional partnerships with our stakeholders.

Lesson Learned: Robust and Flexible Staffing Model Focused on Lived Experience

From our experience in Kentucky, coupled with our affiliates' experience, we know that we need robust, experienced staff for Kentucky SKY, including staff with prior experience in child welfare and with lived experience, who live and work in the communities we serve, and who bring existing relationships and connections to key organizations and stakeholders. Additionally, we will staff key liaison positions, including a liaison to the courts.

Lessons Learned for Staffing

Recruit, hire, and retain staff who are:

- Experienced with child welfare and bring existing relationships and connections
- Passionate and committed to improving lives
- Willing to go above and beyond

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The ability to learn from our Georgia affiliate has delivered tangible benefits that are unmatched by other Kentucky MCOs. As one of the two organizations operating sole source contracts serving this population nationally, our Georgia affiliate's experience — what worked, and what did not — has informed our staffing model and our understanding that we must be prepared to pivot based on the unique characteristics and needs of the Kentucky population.

We have learned it is critically important to recruit, hire, and retain staff who understand the challenges faced by children, youth, and young adults in Foster Care, those receiving Adoption Assistance, and Dually Committed Youth involved in the Juvenile Justice system. This includes a diverse team to provide culturally sensitive experiences and Kentucky-based staff who understand the needs of Kentucky's Foster Care, Adoption Assistance, and Dually Committed youth. People with lived experience can also be particularly impactful with this population, especially with TAY. Most importantly, we will focus on hiring those who also bring passion, respect, and a commitment to improving Members' lives.

Another key lesson we have learned is that our operational model, ***Fostering Connected Care, needs to empower the team to creatively solve problems and be flexible enough to meet changing needs as our program matures.*** We considered many lessons learned and best practices when developing our Kentucky SKY staffing model, including:

- Leverage clinical staff where needed and non-clinical staff where they are most effective
- Identify where and when co-located staff can deliver the greatest benefit
- Consider factors such as geography, population dynamics, and the complexity and nature of Members' needs when developing Care Coordinator caseload ratios and assignment methodology

Our Georgia affiliate also reminds us we need to be flexible with our staffing model and expect to make changes along the way as the program matures and evolves. We understand that we need to closely monitor our model and be ready to respond to changes based on need, geography, and other factors.

We use a multidisciplinary staffing model to support every Member directly and indirectly. By applying lessons learned, we have created staffing innovations to be sure we meet our foundational goal of providing the best possible care and supports to our Members, including the following:

- Our ***CCTs*** are multidisciplinary and include Care Coordinators with different backgrounds, training, and experience — including Nurse Case Managers, Behavioral Health Clinicians, Behavioral Health Specialists, Youth Peer Support Specialists, and Family Peer Support Specialists — who will focus on safety, continuity, permanency, and Member well-being. We will focus on hiring staff with experience in child welfare. Our Care Coordinators and CCTs will be individualized based on the Member's needs.
- The ***Fostering Connected Care Concierge team*** will be available 24/7 through the Concierge Line to answer inbound calls from Members or DCBS staff and respond to immediate needs, including connecting to Crisis services when applicable. Their role goes beyond a standard call center role, as they will be highly trained in assessing crises and Trauma-informed Care, to name just a few. They will support Care Coordination and the Member by helping schedule required assessments and appointments, as well as verifying correct Member contact details and gathering documents and information about the Member that will aid in Care Coordination.
- Our ***Kentucky SKY Training and Education team*** have developed and will continue to develop program-specific trainings to enhance our existing Anthem Training Academy (Academy) and will deliver training to caregivers, DCBS staff, Providers, and other stakeholders on the roles and responsibilities of the managed care plan and to help meet Kentucky SKY program-specific training requirements.

Lesson Learned: Build and Maintain a Strong Network of Providers

We have learned that meeting the needs of individuals in the Foster Care and Juvenile Justice systems, Former Foster youth, or youth receiving Adoption Assistance requires a robust Provider Network that includes a variety of specialties with unique engagement, training, and Alternative Payment Models. We also have learned we need diverse Provider types, especially those who are trauma-informed and demonstrate successful outcomes with at-risk youth, are culturally sensitive, and understand the complexities of children in out-of-home care.

Through our experience in Kentucky and listening to our affiliates, we know ***we need Providers who are experienced, trained, serving the population today, and open and willing to embracing new processes and evidence-based practices to best serve the Kentucky SKY population***. We need an informed Network that is readily available to meet the needs of these youth, allowing us to:

- Maintain continuity of care for Members, helping them to stay with the same Provider as often as possible
- Enhance the coordination of care and access to trauma-informed services, including physical health, Behavioral Health, dental care, social services, and wraparound services
- Deliver an appropriate statewide Provider Network with 24-hour emergency access and Crisis services

We also know this population has unique needs which Providers can find challenging to meet. Providers need experience and training with assessment tools and to understand that individuals in this population often lack a fully documented medical history. Providers need to be able to work with limited medical history and help make informed treatment plans that address gaps and do not duplicate services.

Anthem's approach to applying these lessons includes augmenting our well-established, comprehensive Medicaid Network of more than 28,000 unique Providers. Recognizing the prevalence of BH conditions in this population, we have a robust Network of more than 1,600 BH Providers, including specialists with a focus on children, adolescents, and families, such as psychologists, psychiatrists, therapists, and counselors. In addition, our experience providing services for this population has shown us many of these children need access to dental and vision services. We are prepared to meet those needs with our Network of more than 1,660 Dental Providers (including pediatric dentists), and more than 1,300 vision Providers across the state.

Our Network approach includes developing our Providers' ability to provide Trauma-informed Care and evidence-based practices. Currently, in the entire state, there are only four therapists certified in PCIT who are actively seeing Members, three of which are in our network. PCIT is a behavioral parent-training model that uses live coaching and provides immediate prompts to parents while they interact with their children.) To address this need, Anthem will implement a pilot to increase the number of Providers who are certified in PCIT. This will include implementing new telemedicine offerings, and providing training through our Academy and through Community Engagement activities.

Anthem has identified local ***ACEs Provider Champions*** — organizations already delivering great care to our Members in Medicaid — that are ready and willing to address ACEs, disparities in care, and SDOH, and increase the resiliency of our communities. Anthem will provide small

grants to help offset one-time startup or other costs to expand their reach and Member impact. ACEs Provider Champions will serve as role models and mentors for other Network Providers, and share their experiences and lessons learned at our annual Anthem Provider Education Workshops held in each region.

We also know Providers expect frequent outreach and communication, including a comprehensive orientation training, on-demand educational opportunities to complete at their convenience, opportunities for local, expert professional development with free continuing medical education (CME)/CEU credits, and technical assistance where and when they need it from our field staff. Our Provider Solutions team aligns the various activities that support Providers — including Networks, contracting, payment strategies, Provider collaboration, Provider Services, Provider experience, demographics and directories, and Provider communications to deliver a seamless experience. In addition, our Provider Relations Liaisons will support practices in TIC, EBPs and collaborations.

Lesson Learned: Family and Caregiver Support Is Essential to Member Well-being

LESSONS LEARNED

A key lesson learned is that ***a system-based Care Coordination model is critical*** and focuses on improving access to high quality, comprehensive, trauma-informed physical, behavioral, dental, social, and wraparound services. We need to do this using strength-based, person-centered, youth-guided, and community-based approaches grounded in collaboration and coordination. This includes focusing on both the Members and their families and caregiver.

Supports for the families and caregivers include education, training, tools, information, and a way to access Anthem. We recognize that the "family" can include the family of origin, kinship caregivers, Foster Parents, natural supports, and other designated legal guardians. Caring for the caregivers is very important to the stability of placements, and is true for kinship, adoptive, and foster families. We recognize the importance of assessing the needs of the family with regard to SDOH, incorporating respite into care plans as appropriate, and providing access to evidence-based services. We also know that we need to have the right programs in place on day one, including early identification of Member needs, continuity of care, and stakeholder needs.

Supporting families, Foster Parents, kinship, and Fictive Kin caregivers is key to assuring our Members' well-being. We know that Kentucky has a very high percentage of children in kinship care (9% or 96,000 children according to the Annie E. Casey Foundation's KIDS COUNT Data Center). Kinship caregivers have unique needs that are often different from those of other caregivers such as Foster Parents. They may be experiencing trauma, grief, and loss themselves, as a result of the impact on their relative, may need to relearn how to parent, or may have health and SDOH issues themselves. We have learned that this subgroup of caregivers needs specialized support, and we include them in our outreach to families and caregivers.

Anthem's approach to supporting caregivers includes:

- Providing training on topics that help them be better prepared to address trauma, BH conditions, and to identify and prepare for Crisis and help them take care of themselves by learning about self-care
- Identifying any existing SDOH issues through our Health Risk Screening and ongoing Care Coordination and link them to necessary services and supports

- Working closely with Foster Parent and kinship caregiver associations and programs to identify possible partnerships and ways to support them
- Offering VAS such as the New Placement Welcome Wardrobe, which includes a $150 retail gift card for new Members that will help caregivers obtain needed clothing items, including shoes and other necessities, and the Community Resource Link which is a Member- and caregiver-facing online tool to help them locate resources in their own communities
- Implementing a Primary Care Provider assignment process that is easy and seamless for caregivers, regardless of location in the Commonwealth and number of foster children in the home
- Creating a Quick Reference Guide for caregivers taking care of Members enrolled in Kentucky SKY, tailored to highlight very important numbers, including the assigned Care Coordinator, 24/7 nurse hotline, and BH Services Hotline for after-hours assistance
- Providing specific resources for kinship caregivers, including enhanced benefits, as applicable, including car seats and targeted training
- Applying the principles of High Fidelity Wraparound and the Building Bridges initiatives when advocating for increased family services with inpatient and residential Providers who serve children in out-of-home care
- Assigning the Member a Care Manager who will serve as a single point of contact for the Member, family, and caregiver

Lesson Learned: Implement a Comprehensive Training and Engagement Plan

LESSONS LEARNED

Due to the unique needs of this population, it is critical that all who work with them have a strong understanding of those needs and the appropriate approaches for addressing them. Topics such as BH, trauma, and ACEs need to be thoroughly understood and those interacting with the children, youth, and young adults need to have the capacity to address them, not only to be effective but also to avoid inadvertently adding to their existing trauma, or actually causing more harm to the child. Because there are so many people that interact with these children, the training has to incorporate many more stakeholders than are traditionally trained in a health care environment.

Our affiliates have identified that ***a comprehensive training and engagement plan built upon existing training and resources and takes into account the expertise of others, including DMS, DCBS, and DJJ is a critical success factor*** for a statewide single MCO program like Kentucky SKY. We know that training and engagement has to go beyond Providers and employees to law enforcement, the judicial system, caregivers, educators, Foster Care youth, and other stakeholders.

Our Georgia affiliate has shared details of their Provider education campaign with Anthem as we prepare for Kentucky SKY. They emphasized the need for continuing training that reinforced areas covered in their initial training, providing specialized training on identified topics, updating Providers on changes in program policies or procedures, and supporting compliance with program standards and Contract requirements. They offer on average fifteen (15) trainings per month. Use of different formats, including monthly webinars and town hall meetings held across all regions, is another lesson learned.

Another lesson learned is the unique needs of members of law enforcement and the judicial system. To address this need, ***we will establish a dedicated Kentucky SKY Training and***

Education team that will focus on bringing training, support, and expertise to local law enforcement and the judicial system to promote shared understanding of the new single managed care program and the needs of Kentucky SKY Members. The judicial system is central to the effectiveness of the SKY program and therefore, we understand that it will be critically important to have designated staff to interface with law enforcement and the courts.

This dedicated team will develop and provide program-specific training, such as orientations related to program or plan functions, which includes employee training as well as training for Members, parents, caregivers, child welfare staff, Providers, law enforcement, judges, and other stakeholders. Our team will offer trainings that are responsive to needs identified by the diverse stakeholders engaged in supporting Kentucky SKY children and youth. The team will be led by a Training and Education Specialist who oversees a Court and Justice Liaison, Trauma Specialist, and a team of geographically dispersed Training and Education Representatives charged with identifying local training needs and resources, and will be able to provide training in local forums. In addition, this team will receive training on the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit, designed for Trauma-informed Care specifically focused on child welfare.

Within our Kentucky SKY Training and Community Education team, our Court and Justice Liaison will have a number of key responsibilities, such as:

- Identifying and providing outreach to key DJJ and other key stakeholders to establish relationships
- Conducting outreach activities to identify training and educational needs for law enforcement, court system, DJJ, GAL, and CASAs
- Identifying and developing trainings and materials on the Kentucky SKY program and other related topics
- Serving as a conduit between judiciary, DJJ, DCBS, and Anthem to address system, organizational, and specific Member issues
- Managing a dedicated mailbox where judges can ask questions, request trainings, and submit other communications, and use information from the mailbox to determine further outreach and training

Bringing Proven Solutions

We understand that caring for this population requires unique approaches grounded in research, best practices, and experience. If awarded, we will bring proven solutions, described throughout our response, to the Kentucky SKY program, but also recognize the need to be flexible, adaptive, and responsive.

Anthem understands that the process of learning is not static, and we will continue the cycle of learning, developing, refining, implementing, and applying lessons learned from our own operational experience, our State partners, sister Cabinet agencies, community partners, and our affiliates. We will also continue to identify improvement opportunities based on input from our Members, caregivers, Providers, and stakeholders through our advisory group, quality surveys, satisfaction surveys, internal audit results, and more.

ii. Listing of Contracts Serving Individuals in Foster Care and Juvenile Justice Systems or Receiving Adoption Assistance

ii. Provide a listing of the Contractor's prior and existing full risk Medicaid managed care contracts serving individuals in the Foster Care and juvenile justice systems or receiving Adoption Assistance for the previous five (5) years. Include the following information:

a. State name

b. Contract start and end dates

c. Number of covered lives

d. Whether the Contractor provides services regionally or statewide

Across the country, Anthem and 16 of our 24 affiliates currently care for approximately 99,000 children, adolescents, and young adults in child welfare programs such as Foster Care, Juvenile Justice, and Adoption Assistance. Our affiliates began coordinating care for populations similar to Kentucky SKY more than 17 years ago. In total, these 16 health plans serve 4.7 million Members. Beyond our deep child welfare experience we have vast experience in working with multiple populations with chronic conditions and extensive BH needs across several states as national leader in serving individuals receiving long term supports and services, children and youth with serious emotional disturbance, and adults with serious mental illness to name a few.

Table G.2.a-1 lists existing full-risk Medicaid managed care contracts serving individuals in the Foster Care and Juvenile Justice systems or receiving Adoption Assistance. Table G.2.a-2 lists a prior contract of this type that expired at the end of 2018, the only contract over the previous five years no longer serving Members. In each table, we list the name of the state, contract start and end dates, the number of covered lives for these individuals, as well as all Members in Medicaid served in the state and whether services are provided regionally or statewide.

Table G.2.a-1. Existing Contracts Serving Individuals in Foster Care, Juvenile Justice, or Adoption Assistance

a. State	b. Contract Start and End Dates	c. Number of Covered Lives (as of 1/31/2020)		d. Provides Services Regionally or Statewide
		Foster Care, Juvenile Justice, and Adoption Assistance	Total (all populations)	
Kentucky	Original Start: 1/1/2014 Current Start/End Dates: 7/1/2019–6/30/2020	1,454	132,384	Statewide
Georgia (single entity)	Original Start: 3/3/2014 Current Start/End Dates: 7/1/2018–6/30/2020	29,558	393,594	Statewide
Missouri	Original Start: 3/1/1998 Current Start/End Dates: 7/1/2019–6/30/2020	13,771	219,119	Statewide
Texas	Original Start: 3/1/2012 Current Start/End Dates: 3/1/2019–8/31/2020	12,320	771,769	Statewide
Iowa	Contract Start/End Dates: 4/1/2016–3/31/2021	7,700	384,154	Statewide

a. State	b. Contract Start and End Dates	c. Number of Covered Lives (as of 1/31/2020)		d. Provides Services Regionally or Statewide
		Foster Care, Juvenile Justice, and Adoption Assistance	Total (all populations)	
Florida	Original Start: 1/1/2003 Current Start/End Dates: 12/1/2018–12/31/2023	5,637	503,300	Statewide
Colorado	Contract Start/End Dates: 7/1/2018–6/30/2020	5,212	312,428	Regional
Indiana	Contract Start/End Dates: 4/1/2015–3/31/2021	5,094	454,371	Statewide
Virginia	Original Start: 7/1/1996 (Foster Care (FC)/AA started 7/1/2016) Current Start/End Dates: 8/1/2018–6/30/2020	3,892	401,699	Statewide
Louisiana (preferred plan)	Original Start: 2/1/2012 Current Start/End Dates: 2/1/2018–12/31/2020	3,677	268,173	Statewide
Maryland	Original Start: 6/1/1999 Current: Contract is “evergreen” and was effective 1/1/2018	3,200	275,519	Statewide
Nebraska	Original Start Date: 1/1/2017 Current Start/End Dates: 1/1/2017–12/31/2021	2,750	83,250	Statewide
New Jersey	Original Start: 2/1/1996 Current Start/End Dates: 3/1/2014–6/30/2020	2,079	179,172	Statewide
Minnesota	Contract Start/End Dates: Original Start: 1/1/2019 1/1/2020–12/31/2020	1,990	328,904	Regional
Arkansas	Original Start: 3/1/18 Current Start/End Dates: 3/1/19 – 12/31/21	779	14,996	Statewide
District of Columbia	Original Start: 10/1/2017 Contract Start/End Dates: 4/29/2019–9/30/2020 (4 option years)	18	46,728	Statewide

Table G.2.a-2. Prior Contract Serving Individuals in Foster Care, Juvenile Justice, or Adoption Assistance

a. State	b. Contract Start and End Dates	c. Number of Covered Lives (as of 12/31/18)		d. Provides Services Regionally or Statewide
		Foster Care, Juvenile Justice, and Adoption Assistance	Total (all populations)	
Kansas	Original Start: 1/1/2013 Contract Start/End Dates: 1/1/2013 –12/31/2018	6,185	125,236	Statewide

G.2.b. Office in the Commonwealth

b. Office in the Commonwealth

For programs similar to Kentucky SKY, has the Contractor co-located staff in an agency regional office? If yes, describe the factors that influenced that decision and summarized the outcome of the co-location in coordinating of services for program participants.

We believe face-to-face communication is key to successfully coordinating care for our Members in Kentucky SKY and is a foundational principle of our ***Fostering Connected Care model***. We have co-located staff in similar programs and have found that strategically co-locating staff within agency regional offices allows us to be agile and fosters collaboration with the Commonwealth and our community stakeholders. We welcome the opportunity to discuss employing co-location initiatives with DMS and DCBS to assure a successful and smooth transition of the SKY population, as well as support ongoing SKY operations. We believe by partnering together prior to implementation and throughout go-live, we can be flexible and adaptive to the needs of DMS and our Members. By doing so, we will achieve increased collaboration, build relationships, exchange information, increase opportunities for innovation and process improvements as well as issue resolution and troubleshooting, and promote accountability.

Co-location of Staff in an Agency Regional Location

As we consider co-location of staff, we will leverage lessons learned and best practices from our Georgia affiliate, which has served as the sole source contractor for the Georgia Families 360° program since 2014. As addressed more fully next, we have learned from our Georgia affiliate that decisions around co-location should be a collaborative process and should be reevaluated as the program matures. Factors to be considered include physical locations, types of staff to be co-located, and whether staff are co-located to one site every day or if they move between locations.

Georgia Co-location Initiative

Georgia's co-location initiative puts skilled and knowledgeable staff committed to the safety, well-being, and permanency of Georgia Families 360° Members and families in DFCS regional offices. Georgia staff, including Care Coordinators and Intake Specialists (the latter of which is referred to as the Fostering Connected Care Concierge team in the Kentucky SKY proposal) are co-located in DFCS offices in Cobb, DeKalb, and Fulton counties and are on-site during DFCS business hours to support DFCS Case Managers.

The co-located counties were chosen collaboratively by DFCS and Georgia because they are the largest counties in the state. In addition, DeKalb and Fulton Counties are under the Kenny A. Decree which requires that they have federal monitoring and oversight to make sure they are meeting the needs of children in care. With the decree in place, these counties are audited frequently and have more stringent requirements regarding timeframes and assessments.

This co-location model is flexible and responsive to DFCS needs. For example, during implementation, Georgia co-located staff more often. In addition, Georgia initially co-located Care Coordinators at DFCS offices. However, after assessing the value of this model with state partners, Georgia recognized that Intake Specialists, rather than clinical workers, would better serve the needs of Members and DFCS in co-located offices. Georgia continues to remain

flexible in staffing co-located offices, deploying Care Coordinators or other specialized staff when a need is identified.

Intake Specialists

During implementation, Georgia Intake Specialists played an essential role in smoothing the transition process for Members and reducing the administrative burden of their DFCS partners. These employees are trained in Trauma-informed Care and have extensive knowledge of the Provider Network, including qualified assessment of Providers; Members' benefits and rights and responsibilities; medical, BH, and Dental Providers; community-based organizations that provide social supports and resources that promote resilience and recovery, such as peer and family supports, after-school programs, and tutoring.

Co-located Intake Specialists offer a range of support to DFCS, including:

- Engaging Members and their caregivers and assisting them with requests in accordance with the unique needs and strengths of each Member and family unit
- Providing training, court ordered services, and escalation to assure early intervention and access for Members
- Linking Members with effective and evidence-informed community-based resources
- Informing Members and caregivers about Covered Services, including VAS, as well as informal and natural supports
- Addressing eligibility and enrollment issues
- Linking Members to necessary Providers quickly and easily by working one-on-one with DFCS Case Workers to identify appropriate Providers, schedule appointments, and arrange transportation for visits
- Completing necessary forms and working with the interdisciplinary care team to identify and gather information to support the completion of required assessments within required timeframes

Care Coordinators

DFCS co-located Care Coordinators are licensed clinicians who are trauma responsive problem-solvers trained in the principles of the High-Fidelity Wraparound Model of Care. They have experience working with children, youth, and young adults with ACEs, knowledge of the state's landscape and Provider Network, and are skilled at navigating the child welfare and health care systems. These staff support DFCS Case Managers in a variety of ways, including:

- Helping DFCS Case Workers obtain necessary assessments, history, and records regarding Members
- Familiarizing themselves with the Member's history, including reviewing clinical information from multiple sources, such as the Georgia Health Information Exchange
- Completing the Member's Health Risk Assessment (HRA); obtaining and reviewing assessment results
- Accessing Crisis interventions as needed for Members with immediate, urgent, or emergent needs
- Working with DFCS Case Managers to coordinate the holistic care of Georgia Families 360° Members, including identifying and helping Members access specialty Providers
- Providing consultation on trauma as well as medical, Behavioral Health, and dental conditions
- Providing required information for court proceedings

- Participating on child and family teams as needed or requested

Ongoing Co-location

Following implementation, Intake Specialists and Care Coordinators continue to co-locate on-site at high-volume DFCS offices twice a week in Cobb and DeKalb counties and monthly in Fulton County for four to six hours. In most instances, co-location opportunities are scheduled around specific events, such as an on-site mobile clinic and "data days," where staff assist Members with appointments, education, and linkage to identified services and supports. The current schedule was developed after consulting with various stakeholders and staff on how to best meet Georgia's needs. Anthem will use our current experience and stakeholder feedback to determine co-location opportunities and schedules in Kentucky.

Co-location schedules are flexible and arranged to accommodate periods of high need and assure efficient use of resources, while remaining responsive to DFCS and Member needs. For example, during implementation, staff were co-located more frequently to provide immediate support when needs arose and help provide for a seamless transition to managed care; co-location was scaled back to the current schedule to better leverage the staff in the community while still providing a regularly scheduled co-located presence in high-volume locations.

In addition to on-site presence, DFCS staff have telephonic access to Intake Specialists and Care Coordinators for every region.

Other On-site Staffing Initiatives in Georgia

Psychiatric Residential Treatment Facility Co-location

Prior to implementation, our Georgia affiliate collaborated with the Georgia Department of Community Health and DFCS to develop an infrastructure for the early identification and Care Coordination processes for working with Members with complex or specialized health care needs at risk for a higher level of care. Based on this work, Georgia dedicated a licensed Care Coordinator to work on-site with Members in PRTFs. These Care Coordinators are trained in trauma and the High-Fidelity Wraparound Model principles and have expertise in complex medical and BH conditions, best practices for medical necessity and wraparound care, discharge planning, and coordinating care for Members with complex needs to help them remain in their families and communities.

Our Georgia affiliate worked closely with the Member's care team, including both the individual and their caregivers, DFCS Case Manager, PCP and BH Provider, natural supports, and other care team participants of the Member's and family's choosing, as appropriate. Together, the care team develops a discharge plan that is holistic and individualized to the Member's needs and conditions and identifies the services and supports needed for them to return safely to the community, including a Safety Crisis Contingency Plan.

Georgia Families 360° Court Clinic Model

We are committed to meeting Members where they are. Georgia, in partnership with the Fulton County Juvenile Justice Center, created an innovative solution that allows children in child welfare and their caregivers an opportunity to complete all mandated assessments in a one-stop approach. Georgia joined clinical Provider partners, Resurgia Health Solutions PH, Help a Child Smile (Dental Provider),

and Eastchester Family Services BH to offer multispecialty health care services at the Fulton County Juvenile Justice Center in Atlanta.

The Fulton County Juvenile Center clinic facilities provide both primary and Behavioral Health care services, while an on-site mobile dental unit is available to address dental needs. The Fulton County Juvenile Justice Center handles the placement and legal matters of thousands of Georgia Families 360° participants annually, and it is common for many of these children and families to be hindered by lack of access to medical, trauma, and dental care. Many conditions often go untreated, making it harder for families to stabilize and transition into a better quality of life.

Factors Influencing Decision to Co-locate

First, We Listen

We based the decision to offer co-located employees on conversations with the Georgia DFCS staff, representing a collaboration between DFCS and DJJ to assure the health and welfare of Members. This co-location pilot program began with DFCS offices in high-volume counties to provide their case managers with support in obtaining necessary medical records and confirmation that health care services are being provided and that outcomes comply with the Kenny A. Consent Decree. Our affiliate continues to identify and implement processes to reduce the administrative burden for DFCS Case Managers and Georgia Department of Juvenile Justice Juvenile Probation and Parole Specialists, in collaboration with the DCH, DFCS, and DJJ.

The co-location schedule was determined after experimenting with various schedules. Our affiliate's experience in Georgia found that co-locating employees more frequently at implementation, and at scheduled intervals on an ongoing basis, is most beneficial to Members.

Co-location, particularly during implementation, helped our Georgia affiliate staff build upon and strengthen relationships with community partners, including DFCS Case Managers and county officials, supervisors, DJJ, and other stakeholders. This resulted in shortened response times and enhanced coordination of care. It also helped to foster positive working relationships and collaborative partnerships that have continued, enhancing services to children and youth and the caregivers that support them. DFCS Case Managers also have reported that co-location:

- Helps the DFCS Case Manager in becoming more knowledgeable about the Member's overall health care benefit
- Assures better coordination of care by showing DFCS Case Managers how to access various Providers and resources on the Anthem website
- Supports a holistic approach to care planning by assisting DFCS Case Managers with scheduling and coordinating Member appointments and linking the Member's various team members together
- Encourages collaboration through face-to-face communication concerning the Member's care

Proposed Kentucky Co-location

We will work with DMS, DCBS, and DJJ to meet the needs of Kentucky SKY Members. Immediately after Contract award, Anthem will work with DMS, DCBS, and DJJ to discuss implementing a co-location initiative in select Kentucky regions, including but not limited to, the following regions. This may include co-locating clinical and administrative support staff in the DCBS offices in high-volume or high-needs areas where access may be an issue during implementation and on an ongoing basis. Based on our affiliate's experience in Georgia and our knowledge of the Kentucky landscape, we propose at a minimum the following locations to co-locate staff:

Anthem Is Committed to Community Relationships

As part of our Anthem Empowerment Program, we have co-located Empowerment Navigators in two community partner locations, Welcome House and Bluegrass Technical College, to enhance communication and service to our Members.

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- **Salt River Trail Region.** Salt River Trail is proposed because of its history as a high-need area to collaborate and support families and the Cabinet in that region to make demonstrable improvement in outcomes for those youth.
- **Jefferson Region.** The Jefferson region is proposed because of its high volume and concentration of SKY Members.
- **Northern Bluegrass Region.** The Northern Bluegrass area is proposed because of the density of its population, proximity to Cincinnati (because of cross-state issues), and impact of the opioid epidemic in that area.

Should DMS decide to implement the co-location model, we will work with DMS, DCBS, and DJJ leadership to identify other potential areas where co-location can reduce access barriers, promote safe and successful transitions of care, and improve collaboration, such as co-locating clinical staff at:

- PRTFs or large group homes, including Centerstone/Uspiritus and Maryhurst, River Valley Behavioral Health PRTF, Rivendell Behavioral Health Hospital, and Ramey Estep Homes
- Recognizing that Members with complex, high-risk needs often languish in inpatient settings, we will co-locate at hospitals, such as UofL Health – Peace Hospital or Lincoln's Trail Extended Care Unit to assist with complex placement issues, discharge planning, and care

Regardless of where staff will be located, we will work in partnership with the Commonwealth to help DMS, DCBS, and DJJ meet their program goals and assure optimal health outcomes for all SKY Members. Our CCTs will be regionally based, in alignment with the nine DCBS Service Regions. We will assure further alignment of staff and dedicated contacts to promote coordination including looking for opportunities for co-location with other stakeholders, large child placement agencies, and those where co-location creates value and promotes overall well-being of our Members.

G.2.c. Staffing

c. Staffing

i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this

Contract, including the following information at a minimum:

a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:

a. Recruitment sources;

b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Contractor, including:

a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.

b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor's employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

v. Overview of the Contractor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas. Provide the Contractor's proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and

Appendices." vii. Retention approach for Full-time Kentucky SKY Key Personnel.

viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.

c. Where Subcontractors will be incorporated.

ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.

xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

i. Anthem's Comprehensive Staffing Approach

i. Describe the Contractor's proposed approach to staffing for the Kentucky SKY program under this Contract, including the following information at a minimum:

Based on our affiliates' experience, we have created staffing models for special programs, and we know that Kentucky SKY is distinct from other managed care programs. As a lesson learned, we know the program requires a unique, flexible staffing approach that incorporates traditional and nontraditional roles, a broad array of skill sets, and fully committed and mission driven staff to support Members. Further, it requires a systems-based approach that goes beyond managing Member's health care needs to include collaboration, outreach, and engagement across the system of care and community resources. It is a "***health plan within a health plan***" that utilizes shared administrative services, such as claims adjudication, in order to allot maximum resources for our Member-facing staff and the care of our Members.

In addition to our experience in Kentucky and through our affiliates, we based our staffing approach on the best practices identified by our national Foster Care Collaboration team, which builds programs across the country to serve children and families. The Foster Care Collaboration team comprises thought leaders who identify evidence-based and promising practices in serving this population and who evaluate lessons learned from across the country, incorporates them into an overall model, and adapts them to address the needs of local communities.

Our comprehensive approach includes a staffing plan that goes above and beyond the requirements outlined in the Draft Contract. We have identified 38 current employees across the Commonwealth with lived experience, such as serving as a Foster Parent or adopting a child, whom we view as internal recruitment targets. We recruit and retain employees who not only have experience in child welfare, but who have the heart for and are passionate about serving youth who have experienced trauma and who often have frequent changes in living environments. Across every functional area and in everything we do, our staff are responsive, accessible, and care deeply about the children and families we serve. Our staffing approach promotes:

- Skilled and knowledgeable employees who understand the local system of care, the challenges and nuances that exist across Kentucky communities, and the unique needs of children in Foster Care or Juvenile Justice systems, or receiving Adoption Assistance
- Employees who are connected to their local communities and have established, trusted relationships with key organizations and stakeholders
- A strong interdisciplinary team with diverse experience and training so that children and families have access to a full gamut of both clinical and non-clinical staff who can link them to resources, supports, and services
- Hiring individuals who have experience in child welfare from other states and can bring insight and best practices to the Commonwealth system of care

a. An Organizational Structure that Fosters Innovative Solutions

a. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to the Kentucky SKY program and Kentucky SKY Enrollees and supports stakeholder groups (e.g., Kentucky SKY Enrollees, providers, partners, among others).

An Organizational Structure That Supports Members

Our organizational structure supports better health, permanence, safety, and improved quality of life and well-being for children and youth while strengthening collaboration across the system of care to prevent duplication and administrative burden. We recognize that Kentucky SKY requires much more than just adjustments to a current process or model. Thus, we purposefully designed our organizational structure as a "***health plan within a health plan***," so that we have uniquely dedicated, qualified, and well-trained staff supported by a robust infrastructure, advanced technology, and proven analytics and capabilities from our Kentucky Medicaid plan.

Innovative Solutions for Meeting Commonwealth Goals

As we have developed our overall Fostering Connected Care model and our staffing plan, we have done so with the Commonwealth's goals in mind:

- Enhance coordination of care and access to Trauma-informed services, including physical health, Behavioral Health, dental care, social services, and wraparound services
- Provide an appropriate statewide Provider Network for these populations with 24/7 emergency access and Crisis services
- Improve coordination of care and continuity of care between Commonwealth agencies, health care Providers, and community-based resources
- Assure completion of screening and assessments and health service delivery within the mandated timeframes

- Collaborate and coordinate with Commonwealth agencies and Providers to share key health records in a timely manner and reduce duplication of services
- Collaborate and coordinate with hospitals, treatment facilities, residential Providers, PH and BH Providers, and others on the discharge planning needs of the Members at all levels of care
- Improve quality of care and outcomes for the populations served by the program
- Provide targeted communications and training to Providers, law enforcement, the judicial system, advocates, and other stakeholders on the managed care program

To accomplish this, our approach offers a variety of staff with the necessary expertise and training that will assure:

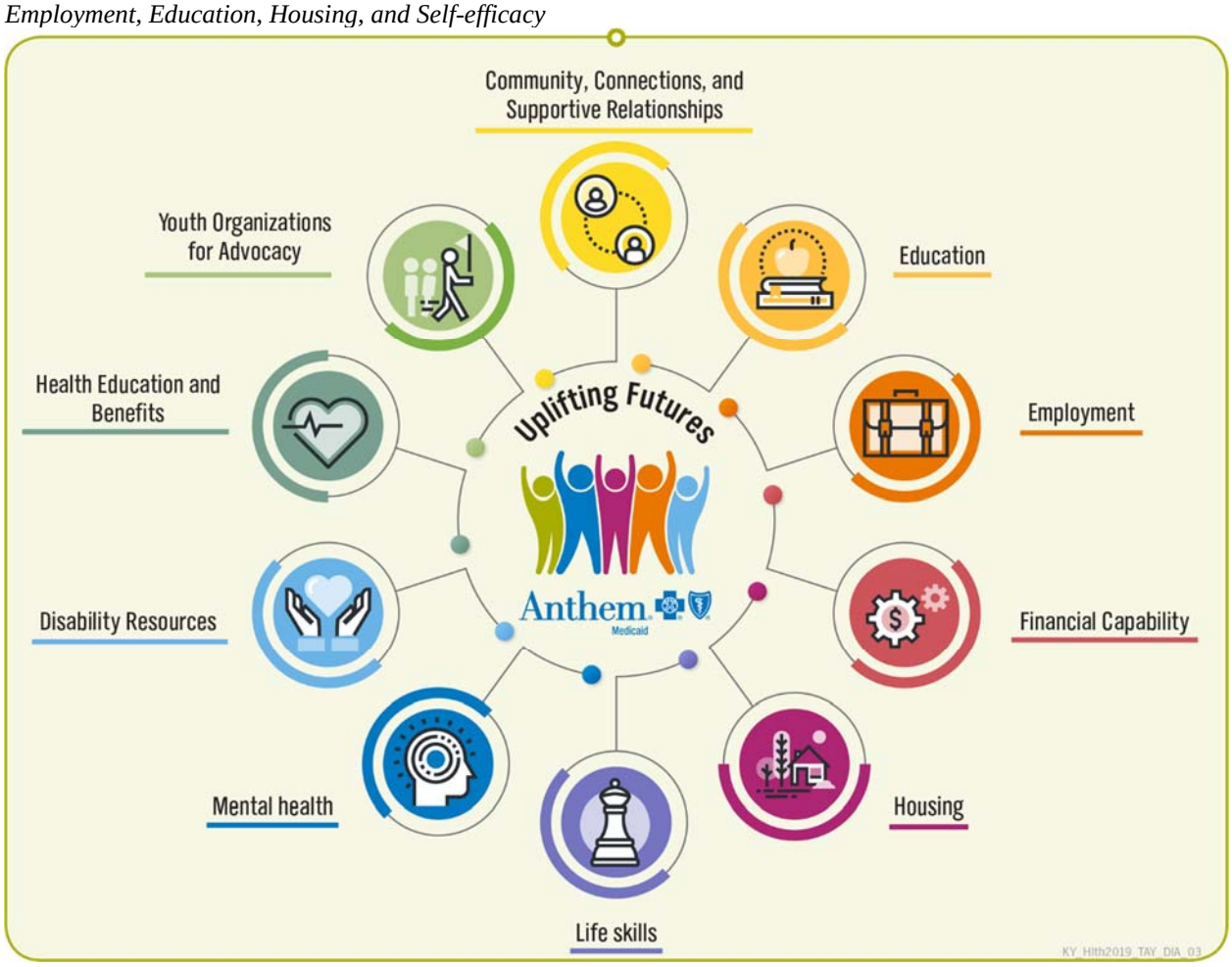
- Delivery of well-coordinated, holistic care through timely trauma-informed, and integrated services
- Completion of required screenings, assessments, and access to care within required timeframes
- Safe and successful transitions from higher levels of care and to the adult system of care
- Bidirectional sharing of information and communication between the health plan and Providers, Commonwealth agencies, law enforcement, the judicial system, advocates, and other stakeholders
- Community-based collaborative trainings and health promotion activities designed to educate stakeholders on the programs, services, supports, and resources available for Members and their families

As part of this structure, we have developed innovative roles for staff and created new programs to better enable Members to reach their goals and to improve outcomes, such as the following:

- ***Fostering Connected Care Concierge team.*** Our Concierge Representatives will typically be the first point of contact when a child is newly enrolled in Kentucky SKY. Through this dedicated Concierge team, Kentucky SKY Members, caregivers, DCBS SSWs, and others will have an easy and direct way to contact us. Our Concierge Representatives will coordinate and schedule assessments, verify and identify the accuracy of Member contact information, and will help make sure the care planning process begins with as much information from the Member as possible.
- ***Regionally deployed Care Coordination Team.*** The CCT will comprise Behavioral Health clinicians and Specialists, Nurse Case Managers, Youth and Family Peer Support Specialists, and Care Coordinators who live and work in the communities we serve. Our CCT staff will meet Members and families in their communities to find the best solutions, resources, and supports that are trauma-informed and culturally and linguistically responsive. Using High Fidelity Wraparound principles, we will match Members to a Care Coordinator with the training and expertise that is most closely aligned with the Member's needs. Our Care Coordinator will support the Member or caregiver, as appropriate, in leading the MDT and adjusting the team based on changes in the Member's needs or preferences. For Members who have complex needs or are at risk, we have complex care management and chronic condition management programs to help address all of their medical, BH, and social needs through more intensive supports aligned with the Member's and caregiver's needs, goals, and preferences.
- ***Transition Age Youth Coordinators.*** Our Uplifting Futures program falls within our Fostering Connected Care Coordination team and is specific to youth spanning from adolescence to early adulthood and independence. As illustrated in Figure G.2.c-1, dedicated

TAY Coordinators support the work of the CCT and use valuable resources and tools to engage this underserved population and connect them to the various State, local, and federal resources that address employment, education, housing, and self-efficacy. The TAY Coordinator does not duplicate, but rather supplements the role of the DCBS SSW in assisting our Members in making youth-driven goals towards independence.

Figure G.2.c-1. Dedicated Transition Age Youth Coordinators Connect Members to Various Resources that Address Employment, Education, Housing, and Self-efficacy



- ***Training and Education team***. Our Training and Education team will develop and deliver targeted trainings and educational materials for caregivers, DMS, DCBS, DJJ, other Cabinet sister agencies, law enforcement officials, Providers, and other stakeholders. Dedicated staff will build relationships with and support Providers in delivering the right care through trauma-informed and evidence-based practices, as well as assure access and availability that surpasses the Commonwealth's requirements.
- ***Empowerment program.*** We asked our stakeholders (Members, Providers, and community partners) about the barriers Members face in attaining a greater level of self-reliance, such as obtaining additional education and training or becoming and staying employed. We heard the same feedback: the social and economic factors and the physical environment in which our Members live have as big an impact on a Member's quality of life as healthy behaviors and medical

EMPOWER

care. As a result, we established the ***Empowerment program*** to help connect Members to the resources and supports that will help them achieve their goals. For example, we connect TAY to assistance with transportation, education, childcare, and criminal record expungement, as these are the biggest barriers to getting and maintaining gainful employment.

Through this program, we will empower individuals through our local, certified Community Health Workers (who live and work in the same communities where they serve Members). Known as ***Community Engagement Navigators***, they will serve as a resource for our CCT. The assigned Care Coordinator will remain the single point of contact for SKY Members and the Empowerment Navigators will support the CCT in locating community resources as needed. The Empowerment Navigators will complement the CCT with youth formerly in Foster Care and Members receiving Adoption Assistance as needed to pull in resources such as housing and transportation, including knowledge of community-based organizations, referrals, and other resources.

An Organizational Structure that Supports Providers

We know that Providers have insights and experience crucial to informing and strengthening our systems, operations, and processes. We listen and incorporate their feedback, closely communicate, and share best practices and information to keep them up to date on our processes, programs, and initiatives. Our Provider Solutions team structure offers a one-stop resource to support Providers, offering a seamless experience for Providers, and minimizing administrative burden so they can focus on what they do best: caring for Members. Our Provider Solutions team includes Provider Relations Liaisons and designated Network Relations Consultants in each Region who work directly with the Providers in the very communities they live and offer them technical assistance, training, support, resources, and tools they need to focus on Member care.

An Organizational Structure that Supports Partners

To support our partners across the child welfare system, we listened and addressed the input we heard through stakeholder feedback sessions held by DCBS. We applaud DMS' decision to have one MCO to administer the SKY program statewide, which will streamline processes and make it easier for all system of care partners involved. We will take this one step further by establishing a separate line solely dedicated to the SKY program and a dedicated Fostering Connected Care Concierge team, described earlier in this section, who will answer all inbound calls from Members, caregivers, or DCBS workers to collect information, coordinate and schedule assessments, and arrange screenings and appointments.

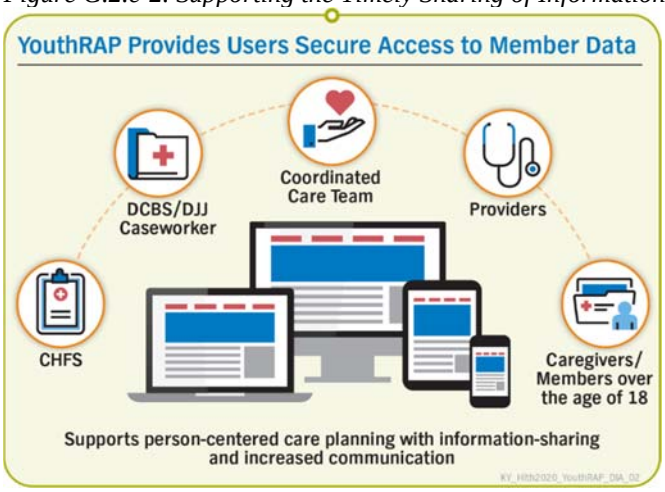
Our organizational structure supports collaboration and partnership with DCBS and DMS, to help meet their goals and to achieve the best outcomes for children, youth, and adolescents. Additional ways our organizational structure is bringing innovative solutions to support our partners include:

- ***Co-location to improve coordination.*** Based on our Georgia affiliate's experience as a single source entity, we know that earlier and greater co-location during implementation works well to help build relationships early on, with adjustments made as the program progresses. We believe a co-location organizational model is an innovative way to best support our partners and stakeholders within the system of care. Having skilled and knowledgeable staff co-located in agency offices, community organizations, and Provider offices helps promote continuity of care, improved coordination and communication, early intervention, and better

access for Members. Our co-location model will place a member of the CCT in DCBS offices in high-volume or high-need areas, where access may be an issue. Initially, our co-location strategy will focus on Salt River Trail, the Jefferson Region, and Northern Bluegrass.

- ***Coordination supported by innovative technology.*** As illustrated in Figure G.2.c-2, Anthem's YouthRAP is our information management system that integrates all components of care delivery to children, youth, and young adults in Foster Care and facilitates communication and coordination among our clinical staff, DCBS, DJJ, Members, Foster Parents, and Providers. Through our secure website, these stakeholders will have role-based access that restricts unauthorized users and limits protected health information (PHI) access to the minimum necessary to accomplish the intended purpose. YouthRAP will provide a consolidated view of Member data in an easy-to-navigate dashboard that includes assessment results, HEDIS alerts, authorizations, medications, and utilization. YouthRAP provides a multifaceted perspective on Member utilization and pharmacy patterns to promote Care Coordination, identify gaps in care, and prevent service duplication. The goal is to have consistent and complete information for all Kentucky SKY Members, including information located in the State's automated child welfare information system, The Worker Information System (TWIST).

Figure G.2.c-2. Supporting the Timely Sharing of Information



- ***Education and training to unify the system of care.*** Anthem's model for Kentucky SKY includes the establishment of a dedicated Training and Education team, who will focus on unifying the local system of care by bringing training, support, and expertise that will promote shared understanding of the new single managed care program and the needs of Members in Kentucky SKY. This team will develop and provide SKY program-specific training, such as orientations related to program or plan functions, which includes employee training as well as training for Members, parents, caregivers, child welfare staff, Providers, law enforcement, judges, and other stakeholders. As our affiliates have done in other states, our team will make sure trainings offered are both compliant with Kentucky SKY training requirements and responsive to needs identified by the diverse stakeholders engaged in supporting Kentucky SKY children and youth, recognizing it will be a dynamic process with new curricula developed based on changing system needs. Our team will be led by a ***Training and Education Specialist*** who will oversee a ***Court and Justice Liaison, Trauma Specialist,*** and a team of ***Training and Education Representatives*** (geographically dispersed across the Commonwealth, so they can identify local training needs and resources and provide training in local forums).

b. Supporting Whole-person Integrated Care, Population Health, and Improved Health Outcomes Cost Effectively

b. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner for the Kentucky SKY program.

Under the direction of our Medical Director, we will support the safety, well-being, and permanency of our Members through a person-centered, integrated approach that incorporates:

- Nationally recognized best practices for working with children and youth in Foster Care, such as Trauma-informed Care and the High Fidelity Wraparound Model for our Members with complex or specialized health care needs
- Integrated Care Coordination Team that includes licensed PH and BH clinicians with specialized expertise and training, such as Trauma-informed Care, ACEs, motivational interviewing, and working with individuals with specialized health care needs (asthma, autism spectrum disorder, serious emotional disturbance, developmental delays, and encopresis)
- Close collaboration between our care coordination and utilization management team with our Providers to assure access to medically necessary care and safe and timely transitions between levels of care
- Community-based Training and Education team that promotes population health services, programs, and strategies, such as identifying resources that address housing, employment, education, and independence for Transition Age Youth
- Value-added Services designed to meet the needs of Members in Foster Care and supplement, not duplicate, Covered Services
- Innovative technology (YouthRAP) that assures Members, caregivers, and other MDT participants have access to needed information that supports the delivery of person-centered, quality care in a timely manner

Our local organizational structure will help unite the entire system of care across the many agencies and community organizations involved in child welfare through on-the-ground, well-trained, qualified, and fully dedicated staff who live in these same communities, understand the nuances of this system, and help bring stakeholders together to work cohesively and effectively toward the same goals.

Supporting Whole-person Integrated Care and Population Health

Anthem's approach to Population Health Management (PHM) and Care Coordination for Kentucky SKY Members builds on our fully integrated approach to meeting Members' PH, BH, dental, prescribed drug, and social support needs. Through our ***Fostering Connected Care*** model, we will deliver individualized services and linkages to a full array of community services and supports.

Our staff are the backbone of this data-informed, high-touch, holistic care model. From our Fostering Connected Care Concierge team to our Provider Solutions and Care Coordination teams, our entire staff will work seamlessly together to address Members' health and social needs and to break down any barriers they may face, all while collaborating and communicating with system of care stakeholders to create a unified, truly integrated approach that prevents siloes and duplication or gaps in care.

Children involved in the child welfare system often have complex health and social support needs, including significant PH and BH needs, all of which may be compounded by exposure to trauma. Our integrated Care Coordination and Utilization Management (UM) teams communicate and collaborate through daily interactions to assure Members receive care that is trauma-informed and tailored to the Member's needs, such as during our Complex Care Rounds to identify solutions for complex situations and alternatives to higher levels of care.

Supporting Overall Improved Health Outcomes Cost Effectively

There is no more important investment of our time and resources than making sure each and every child under our care has access to and uses the services that will make a difference in their quality of life, now and for their future. We understand that investing in robust community supports and assuring caregivers have the tools they need to support our Members can result in fewer failed placements and moves to higher levels of care. This is why we are investing in increased access to PCIT as the skills it provides to caregivers have been shown to be effective in reducing failed foster placements and Foster Care parent burnout. We focus on improving health care outcomes in a wide variety of ways that support quality and cost-effectiveness.

Technology and Tools that Support Improvements in Health Outcomes

Anthem's sophisticated quality infrastructure provides us ready access to a wealth of data to assess utilization rates and identify potential areas for improvement. We generate information on utilization and clinical indicators, including trended and comparable data, from our quality infrastructure that contains our Quality Improvement Platform and HEDIS Data Warehouse. These innovative tools systematically and objectively measure access to care, demand for services, and quality of services allowing us to design and implement targeted interventions. Our Quality team uses this data to address gaps in care. Member 360°, our Provider portal, offers our Providers a whole-person view of their patient's medical record, encompassing BH, PH, pharmacy, and dental care and SDOH needs. This allows our Providers to quickly gain a comprehensive view of their patient and to provide optimal care.

ii. Prior Experience that Staff Must Bring to Serve Kentucky SKY

ii. What prior experience will the Contractor require staff to have had in serving populations similar to Kentucky SKY Enrollees?

We recognize that the Kentucky SKY program will require a dedicated team with all the requisite skills necessary to provide managed care benefits and services to children, youth, and young adults, but with a highly specialized skill set centered around out-of-home placement, trauma and BH issues and a less tangible, but equally important, passion for serving these children, youth, and families.

Our current team serving children in child welfare includes proud and dedicated employees with prior and current involvement with the child welfare system who live and work in the same communities where we serve Members. For Kentucky SKY, we will recruit and retain employees who not only have experience in a multi-system of care for children, but who have the heart. Our staff are respectful, empathetic, and above all, passionate about the work they do to serve children and families. Through our recruiting strategy, we actively seek out and hire employees who demonstrate our values in their daily lives and who bring real-life experience to their roles. For example, our Chief Operating Officer, Nicole Basham, has been a Foster and Adoptive Parent.

Further, those working and interacting with youth in Foster Care, the Juvenile Justice system, or receiving Adoption Assistance must have specialized skills and competencies to provide integrated support that incorporates key principles and best practices for children engaged in the child welfare system. Collectively, our Kentucky Anthem staff and Fostering Connected Care team brings hundreds of years of experience in child welfare. Highlights of our current team's experience include:

- **Elizabeth Croney**, Licensed Clinical Social Worker, proposed Executive Administrator, has 26 years' experience working in child welfare at the executive leadership level.
- **Emily Baumann**, Licensed Clinical Social Worker and Case Manager, has eight years of former experience as a therapist and program director with children in Foster Care, Adoption Assistance services, and those experiencing homelessness.
- **Lisa Monroe-Caudill**, Licensed Clinical Social Worker and Case Manager, has 20 years of experience working as a clinician and treatment coordinator with the Foster Care population.
- **Corryn Knott**, Case Manager and Licensed Clinical Social Worker, has more than a decade of experience working with children in the Foster Care system, including those in inpatient psychiatric and residential care.
- **Deborah Meador**, Nurse Case Manager is a registered nurse with experience as a Case Manager serving children in Foster Care with Medically Complex needs.

In addition to complying with all requirements outlined in the Draft Contract, we will recruit additional Kentucky-based staff who embody the same diversity, skills, and experience that we identified in our current team. Table G.2.c-1 summarizes the experience we require for each of our core positions that will serve Kentucky SKY.

MY WHY

Nicole Basham
Chief Operating Officer

MY WHY is Mariah, my adopted daughter. Mariah was born four weeks premature, with neonatal abstinence syndrome, and had several other challenges. She spent the first four weeks of her life in the NICU, with no mother in attendance. She had been released to her birth mother for one week when DCBS tested her birth mother and found additional drugs in her system. At that time, the birth mother had all five of her children placed into Foster Care.

My family took Mariah, the youngest of the five. The other four were separated between two other families. We spent two years in therapy with First Steps to address her sensory and other physical challenges, and we spent two years in court trying to adopt Mariah so we could provide her with the best start in life, given her birth circumstances.

In June 2017, we were finally allowed to become her parents. In December of that year, she graduated from First Steps, overcoming most of her challenges, and deemed "above average" for her age.

While this is a success story for Mariah, the same is not true for some of her older siblings who were more traumatized by the removal from their family, and continue to be in Foster Care. Carefully managed care and customized plans for each child in Foster Care in Kentucky is so critical to the success of these children. Navigating our Foster Care system is difficult at best, and assistance with this navigation can be the difference in a child's success.

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Table G.2.c-1. Prior Experience Requirements for Staff Serving Kentucky SKY

Care Coordination Team and Support	
Care Coordination Team	Our CCT will focus on the safety, continuity, permanency, and well-being of Members. Our regionally deployed CCTs will include highly skilled Nurse Case Managers, BH Clinicians, and Specialists certified in wraparound service models, Youth and Family Peer Support Specialists, and Care Coordinators to meet the needs of children with Medically Complex needs. CCT staff must bring experience working with a social work agency, child welfare (including lived) experience, or a combination of relevant experience. Our CCT will have knowledge of local social support services and organizations and demonstrated understanding and sensitivity of the child welfare population, including impact of trauma and trauma-based approaches. • ***Care Coordinators*** must possess a bachelor's degree in social work, social science, or a related field and have at least two years of experience working with a social work agency, child welfare (including lived experience), or a combination of education and experience that offers an equivalent background. • ***Nurse Case Managers*** must possess a bachelor's degree in a health-related field and at least three years of clinical experience or an equivalent combination of education and experience. Our Nurse Case Managers will have a current, unrestricted Registered Nurse (RN) license in the Commonwealth of Kentucky. Certification as a Case Manager is preferred. • ***Behavioral Health Clinicians*** must possess a master's degree in social work, counseling, or a related BH field or nursing. This role must have at least three years of BH experience or combined equivalent education or experience. Our BH Clinicians will be required to possess an unrestricted license in the Commonwealth of Kentucky as an RN, Licensed Master Social Worker (LMSW) or LCSW, LPC, LMFT, or Clinical Psychologist. Experience in case management or in person coaching with Members with a broad range of complex psychiatric, substance use disorder, or medical disorders is preferred. • ***Behavioral Health Specialists*** must possess a bachelor's degree in social work, counseling, or a related BH field. This role must have at least five years of BH experience, or combined equivalent education or experience. • ***Youth and Family Peer Support Specialists*** must possess a Peer Specialist Certification, including two years' experience in health services, BH, or in a Peer Support Services role. Our specialists must have an associate's degree with a bachelor's or master's degree preferred (or combined equivalent education or experience).
Transition Age Youth Coordinators	Dedicated to helping youth successfully move into adulthood and teaching self-management skills to achieve successful independence, our TAY Coordinators must have a master's degree in social work and at least three years' experience in care management in a health care environment or a combination of equivalent education and experience. We prioritize lived experience. Our TAY Coordinators will hold current, unrestricted licensure as an LMSW or LCSW in the Commonwealth of Kentucky.
Hospital-based Care Managers	Hospital-based Care Managers will visit with Kentucky SKY Members and interact with hospital staff at general, acute, and BH hospitals to assure proper utilization and discharge planning. These Care Managers must have a master's degree in social work and at least three years' experience in care management in a health care environment; or a bachelor's degree and at least five years of clinical experience; or a combination of equivalent education and experience. Our hospital-based Care Managers are required to hold current, unrestricted licensure as an LMSW, LCSW, or a Registered Nurse in the Commonwealth of Kentucky. Certification as a case manager (CCM) is preferred.
Training and Education Team	
Team Overview	Our dedicated Training and Education team will spearhead the development and delivery of Kentucky SKY program training efforts. This team will be responsible for developing and providing SKY program-specific trainings such as orientations related to program or plan specific functions.
Training and Education Specialist	As the manager of our Training and Education team, our Training and Education Specialist will oversee development, evaluation, and continuous improvement of the SKY program's education, training, and outreach strategy. This position must have at least five years of demonstrated and relevant experience, including an understanding of Kentucky's child welfare system processes, as well as stakeholders. We will require our Training and Education

Care Coordination Team and Support	
	Specialist to have extensive experience in building community relationships, developing and delivering community training programs, building and developing materials, and coordinating community organizations. Additionally, this role requires experience with or training in Trauma-informed Care. Our Training and Education Specialist is required at minimum to possess an associate's degree and one year of leadership experience.
Court and Justice Liaison	We will require our Court and Justice Liaison to hold a bachelor's degree and five years of experience in social work or a related role working with local government related entities. This position requires experience in the child welfare system and Juvenile Justice, specifically as it pertains to the interactions between child welfare and the courts including working with court or justice-related advocacy groups and court programs. Our Liaison will have an experience or understanding of Trauma-informed Care, Medicaid services, and managed care.
Training and Education Representatives	Training and Education Representatives will be primarily field-based and regionally aligned geographically throughout Kentucky to support the development of Kentucky-specific orientation training. Our Training and Education Representatives will demonstrate understanding of Kentucky's child welfare system processes, as well as knowledge of local stakeholders. These representatives will have experience in building community relationships, delivering community training programs, building and developing materials, and coordinating community organizations. This team will be required to have at least four years' experience, including an understanding of Medicaid health plan functions and services. These positions will be required to have at least an associate's degree, or combination of equivalent experience.
Enrollee (Member) Services	
Fostering Connected Care Concierge Team	The Fostering Connected Care Concierge team will have two main functions: handling any inbound calls from Members, caregivers, or DCBS workers; and coordinating assessments, scheduling, and verification or identification of correct Member contact information. Our Concierge Representatives will make sure care planning begins with as much information from the Member as possible. Our Concierge Representatives must have at least five years' experience supporting Member services, a high school diploma or GED, or an equivalent combination of education and experience. Our representatives will have demonstrated experience acting as a trusted advisor on health care related inquiries and coaching Members on plan benefits and appropriate programs and offerings.
Population Health Management	
Community Engagement Navigators	Our Community Engagement Navigators will be certified Community Health Workers who will serve as resources for our CCT. This team of subject matter experts will support collaboration to supplement the CCT through knowledge of resources to help remove barriers to SDOH, community resources, and VAS. Our Community Engagement Navigators must possess a bachelor's degree in public health, social work, rehabilitation counseling, or a related field. This role is required to have a minimum of two to three years' experience in social work, marketing, or relevant experience. Knowledge of local Kentucky organizations and resources is preferred.

We will make sure our staff involved in clinical decision making have the appropriate experience, knowledge, and continued training to serve our diverse array of Members, and that they have met the requisite licensure requirements and qualifications outlined in Attachment C. Our Human Resources team confirms the academic, licensure, certification, and experience credentials of all candidates selected for a position. For any position that requires or prefers a license or certification, we confirm that each license or certification is current and in good standing.

iii. Recruiting Staff

iii. Provide a narrative description of the Contractor's approaches to recruiting staff for the Kentucky SKY program, including:

At Anthem, we recruit employees who share our passion for serving Members. We believe employees make their best contributions when they feel welcomed, respected, and appreciated for who they are and when they can bring their whole selves to work. Our recruitment approach helps us identify, attract, and retain a top-tier workforce that is representative of the views, perspectives, experiences, and health care needs of the individuals and communities we serve.

As we recruit additional staff for Kentucky SKY, we will recruit committed, skilled, and experienced employees, both internally and externally, who have personal and professional experience and knowledge of child welfare and the multi-system of care. Through an internal survey of all our organization's employees in Kentucky we have received 38 responses in less than 7 days from staff in either lines of business who have an expressed desire to support our Kentucky SKY program. Our recruitment strategy features a multifaceted approach to attract the best candidates to serve our Members, using both local and national resources as well as formal and informal methods.

Anthem invests in the communities we serve. To augment our existing qualified staff, our Workforce Development program focuses on recruiting, hiring, and training individuals from local Kentucky communities. We will identify and recruit candidates from community-based organizations, including local workforce training programs, such as Kentuckiana Workforce, Urban League's Center for Workforce Development, and Goodwill Works. We also identify individuals who may be interested or have experience in working with younger individuals through families, Providers, Commonwealth agencies, and advocacy groups during meetings, in-person and telephonic contacts, and community-based events such as health fairs. This supports our priority of deploying staff who are knowledgeable about the communities they serve.

Our formal recruitment cycle, illustrated in Figure G.2.c-3 begins with determining the skills and qualifications a position requires and how it factors into our overall staffing plan. We use a centralized recruitment system to post job openings internally and externally. The Talent Acquisition department includes recruiters, sourcing specialists, and administrators who support all of our affiliates in locating top-level talent. We also use succession planning strategies to recruit from within and to conduct behavioral interviewing techniques to screen internal and external candidates. Our recruitment cycle matches highly qualified candidates with the requisite skills and experience to effectively and efficiently meet our Members' needs and expectations.

Figure G.2.c-3. Anthem's Recruiting Cycle Facilitates a Timely, Efficient Process to Hire the Right People

We equip a Talent Acquisition Lead or Manager with a team of recruiters who work with our Kentucky Key Personnel and leadership as well as our Human Resources partners to achieve the appropriate staffing levels and support program needs. Our Talent Acquisition team includes in-house recruiters, sourcing specialists, administrators, and managers who are well equipped to continue to support the hiring of local talent.

All applicants may apply through our online application system. We review all applicants and conduct phone interviews for those who meet the job requirements. We screen and interview applicants to select the top candidates for in-person interviews conducted by a combination of peer employees, the manager, and Human Resources. After interviewing, we select the top candidate based on his or her match to job requirements, relevance of experience, and organizational fit. Finally, we make an offer. If the candidate accepts the offer, they undergo an extensive background check that includes previous employment, criminal history, drug testing, Social Security number trace, education, licensure verification, national sex offender's registry check, and a federal health care sanctions check. Once hired, each new employee begins specialized formal training, and their supervisor mentors the employee until fully oriented.

a. Recruitment Sources

a. Recruitment sources;

Our multi-channel recruitment approach includes traditional advertising media, social media marketing strategies, association outreach, job fairs, word-of-mouth, and staff and community referrals. We recognize the need for an experienced, robust team of staff experienced in a multi-system of care serving children. Our existing staff are well-connected to the local communities, organizations, and individuals who currently serve children, youth, and families; and we will leverage these informal networks to identify potential staff. We have attracted high-caliber employees by setting high standards for ourselves, which draws people with those same high standards who are eager to put their skills to use in a meaningful way.

In addition, we collaborate with external organizations, colleges and universities, and our nine employee resource groups to recruit, retain, and develop a workforce that reflects the communities we serve — and to implement best practices to offer an inclusive environment for all. Our partnerships include UNCF, United States Business Leadership Network, National Association on Disability, Amerigroup National Advisory Board, Easterseals, Job

Accommodation Network, MindShift, Veteran Recruiting, HirePurpose, Hiring Our Heroes, Military Spouse Corporate Career Network, Out & Equal, Hispanic Association on Corporate Responsibility, and Diversity Best Practices, among many others.

As detailed in Table G.2.c-2, our reach extends to many local, regional, and national audiences. In addition, we often collaborate with Kentucky-based professional organizations, recruitment agencies, and community stakeholders to promote job openings.

Table G.2.c-2. Anthem Uses a Variety of Resources to Identify, Recruit, and Hire Qualified Staff

Media	Overview
LinkedIn	LinkedIn enables users to research companies for whom they may be interested in working for. When typing the name of a given company in the search box, statistics about it are provided (such as ratio of female-to-male employees, the percentage of the most common titles and positions held within the company, the location of the company's headquarters and offices, or a list of present and former employees).
Indeed.com	Indeed.com is a job search aggregator — a search engine that collects job postings and enables users to search for them in one location. It uses a sponsored search model similar to Google.
CareerBuilder	CareerBuilder.com provides labor market intelligence; talent management software; and other recruitment solutions, such as online career search services for more than 1,900 partners, including 140 newspapers and portals such as AOL and MSN. CareerBuilder.com also owns and operates several niche sites, including Sologig.com, Headhunter.com, CareerRookie.com, MiracleWorkers.com, WorkinRetail.com, and JobsInMotion.com.
HealthCallings.com	HealthCallings.com is a health care job bank encompassing nursing, allied health, pharmacy, physician employment, executive, rehabilitation, and laboratory positions. It is the top health care media recommendation.
HealthECareers Network	The HealthECareers Network includes more than 100 associations and hundreds of local chapters with a total reach of four million health care professionals and a quality controlled database of more than 130,000 job seeker resumes.
SocialService.com	SocialService.com is a job site for positions in social work, counseling, psychology, mental health, care management, Employee Assistance Programs, volunteer management, SUD treatment, domestic violence, community development, youth development, child welfare, developmental disabilities, and other areas of social services.
Beyond.com	Beyond.com offers a broad network of niche online job sites, including several health care sites. Their Talent Communities consist of more than 500 channels and 25 million members and connect job seekers and employers based upon their needs and interests. Communities include various local sites and others targeted specifically by industry. The Healthcare Community features a health care website that receives 840,000 unique visitors per month.
HireHeroesUSA.com and MilitaryHire.com	These sites to help promote open positions and connect veterans and employers.
DirectEmployers.org	DirectEmployers is a nonprofit member owned and managed association formed by 14 leading Fortune 500 companies. The association helps attract and match jobs to individuals with intellectual and development disabilities.
Local Newspaper Online and Print	To bolster regional recruitment and target rural areas, we often advertise in local newspapers such as The Courier-Journal, Messenger-Inquirer, The Herald-Leader, and others.
Local Job Fairs	When appropriate to bolster regional recruitment and target rural areas, we participate in job fairs in local communities.

b. Contingency Plans

b. Contingency plans if the Contractor is unable to recruit sufficient numbers of adequately trained staff in a timely basis or if the Contractor's original staffing estimates are too low and for avoiding and minimizing the impact of personnel changes;

We have always been able to recruit and retain sufficient numbers of adequately trained employees to meet our Contract obligations. Neither Anthem nor our affiliates have ever had an implementation delay because of inability to recruit staff. In the unlikely event we are unable to recruit required staff, or if we find our employee estimates are too low, we will follow procedures and draw on established resources to promptly correct the deficiency to meet both temporary and longer-term staffing needs. Our approaches to staffing and contingency plans, when they are needed, include:

- Identifying at least one backup for every key position and for those with direct Member contact. As an established and trusted partner to DMS, our employees know Kentucky and we understand the labor market here in the Commonwealth. While we work to acquire additional permanent, qualified staff, we will deploy additional resources quickly.
- Re-allocating work assignments and mobilizing backups quickly to provide needed services.
- Training managers to provide the same services as their functional employees to serve as "working managers" in cases of Crisis or to respond to temporary needs resulting from changes in work volume.
- Requiring employees to maintain detailed documentation of job services and activities that replacement staff can easily follow to maintain continuity and quality of care, services, and work products.
- Identifying employees through our affiliates and national staff across the nation who are able to provide backup and can temporarily fill vacant positions with employees from our affiliate plans (in nearby states and administering programs for children in Foster Care, Juvenile Justice, or receiving Adoption Assistance, such as our Georgia, Louisiana, or other affiliates) and our Foster Care Collaboration team.
- Working with contract agencies that can quickly augment the regular full-time employees, if needed, and our ultimate parent company, who has a large-scale temporary services organization available to fill short-term needs.

Our Kentucky leadership maintains strong ties within the community, and we are able to attract highly qualified individuals who are often eager to join an organization with a stellar reputation for quality care. We maintain a list of eligible and highly qualified individuals from which we can expeditiously recruit for any key positions. This list includes individuals we have interviewed, local experts in specific areas, qualified Anthem employees interested in taking on new responsibilities, and individuals referred to us by our customers, Commonwealth representatives, Providers, and other stakeholders. We encourage leadership and staff to network with their colleagues and be ever vigilant to identify talent to bring into the organization. One of our most successful recruiting strategies is being able to tap into our employees' network outside of Anthem.

c. Providing Experienced, Licensed, and Trained Staff to Support Kentucky SKY

c. How the Contractor will assure the Department that sufficiently experienced, licensed and trained personnel are available to support implementation and ongoing administration of the Kentucky SKY program; and

We recognize that the SKY program requires much more than just adjustments to a current process or model. Thus, we purposefully designed our organizational structure to support a "***health plan within a health plan***." Our staffing model blends our 100% dedicated local SKY staff of 151 FTEs with Kentucky designated shared services supports of 30 FTEs. Our Members, Providers and stakeholders will also be supported by our 340 KY Medicaid plan employees, which will reduce duplication, enhance the integration of services and improve Member outcomes. Our approach ensures SKY Members receive quality care and their overall quality of life improves. ***As part of this approach, we use an HFWA informed case ratio for our complex Members of 1:12 with our intensive care case ratio being 1:24***. As a current MCO, we hold considerable experience implementing, administering, and operationally managing our Contract with DMS. Using this experience, we have developed a comprehensive staffing plan to serve Kentucky SKY, and will continually review our level of staffing in addition to quality and service standards to make sure we have the most experienced, licensed, and trained personnel available.

Supporting Implementation

Anthem stands ready to recruit, interview, and hire sufficient and qualified candidates within a short period of time to support Kentucky SKY Contract requirements. We already have an experienced team serving SKY program-eligible Members, who will play a significant role in supporting implementation as we recruit and hire additional staff. We are confident in our ability to accommodate the rapid growth of Members, and we will use hiring strategies to support implementation that include:

- Leveraging the vast number of employees and their contacts across our affiliates as part of a referral bonus program
- Expanding employee sourcing through relationships with community colleges, culturally relevant organizations, peer support programs, and employee agencies
- Partnering with local staffing contractors to bring in temporary to permanent employees with the skill sets and caliber required

Anthem Affiliate Implementation Preparedness

Our Georgia affiliate began training and preparing staff for their statewide Foster Care program well in advance of "go-live." Six months prior to implementation, the health plan:

- Created resource guides for Member Services staff to promote ***"one call resolution"*** for Members, families, Providers, and state caseworkers
- Received and analyzed data from the State that supported the identification of Members with complex, comorbid, co-occurring, and specialized health care needs and development of interim care plans to facilitate rapid outreach and engagement upon implementation
- Prepared their call center to receive a high volume of calls, including the availability of staff 24/7—the Georgia call center received more than 3,200 calls from Georgia Families 360° Members their first month of operation as compared to their current average volume of 1,200 calls

Supporting Ongoing Administration

For ongoing administration, each manager and department will routinely review their specific responsibilities to determine whether we have the appropriate levels of staff. We review changes in enrollment levels, program changes, service delivery, and other factors, and then adjust staffing as needed. We also use lessons learned from our other programs to determine whether best practices within a specific area or service will require additional staff. Based on this information, our managers will refine existing staffing plans, identify additional resources, provide required training, and work with other departments to streamline business processes. Managers and our key leadership will work closely with their counterparts at our Kentucky Medicaid plan as well as our affiliates to share best practices for staffing.

d. Seamlessly Transition Staff from Implementation to Ongoing Operations

d. How the Contractor will seamlessly transition staff, if necessary, from implementation to ongoing operations.

Anthem's recruitment process is already underway, and we are confident we will have the staff in place to assure a seamless process from implementation to ongoing operations. ***One of our implementation best practices is our approach to cross-functional teams.*** During implementation, our local leadership meets frequently and works collaboratively with the national Foster Care Collaboration team and Implementation Management Office. Through daily communication and meetings, we discuss critical issues across all functional areas to identify issues and quickly mitigate them, leveraging national resources and support if needed. These teams consider all relevant information, analyze upstream and downstream impacts, and quickly identify and implement the best solutions. Further, all functional area teams come together to address requirements and identify gaps between current and future objectives. As an example, when the team discusses the needs of the Member, employees from Member Services, Member Communications, Learning and Development, Technology Services, Quality, Provider Services, and Medicaid Digital Solutions actively participate. Each area provides a different perspective and, when combined, results in improved integration and coordination of whole-person care for our Members.

The employees we hire during implementation will be the same employees who will transition to ongoing operations in their roles. When needed, our staffing plan enables us to hire or transition qualified candidates promptly, providing ample time for transfer of knowledge between the two employees. We also cross-train employees to cover different roles within our organization. Cross-training helps us see that every function has employees with the required skill sets to provide support, backup, or short-term coverage at all times.

For leadership positions, we also have succession plans that identify individuals within the local market, at other public sector programs, or within our national organization, who would be a likely successor in case of vacancy. Where needed, we provide additional training and mentorship to these individuals to increase any needed competencies.

iv. Kentucky SKY Key Personnel

iv. A listing of Full-Time Kentucky SKY Key Personnel identified in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," and as otherwise defined by the Contractor, including:

Anthem's Key Personnel align with the positions outlined in the Draft Contract. All of these individuals bring a wealth of experience and knowledge to Kentucky SKY. They understand and are deeply committed to Kentucky and the children and families we will serve. Our Key Personnel have lived and worked in the communities and are dedicated to helping children, youth, and adolescents achieve successful and bright futures.

a. Key Personnel Dedicated to the Kentucky SKY Program

a. Individual names, titles, job descriptions, qualifications and full-time equivalents (FTEs) who are dedicated one hundred percent (100%) to the Kentucky SKY program under this Contract with no other responsibilities outside of the Kentucky SKY program, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be 2,080 hours.

Table G.2.c-3 lists each of our current Key Personnel. Following the table, we provide a summary of their job descriptions and the unique leadership qualifications they bring. All of our Key Personnel are dedicated full-time to this Contract, and will be available to meet at DMS' requested location within 24 hours' notice from DMS. All of our Key Personnel are or will be based in Kentucky.

Table G.2.c-3. Anthem Kentucky SKY Key Personnel

Titles		Name
Medical Director (42.6.2.1.c)		Pradip Patel, MD
Executive Administrator (42.6.2.1.b)		Elizabeth Croney, LCSW
Quality Improvement Director (42.6.2.1.d)		Ciara Pierce, MBA, MSW
Behavioral Health Director (42.6.2.1.e)		Actively Recruiting
Utilization Management Manager (42.6.2.1.f)		McKenzie Smith, LMFT
Care Coordination Team	Behavioral Health Clinicians (42.6.2.1.g.i)	Emily Baumann, Lisa Monroe-Caudill, Corryn Knott, Actively Recruiting
	Nurse Case Managers (42.6.2.1.g.ii and 42.6.2.1.h)	Deborah Meador, Diane Glenn, Actively Recruiting
	Behavioral Health Specialists (42.6.2.1.g.iii)	Actively Recruiting
	Family and Youth Peer Support Specialists (42.6.2.1.g.iv)	Actively Recruiting
	Care Coordinators (42.6.2.1.g.v)	Actively Recruiting
Prior Authorization/Pre-Certification Coordinator (42.6.2.1.i)		Amanda Blackburn
Provider Relations Liaison (42.6.2.1.j)		Andrew Fox
Project Manager (42.6.2.1.a)		Actively Recruiting

Biographical summaries that underscore our Key Personnel's qualifications along with brief job descriptions follow.

Dr. Pradip D. Patel, Medical Director

Dr. Patel is a pediatrician who brings 24 years of experience serving populations where 85% of patients were Medicaid. Those 24 years were spent in academic medicine at the University Of Louisville School Of Medicine as a Professor of Pediatrics with roles that included: Academic Advisory Dean, Faculty Advisor for the Gold Humanism Honor Society, and Co-Director for the Distinctions in Medical Education track. He holds a Bachelor of Science from the University of Illinois, a Medical Degree from Southern Illinois University School of Medicine, and completed his Pediatric Residency at the University of Louisville.

Elizabeth Croney, LCSW, Executive Administrator

Elizabeth is a Licensed Clinical Social Worker with 30 years of experience in human services, 26 of which are in serving families and children engaged in the child welfare system and she brings her passion and dedication to the Kentucky SKY Members. She is the former Executive Vice President for Clinical Advancement at KVC Health Systems as well as the President of KVC Behavioral HealthCare Kentucky, Inc. Over the course of her career in Kentucky, she has forged strong relationships with a variety of stakeholders, as well as at the Commonwealth-level with DCBS. Serving as a leader for KVC, she was able to positively affect children and families across the Commonwealth. When awarded 8 major contracts to provide services in Central and Eastern Kentucky, she and her team were able to meet Contract requirements and within 6 weeks, they had opened 8 offices, recruited, hired and trained 100 new staff, and began delivering services throughout 60 new counties. Through the use of best practices, evidence-informed practices, and evidence-based practices, she and her staff have been successful in diverting thousands of "at risk" children from out-of-home placements, and helped their caregivers to learn to parent non-violently and effectively. She holds a Master of Social Work from the University of Kentucky.

Elizabeth Croney

I love my job because I see how an intense passion for children's safety, permanence, and well-bring has changed lives. In one situation, I was asked to testify in court on behalf of a child at risk of placement with the extended family of the father who killed her sister. Because of the trust our team had built with the Courts, the judge followed my recommendation for a foster placement that turned into an adoptive home. Out of tragedy came a new and happy life for a vulnerable young girl. Ten years later, she is headed to college. The intergenerational chain of traumatic abuse was broken. That's what makes this work so amazing!

KY_Hlth2020_Elizabeth_60_SL_01

Ciara Pierce, Quality Improvement Director

Ciara Pierce is a Licensed Clinical Social Worker who brings seven years of child welfare experience and five years of experience in managed care. As the current CCT Lead for our affiliate in Georgia, the sole entity exclusively serving Members in Foster Care, Juvenile Justice, and receiving Adoption Assistance, Ciara will bring extensive experience and best practices to Kentucky including streamlined workflows and Care Coordination management for program staff. Ciara has also served as a Social Services Case Manager for the Department of Children and Families in Georgia. As our Quality Improvement Director, she will direct all aspects of our Kentucky SKY Quality Improvement program. She holds a Master of Business Administration from Western Governors University, a Master of Social Work from Clark Atlanta University, and a Master of Pan-African Studies from the University of Louisville.

Behavioral Health Director, Actively Recruiting

This position will be a behavioral health practitioner licensed in good standing in the Commonwealth of Kentucky and will be actively involved in all programs or initiatives relating to Behavioral Health Services for Kentucky SKY Enrollees. The SKY Behavioral Health Director will ensure Anthem's Behavioral Health operations comply with the terms of the SKY Contract. They will manage a team of clinicians charged with promoting quality Member outcomes, optimizing Member benefits, and promoting effective use of resources. Confirm adherence to medical policy and Member benefits in providing service that is medically appropriate, high-quality, and cost-effective.

McKenzie Smith, Utilization Management Manager

McKenzie Smith's 10 years of experience in areas impacting children and youth in Child Welfare will allow for program development and integration of services that will yield greater collaboration and results for SKY Members. McKenzie has significant experience managing acute, subacute, PRTF, partial hospitalization and community levels of care providing excellent collaboration with providers and DCBS case managers to plan most appropriate discharge disposition and wraparound services. McKenzie has extensive history working in IN and KY with foster care populations. McKenzie emphasizes the importance of consistent communication with DCBS youth and providers across each phase of treatment planning as a key factor in successful outcomes that lead to positive treatment and permanency with the most at-risk children we serve across the State. McKenzie knowledge and experience with both DCBS and DJJ populations' unique challenges and barriers for members to receive appropriate treatment for the appropriate duration and has demonstrated ability to overcome and/or minimize such barriers. She is trained in Trauma-Informed Care techniques while also positively influencing providers from a UM perspective to engage in more trauma-informed approaches.

McKenzie Smith

I am proud of the work I do to bring my training in Trauma-informed Care, and my years of experience in providing therapy to residents in the residential programs and maternity and transition homes. I work closely with issues impacting SKY Members including pregnancy, parenting, adoption, addictions, attachment, trauma, depression, anxiety, interpersonal relationships and many others. I create a collaborative approach to integrating services and assuring effective transitions providing the right care at the right time and place. One of the highlights of my experience include working in conjunction with Juvenile Sexual Offender programming to ensure all safety and trauma factors are sufficiently addressed across family systems for successful community transitions.

KY_Hlth2020_McKenzie_60_SL_01

This position is responsible for leading multiple teams of clinicians charged with promoting quality Member outcomes to optimize Member benefits, and to promote effective use of resources.

Project Manager, Actively Recruiting

This position works with the health plan to identify and implement projects that support achievement of goals. They are responsible for applying project management knowledge, skills, tools and techniques to project deliverables, processes, and systems. This person operates within defined parameters using project management methodology.

Care Coordination Team

Our CCT comprises a team of experienced, professional staff who bring strong and diverse expertise to help address each individual Member's needs, preferences, and goals. Our regionally deployed CCTs will meet Members and families in their communities and find appropriate solutions, resources, and supports that are trauma-informed and culturally and linguistically responsive. Consistent with the principles of the Wraparound approach, Care Coordination and planning is an individualized, team-based process based on the goal of matching the Member to a Care Coordinator with the training and experience to best meet that Member's needs. The Care Coordinator leads the multidisciplinary team to engage other staff in supporting the Member's needs, understanding needs may change over time and modifying the team to address those changing needs. Key Personnel who are a pivotal part of our CCT include:

- **Master's Level Behavioral Health Clinician.** Lisa Monroe-Caudill is a Licensed Clinical Social Worker with 20 years of experience as a clinician and treatment coordinator working to better the lives of children and families in the child welfare system. Prior to joining Anthem, Mary held various roles as a clinical therapist, case manager, and clinical supervisor providing services to children and adolescents for Maryhurst, Inc., Bellewood Presbyterian Homes for Children, and School-based Counselor for Our Mother of Sorrows School. She holds a Master of Social Work from Spalding University, is licensed in Kentucky, and approved as a Social Work Clinical Supervisor. Lisa is also a Foster and Adoptive Parent, which has informed her social work practice on a personal, family level.

Lisa Monroe-Caudill

My favorite part of my job here at Anthem is helping foster, adoptive, and biological families understand the Medicaid system and connecting them with resources to support their families. As a Foster and Adoptive Parent parent myself, I know that the system can be challenging at times, and I love being able to help families understand the system and get the services that they need for their children. One of my favorite positive stories involved a 13-year-old boy in Foster Care that needed braces as his teeth were a great source of insecurity. His dentist referred him to an orthodontist and the family was devastated when he was denied and the appeal was also denied for orthodontia. We were able to advocate for this Member, and he was able to get approval through Anthem for his braces. I spoke with the foster mother recently, and he is thrilled that he can already see a difference in his smile!

KY_Hlth2019_Lisa_60_SL_02

- **Master's Level Licensed Behavioral Health Clinician.** Emily Baumann is a Licensed Clinical Social Worker and Case Manager who brings eight years of experience as a therapist and program director with children in Foster Care, adoption services, and experiencing homelessness. Prior to joining Anthem, Emily served as Adoption Program Director and Therapist for St. Elizabeth Catholic Charities, and Family Consultant at Home of the Innocents providing case management for children ages 2 to 18 in a therapeutic Foster Care setting. Emily holds a Master of Science in Social Work from the University of Louisville.

Emily Baumann

I am proud of the direct assistance I have given to families during the adoption process. I was able to walk through the adoption experience with multiple women and families who were either placing children for adoption or gaining a child through adoption. From providing support to a birth parent in the delivery room to calling an adoptive family to tell them their new daughter had been born, those experiences were intense, beautiful, and really gave me an appreciation of adoption.

KY_Hlth2019_Emily_60_SL_02

- **Master's Level Licensed Behavioral Health Clinician.** Corryn Knott is a Case Manager and Licensed Clinical Social Worker who brings more than a decade of experience working with children in the Foster Care system, including those in inpatient psychiatric and residential care. Prior to joining the Anthem BH team, Corryn served as a mental health therapist for Our Lady of Peace Hospital in Louisville and held several program management positions at Maryhurst, Inc. As the Program Manager for Quality Improvement/Family Treatment Homes at Maryhurst, she monitored critical incidents for over 100 clients and led internal case reviews as well as worked with Foster Care to provide in-home services to foster families and monitored individualized treatment plans for 30 clients. She holds a Master of Science in Social Work from the University of Louisville. In her role as BH clinician, Corryn will serve Members with a broad range of complex mental health, SUD, and co-occurring PH conditions to make sure they have the integrated services and supports they need.

Corryn Knott

I've been a Kentuckian for the last 30 years and have lived in Berea, Owensboro, and now Louisville. I love it here and enjoy my job at Anthem contacting Foster Parents, placements, and DCBS workers to make sure they have the tools they need to care for children. It's rewarding to help remove barriers so that caregivers can spend time with children, rather than insurance matters. I love providing a connection to people who lack supports, particularly youth who are aging out of the Foster Care system. Often these young adults do not have anyone to ask questions, and we have been able to fill that gap on many occasions and make sure they have what they need.

KY_Hlth2019_Corryn_60_SL_06

- **Nurse Case Manager.** Deborah Meador is a registered nurse with experience as a Case Manager serving children in Foster Care with Medically Complex needs. As a Nurse Case Manager, Deborah will help connect Members who are designated as Medically Complex with the services and supports they need. Deborah brings more than 20 years of nursing and health care experience. She has previously held positions as a Triage Nurse at Hospice of the Bluegrass and Certified Hope and Palliative Nurse at Decatur Memorial Hospice.

Deborah Meador

I feel that our Members in Medicaid need and deserve the best care. I also feel that our Members need to be empowered and involved in their care as much as possible. I know that understanding insurance can be extremely complicated from my my own personal experience navigating benefits. I take pride in the fact that I am able to help our Members in many ways that gives quality to their lives. After all, isn't that the goal?

KY_Hlth2019_Deborah_60_SL_03

- **Nurse Case Manager.** Diane Glenn will bring her 25 years of nursing experience to provide case management services to our SKY Members in her role as Nurse Case Manager. She is an Advanced Practice Registered Nurse (APRN) Family Nurse Practitioner who has worked with pediatric and adult patients across multiple health care settings (in home, office, and inpatient). Previously, she served as one of three original nurse consultants for DCBS through the Commission for Children with Special Health Care Needs (CCSHCN) and advanced to a Nurse Service Administrator for Kentucky's Foster Care program. In this role, she managed the Medically Complex program, developing training and education initiatives for both birth and Foster Parents, and also assisted in developing regulations and standards of practice for DCBS.
- **Behavioral Health Specialists** will be recruited for Kentucky SKY during implementation. These Specialists will help assure effective psychosocial intervention, positively impacting our Members' ability to manage their BH needs with the support of the caregiver in collaboration and with the oversight of the Nurse Case Manager or other licensed clinician to assure whole-person health needs are met. Together, the Nurse Case Manager and BH Specialist will focus on the BH and psychosocial needs of our Members in Kentucky SKY to improve their clinical and psychosocial outcomes.

Diane Glenn

I'm a native Kentuckian who loves the beauty and the four seasons. With my nursing background, I am proud to be able to assist the people of Kentucky and my job never gets old. For example, I was able to assist a grandmother who had custody of her grandson, who had extensive medical needs and was involved with DCBS. They had been evicted and were moving from place to place and their belongings had been placed into storage. She was about to lose those belongings due to not being able to make the payments on the unit. I worked with the local DCBS, sheriff's department, and Anthem to get the payments made on the unit so she could get a $12,000.00 piece of medical equipment out of the unit for her grandson with specialized health care needs as well as their other belongings. I stayed in touch with her and she greatly appreciated having me as a resource, sometimes just to call for encouragement.

KY_Hlth2019_Diane_60_SL_03

- **Family and Youth Peer Support Specialists** will be recruited during implementation for the SKY program, and will be responsible for Care Coordination and care management activities focused on the wellness and recovery of Kentucky SKY Members. Peer Support Specialists must possess a Peer Specialist Certification including two years' experience in health services, BH, or in a Peer Support Services role. Our Specialists must have an associate's degree with a bachelor's or master's degree preferred. This position will identify opportunities for engagement of

Members and their caregivers and families in forming a supportive recovery network. This role collaborates with the CCT as a Member advocate in discharge planning education, resolution of barriers, and service transitions.

- **Care Coordinators.** Our regionally deployed Care Coordinators will meet Members and families in their communities and find appropriate solutions, resources, and supports that are trauma-informed and culturally and linguistically responsive. They will be responsible for the overall management of the Member's care plan, and they will develop, monitor, and revise the Member's care plan to meet the Member's needs. This role will manage non-clinical needs of Members with chronic illnesses, comorbidities, and complex child welfare issues such as multiple placements, lack of stability and permanency, and Juvenile Justice involvement to help assure closure of gaps in psychosocial and health care needs. The Care Coordinator will also establish short- and long-term goals in collaboration with the Member, caregivers, family, natural supports, Providers, child welfare worker, and DJJ worker (if applicable). This position will identify Members that would benefit from community social support services and connect Members with available resources and VAS.

Amanda Blackburn, Prior Authorization/Pre-Certification Coordinator

A licensed Marriage and Family Therapist and licensed Certified Alcohol and Drug Counselor, Amanda Blackburn brings 15 years of relevant experience that includes direct patient care (providing therapy, assessments, and case management) and psychoeducation within school systems to support children in FC with problematic behaviors and their caregivers. As our Prior Authorization/Pre-Certification Coordinator, Amanda will coordinate Prior Authorizations and pre-certifications and will convene meetings with DCBS and DJJ professionals to assure appropriate and timely care for Members. Amanda received her Master of Arts from the Chicago School of Professional Psychology and her Certificate in Marriage and Family Therapy from the University of Louisville. She also serves as a mentor for the Kent School of Social Work Post-Graduate Marriage and Family Therapy Program. She is a member of the National Board for Certified Counselors and American Psychological Association.

Amanda Blackburn

I enjoy the team environment, where the team comes together to make sure Members receive the best level of care needed to best function in their day-to-day life. Along those lines, my favorite part of the job is attending case presentations where everyone voices their opinions to come up with the best solutions to problematic issues, and everyone's voice is heard. I also love volunteering in my community for things like the NAMI 5k and the Suicide Awareness Walk.

KY_Hlth2019_Amanda_60_SL_03

Andrew Fox, Provider Relations Liaison

With more than 20 years of experience, Andrew Fox will be responsible for supporting all Provider types in developing and incorporating Trauma-informed Care principles into practice. For 18 years, he was a Provider in the community delivering BH and SUD services. In 2014, he moved into managed care and joined the Provider Services team. In his role as Provider Relations Liaison, Andrew will also help to identify ACEs Provider Champions and support the program to deliver the best quality of care to our Members. Prior to his experience at Anthem, Andrew oversaw Quality Improvement programs at Family Ark and managed services at Maryhurst, Inc. in Louisville serving youth with Serious Emotional Disorders. Andrew was also a Senior Social Worker for the Juvenile Home Incarceration Program for the Department of Human Services – Jefferson County Youth Center. He holds a Master of Science in Social Work from the University of Louisville.

Andrew Fox

I am a Kentucky native and my favorite thing is the beauty and how proud Kentuckians are to call this place home. I moved into the Provider Relations role after spending 18 years as a Provider in the community. It was challenging at first, but this position has allowed me to maintain my passion and drive for helping those in need by partnering and collaborating with Providers. My goal is to create a positive experience for Providers on a daily basis. It's gratifying to know that I can help influence treatment to our Members in a meaningful way by giving 110% every day to assisting our Providers.

KY_Hlth2019_Andrew_60_SL_03

b. Key Personnel and FTE Subcontractor Staff Dedicated to the SKY Program

b. Whether each Full-time Kentucky SKY Key Personnel position will be filled by a Contractor's employee or a Subcontractor. Identify the number of FTE Subcontractor staff who will be one hundred percent (100%) dedicated to the Kentucky SKY program.

All of our identified Key Personnel will be fully dedicated to Kentucky SKY and Anthem employees. None of our identified Key Personnel roles have been filled by a Subcontractor. We have not identified any Subcontractor FTEs who will be dedicated 100% to the Kentucky SKY program.

c. Key Personnel

c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.

Resumes for all identified Key Personnel positions are included as Attachment G.2.c-1. For positions still being recruited, we have included job descriptions in lieu of a resume.

v. Anthem's Comprehensive Staff Training Program

v. Overview of the Contractor's proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," for all operational areas. Provide the Contractor's proposed training program and curriculum for all staff specific to areas of responsibility. Include information about the topics for which staff will receive training, how trainings will differ for new staff members versus ongoing trainings and related training schedules.

Anthem is committed to providing a robust, consistent, compliant, and comprehensive approach to staff training to assure that we have an interdisciplinary team of skilled employees and contractors to fulfill the requirements of the Draft Medicaid Managed Care Contract and Appendices for all operational areas. We understand that children and youth who will be served through the SKY program have unique needs, and the specifics of these needs will be reflected throughout all of our staff training. Our Anthem Training Academy acts as a vehicle to facilitate staff training by streamlining the development, delivery, and reporting of training into one easy-to-use, scalable system; and it incorporates multi-modal training and mechanisms for tracking, monitoring, and alerting, as well as reporting compliance and training completion.

Through the Academy's comprehensive features, training will include required, regionally identified, cultural competency, and program-specific training, and will be updated regularly to remain relevant and topical. With our comprehensive training approach, we will make sure all of our staff are well prepared and trained to fulfill all requirements and responsibilities of the Draft Contract, including our employees at our Kentucky office, those in the field and in communities of Kentucky, those employees at our national offices who will be part of shared support services for the SKY program, and our Subcontractors.

The Training and Education team will have the lead responsibility of training our staff on SKY program specifics. The Education team have developed and will continue to develop program-specific trainings to enhance our existing Academy to reflect the needs of our Kentucky SKY Members. Our comprehensive training curriculum will be available in person, as well as online. It will include required subjects, as well as additional optional trainings, covering topic areas such as the unique needs of children in child welfare, Trauma and Trauma Informed Care, approaches to service delivery, special populations, and cultural considerations. Managers will track staff compliance with training requirements with the support of our learning platform which tracks both pending and completed training by sending notifications to staff and managers. Staff who do not complete required training may become ineligible for employment. The Executive Administrator will receive routine reports on staff's completion of required trainings.

Training will begin upon hiring for all new staff or the transfer of existing staff to our Kentucky SKY program and will start with a comprehensive orientation to the Kentucky SKY program covering the responsibilities for each department and staff member to meet the requirements of the Contract. The orientation training will be followed with job-specific trainings designed to build or expand upon staff knowledge and skill level in serving the Foster Care and Juvenile Justice populations. Required job-specific trainings are described in Table G.2.c-5 and will be completed within 30 days of hire and prior to serving our Members. Job-specific trainings will be supported through mentorships, job shadowing, and/or preceptorships by linking our experienced Foster Care staff in the same position to demonstrate advanced skills in serving this population.

Beyond standard employee and job-specific training, our SKY program staff will be required to engage in extensive training focused on specific program topics, as well as topics related to the child welfare population and all staff training requirements are tailored to the employee's role. For instance, all staff will be required to take foundational courses on Trauma-informed Care, but our Care Coordinators will receive more in-depth and expansive trauma training on topics

such as Working with Parents Involved in the Child Welfare System, Addressing Transition Issues for Young Foster Care Children, and others. Similarly, all SKY staff will be required to take training on the High Fidelity Wraparound approach, but our Complex Care Coordination staff will receive training for HFWA certification.

SKY program staff working in Member-facing roles will all receive training on Trauma Stewardship, Mental Health First Aid, and Zero Suicide. They will receive in-person training on Person Centered Thinking© by the Learning Community for Person Centered Practices. Several of our Kentucky Medicaid team members already received this training last year. Additionally, our Care Coordinators will receive training on the use of the Columbia Suicide Severity Rating Scale (C-SSRS), an evidence-supported tool used to assure the right level of care is delivered to at risk SKY Members. In addition to the required trainings, staff will have access to additional training from our comprehensive Academy library to enhance their skills, and may be required by managers to complete these trainings based on the individual's staff training needs and roles.

Initial and Ongoing Multi-modal Training Delivery to Best Suit Learners of All Types

Recognizing that individuals learn in different ways at varying paces, we customize training and our materials to reflect the various cultural competence levels, educational levels, and backgrounds of staff being trained. We deliver our new hire and existing employee training programs using a range of different delivery methods and formats, including:

- ***One-on-One focused training***, including job shadowing and preceptorships. This approach works well when we pair a manager or one of our more senior employees in a mentor relationship with either a new hire or an employee ready for career advancement. It also is a valuable tool for employees who need intensive, short-term support.
- ***Instructor-led training.*** This is the method we use for most of our clinical team training, such as for Care Coordinator and Care Manager training.
- ***Self-directed or web-based training.*** For example, we require all new employees to complete and pass our online Compliance Training program within their first 30 days of employment.

Customized and Standardized Training that Supports Best Practices

Our SKY program-specific training modules are comprehensive and part of our core curriculum and are required for each staff member by their position. Our dedicated Training and Education team will continuously gather input to develop effective trainings or supporting educational materials to address training gaps. This team will collaborate across all Anthem departments, including Provider Solutions, Quality, and Clinical areas, to make sure trainings and communication are coordinated and effective. Our training program is dynamic and will be routinely updated to reflect best practices learned from our work in Kentucky as well as through the work of our affiliates and the national Foster Care Collaboration team, who brings the latest in research, practices, and innovation. Figure G.2.c-4 highlights some of the key training areas on which we will focus.

Required New Employee Training

Our new hire orientation will help employees fully understand Anthem and the importance of our role administering the Kentucky SKY program. Orientation includes an in-depth introduction to our mission and vision, so that each new employee gains an immediate sense of our organizational culture.

Figure G.2.c-4. Anthem's Key Training Covers a Broad Scope of Topic Areas Pertinent to Kentucky SKY

We equip each new employee with the information they need to be successful. Table G.2.c-4 outlines the topics covered in our new employee training, even for our most experienced new employees.

Table G.2.c-4. New Hire Training Topics and Objectives Start Employees Off on the Right Foot

Training	Training Objective	Delivery Method
Introduction to Anthem	Acquaints employees with our philosophy, company history, core values, and structure; managed care concepts	Online
Kentucky Medicaid	Overview of agency structure and functions	In Person
The Kentucky SKY Program, System of Care, Policies, Processes, Workflows	Provides employees with background information on the Kentucky SKY program and system of care model; reviews covered populations, general Contract provisions, Covered Services and benefits, and roles and responsibilities of DMS, DCBS, and DJJ; and teaches employees when, where, and how to access the information in real time to help Members or their authorized representatives navigate their benefits	Online or In Person
Geography of Kentucky	Provides Kentucky-specific training on geography and regional nuances, including access to services, health disparities, and local resources	In Person
Cultural Sensitivity and Diversity	Provides employees with an overview of cultural competency, including defining "culture," differentiating between cultures, impact of culture on health outcomes, recognizing common beliefs, recognizing cultural differences, using diverse nomenclature, and applying cultural competence; includes overview of Culturally and Linguistically Appropriate Services (CLAS) Standards	Online
"I Am Anthem" – Compliance Orientation, Customer Service Skills, Quality of Care Modules	Teaches employees about federal and Commonwealth requirements, as well as company policies and procedures on the following: compliance; business ethics; records and information security; ethics; privacy/HIPAA; fraud, waste, and abuse; and emergency response procedures. Separate modules address communications skills and how to identify quality of care issues	Online

Training	Training Objective	Delivery Method
Department-specific Training	Orients employees to their departmental procedures, policies, and organizational structure	In Person
Job-specific Functions	Orients employees to their specific functions and duties, including Management Information System (MIS) components, security, and use	In Person

In addition to the new hire orientation, all staff are required to attend specific training to ensure their competency in the role they have in the program. The required trainings by staff role are represented in Table G.2.c-5.

Quality Training

Training in our Quality Management (QM) approach across all domains is a critical component of our new hire training program. We embrace quality as a workplace culture, not as a separate function within the health plan. We embed a culture of quality across every aspect of our organization. Every employee is a quality advocate, and quality is the number one priority in every functional area of the organization. We incorporate a computer-based Quality 101 training model for all employees, and offer additional quality training modules that cover total QM.

Cultural Competency Curriculum

We train all of our health plan employees at all levels and across all disciplines to address and respect Member cultural and linguistic differences. We train all employees in cultural competency and linguistically appropriate service delivery at initial hire and at least annually thereafter.

Specialized Clinical Team Training

Our clinical team represents the core of what we do. For new or existing employees who join our clinical team, we provide a variety of intensive training opportunities. All clinical employees undergo a 90-day orientation and training period during which they learn the basic functions of their job and the policies and procedures that will govern our Kentucky SKY operations. We make sure all clinical team staff are well-versed in Contract requirements and fully understand their roles and responsibilities.

We hire locally, and we leverage local resources to train clinical staff — so that staff are fully prepared to provide the best support and resources to Members. Employees will receive both classroom training as well as job shadowing and mentorship to foster opportunities for discussion and questions. The center of our comprehensive curriculum is the system of care approach based upon the High Fidelity Wraparound model — full integration of physical, behavioral, functional, and social health. All of our clinical employees must master the requisite skills to manage cases with co-occurring disorders.

Our initial training for new employees who will join our CCT follows the extensive new hire orientation and will cover:

- Communication methods and tools
- Person Centered Thinking© (PCT) (training by internal certified trainers)
- Use of our Health Intech platform to support job responsibilities, including search, add, update, and read only system access
- UM principles, processes, and tools
- Care Coordination and care management theory and practice under a system of care model (including predictive modeling tools for care stratification)
- Care Coordination and care management processes and tools (including core processing systems and mobile technology to support field work, care documentation, and information sharing)
- Quality Management program
- Legal and ethical issues in Care Coordination and care management

Our Model is Guided by Person-Centered Principles

Our integrated model is founded on person-centered principles and practices to make sure health and support services are tailored to the individual preferences, strengths, and needs of all Members. We believe Person-Centered Thinking (PCT) skill development is the key to improving Member experience, fostering positive health and social outcomes, and facilitating self-direction and self-management. **We are the only health plan with the certification and program-specific PCT in place.** Our staff will be specifically trained on this by our own internal PCT-certified trainers.

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This initial training includes skills practice sessions throughout to reinforce the information taught. Following classroom instruction and skills practice, trainees receive continual on-the-job training for at least the remainder of the 90-day training period from our clinical leadership team. ***All of our employees who interact with Members in child welfare, stakeholders, or Providers will receive foundational training on Adverse Childhood Experiences, toxic stress, High Fidelity Wraparound Model, trauma, and Trauma-informed Care.*** Clinical staff who work in Care Coordination will receive more in-depth training on trauma that is applicable to their work. The specific trainings and topics will be selected and assigned based on the clinical staff's role within the organization.

Following orientation, each Care Coordinator will receive monthly quality assurance audits and feedback on their performance and program compliance which is shared with the manager to address any training needs.

Further, we will provide opportunities for employees to enhance their professional knowledge through interdepartmental complex case rounds, care discussions with the Medical Director and BH Director, and a wide variety of professional development and leadership topics. Our training programs will support a team of professionals who excel in their jobs and in serving our Members.

Medical Management Staff Training

Our UM staff, Prior Authorization review and concurrent review nurses, complete a three-week classroom curriculum and two-week preceptor training program. We train and mentor new hires on the mission of service and helping our Members with compassion and care, addressing technical knowledge, procedural requirements, quality assessments, and continuous improvement. Through our classroom, small groups, individual sessions, and meeting one-on-one with employees, our Training and Education staff review areas where questions remain.

We also conduct audits of phone calls and review completed cases for approval or physician denial of services. We continue this monitoring until the trainer, employee, or manager are comfortable with the new employee's level of competency and confidence. We are not training novice employees — we recruit and hire clinical staff who are already experienced in the child welfare system and who have already worked with many of the Providers, Commonwealth agencies, and community organizations with whom we will collaborate as part of the system of care approach to Care Coordination.

Member-facing Employees

Our Fostering Connected Care Concierge team (Concierge Representatives) will be the first point of contact with Members, Foster Parents, and caregivers. We will invest the time and effort to make sure they are prepared to serve and that we meet all Contract requirements. We will require our Concierge Representatives to complete a comprehensive 24-day training program that covers all aspects of the SKY program (including CCTs, Trauma-informed Care, Crisis intervention services, and ACEs), our health plan, and high-level customer service. Our curriculum incorporates a variety of educational strategies designed to accommodate different learning styles, including written materials, interactive classroom discussions, and online tutorials. It also includes extensive observation of actual calls. We will train our Concierge Representatives on the interactive and special scripts we will use, as outlined in the Contract requirements, during initial welcome calls; when making outbound calls to new Members in Kentucky SKY, Foster Care Parents, Adoptive Parents, Kinship Caregivers, and Fictive Kin; during emergency or unusual situations; and when individuals call to request assistance with PCP or Dental Provider selection.

Our training for Concierge Representatives also includes curriculum to help them recognize callers who are in Crisis and how to assess accordingly (such as prioritizing emergency calls over routine calls, conducting warm transfers, and connecting Members to emergency or Crisis intervention services). Training will include Mental Health First Aid and the Zero Suicide model (an evidence-based approach to suicide prevention). We periodically test throughout training to monitor progress, and we do not deploy staff until they complete all portions of our comprehensive training program.

Table G.2.c-5. Kentucky SKY Required Training for Staff

Subject	All SKY Program Staff	Care Coordination Staff	Complex Care Coordination Staff	Concierge Representatives
Kentucky SKY Program Orientation: • The SKY program overview • Roles, responsibilities and requirements of DMS, DCBS, DJJ, and other sister agencies • Contractual requirements of the Kentucky SKY program • SKY program organization, staffing, infrastructure • The Kentucky SKY program business processes and workflows • Aging out process and how the health plan supports it • Continuity of Care	Required	Required	Required	Required

Subject	All SKY Program Staff	Care Coordination Staff	Complex Care Coordination Staff	Concierge Representatives
The Family First Prevention Services Act and any other federally mandated services and programs impacting Kentucky SKY Members	Required	Required	Required	Required
Unique physical health and behavioral needs of the Kentucky SKY populations	Required	Required	Required	Required
HIPAA Compliance and Confidentiality	Required	Required	Required	Required
Using the Child and Adolescent Needs and Strengths Assessment	As Needed	Required	Required	As Needed
Adverse Childhood Experiences	Required	Required	Required	Required
Trauma-informed Care Overview	Required	Required	Required	Required
Trauma Stewardship (Be Strong Families model)	As Needed	Required	Required	Required
Trauma-informed Care – Targeted Topics	As Needed	Required	Required	As Needed
Evidence-based practices – children's mental health and trauma	Required	Required	Required	Required
Evidence-based practices – substance use disorder treatment	Required	Required	Required	Required
Other evidence-based practices	As Needed	Required	Required	Required
Crisis intervention services	Required	Required	Required	Required
Fetal Alcohol Syndrome	Required	Required	Required	Required
Neonatal Abstinence Syndrome	Required	Required	Required	Required
Substance exposed infants	Required	Required	Required	Required
High Fidelity Wraparound Approach	Required	Required	Required	Required
High Fidelity Wraparound Certification	As Needed	Suggested	Required	As Needed
Impact of parental substance use	Required	Required	Required	Required
Person-centered thinking	Required	Required	Required	Required
Culturally Responsive Treatment	Required	Required	Required	Required
Psychotropic Medication	Required	Required	Required	Required
Zero Suicide Training	As Needed	Required	Required	Required
Mental Health First Aid	As Needed	Required	Required	Required
Columbia Suicide Severity Rating Scale (C-SSRS)	As Needed	Required	Required	As Needed
Human Trafficking and Health Care	As Needed	Required	Required	Required

To enhance the training described, staff will have access to additional child welfare related trainings covering the topic areas shown in Figure G.2.c-5. These trainings can be selected by managers to support staff roles or taken by staff at their option to enrich their knowledge about children, youth, and young adults engaged in child welfare.

Figure G.2.c-5. Additional Training for Staff Serving Members in Child Welfare

Kentucky SKY Additional Child Welfare Focused Training Topic Areas

Unique Needs of Children in Child Welfare	Trauma and Trauma Informed Care	Approaches to Service Delivery	Special Populations	Cultural Considerations
• Understanding Behavioral and Physical Health Conditions • Substance Use and Substance Exposure • Behavior Management • Crisis and Crisis Support	• Trauma, Adverse Childhood Experiences and Toxic Stress • Trauma-informed Care • Evidence-based Trauma Treatment	• Engagement, Collaboration • Confidentiality • Integrated Health Care Delivery • Evidence-based Practices • Caregiver Skills and Caregiver Support	• Special Health Care Needs and Disabilities • Dual Diagnosis • Issues for Transition Age Youth • Human Trafficking • Addressing the needs of LGBTQ Youth	• Culturally Competent Care • Culturally Responsive Treatment

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Ongoing Training

Ongoing training and education represents an integral part of our company culture. Through our Anthem Training and Education Team and Training Academy, we will continuously be updating our educational and training offerings based on new policies or procedures affecting the Kentucky SKY program; information gleaned from our SKY Advisory Committees, Quality Reviews, Provider and Stakeholder feedback; as well as inclusion of emerging best practices and research and partnerships with national organizations.

Ongoing training and education is especially important for the experienced employees who make up our clinical teams, and in making sure we continue to meet all SKY program requirements. Our employees receive training throughout their career, beginning with orientation on the first day of the job through intensive job-specific training to prepare them to assume new responsibilities, and including refresher and enhancement training to maintain and further develop their skills.

- ***Annual Training and Refresher Courses.*** Annual required training includes cultural competency, compliance, ethics, and HIPAA training. Employees who work directly with Members and Providers and clinical staff receive SKY program updates and review of policies, procedures, and workflows.
- ***Continuing Training.*** Our management team builds training into the annual performance goals for each employee, working with each employee to identify, plan, and meet individual training needs. Further, we strongly support educational opportunities outside our organization, and offer tuition reimbursement and paid time off to attend training that will enhance professional development and provide for the continuing education needs of licensed employees. All employees have access to an online catalog of resources on the company intranet to further hone hard skills, soft skills, and professional development in a wide variety of knowledge areas. We also strongly support educational opportunities outside the company. We offer employees tuition assistance and paid time off to attend training that will enhance professional development and meet continuing education needs for licensed employees.

Training Schedules and Monitoring

All of our trainings include timeframes for completion and tests for individual and organizational comprehension. Depending on the particular training and mode of delivery, our monitoring mechanisms to verify completion include completed training schedules from managers and system records of web-based trainings. We also have various methods and tools for monitoring and assessing comprehension after a particular training or course of training. These may include:

- Pre- and post-test scores
- In-process audits during and after training
- Process audits
- System edits
- Member and Providers complaints, Appeals, and Grievances
- Member and Provider satisfaction surveys

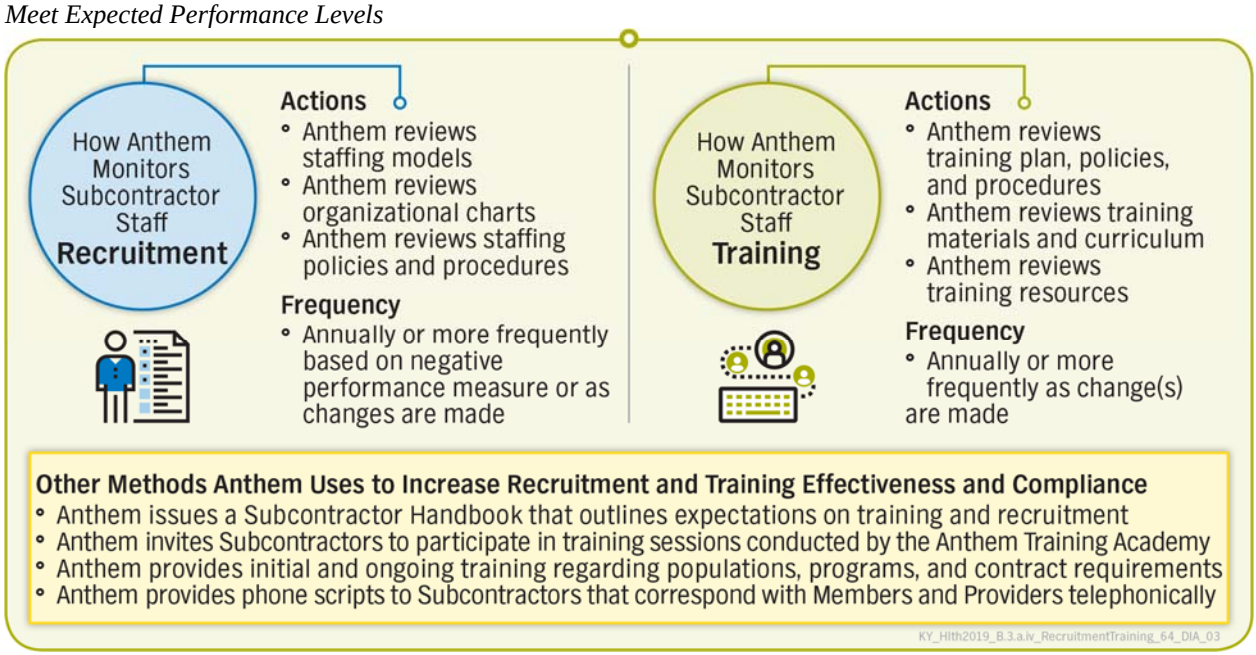
vi. Monitoring Subcontractor's Progress in Recruiting and Training Staff

vi. Overview of Contractor's approach to monitoring Subcontractors' progress in recruiting and training of staff to meet all requirements of RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices."

Anthem makes sure that Subcontractors receive the necessary information and training they need to be successful in meeting their delegated responsibilities. As illustrated in Figure G.2.c-6, our Subcontractor Oversight program uses a multi-layered approach to manage and oversee our delegated Subcontractors to comply with Contract and performance standards, including those outlined in the Draft Contract. Elements of our Subcontractor Training and Recruitment process include:

- Subcontractor handbooks, Subcontractor agreements, and Kentucky-specific addenda that clearly outline our expectations of recruitment and training operations
- Subcontractor training for staff that interact directly with Members will include the following Kentucky SKY specific topics:
  - SKY program goals
  - Care Coordination (including how to access the Care Coordinator)
  - Preserving and supporting continuity of care
  - Coordination with Caregivers, DCBS and DJJ professionals as needed
  - Medical consent
  - Specific medical information required for court requests and judicial review of care
  - The impact of Adverse Childhood Experiences and Trauma-informed Care for health professionals
- Subcontracting reporting that includes recruitment and training policies and procedures

Figure G.2.c-6. Anthem's Subcontractor Training and Recruitment Monitoring Process Makes Sure Subcontractors Meet Expected Performance Levels



Monitoring Subcontractor Progress in Recruiting

We collaborate with our Subcontractors to make sure their recruitment plan and efforts mirror our recruitment procedures, plans, and policies in place for Kentucky Medicaid. We require our Subcontractors to provide staff resource data for review annually, or more frequently as requested by Anthem. We review Subcontractor staffing models, policies, procedures, and market organizational charts for appropriate staffing levels as required by the Contract. We specifically look at the Subcontractor staffing models when there are identified issues or concerns and when a metric moves in a negative direction. In these cases, we work closely with our Subcontractors to mitigate staffing gaps and provide direction and oversight to resolve issues before they become problematic.

Monitoring Subcontractor Progress in Training

We oversee and monitor Subcontractor training to make sure staff receive the training they require as well as to make sure our Subcontractors' training materials, resources, and curriculum align with our training requirements, agenda, and curriculum. We incorporate review of training-specific data into the annual formal review we conduct with our Subcontractors.

To complement Subcontractor training efforts, we regularly invite our Subcontractors to participate in our external training sessions, including those provided by our Anthem Training Academy, such as Provider Network training. We collaborate with our Subcontractors to make sure there are no gaps in staff training that affect Kentucky Medicaid services to our Members.

An important component of our training is familiarizing Subcontractor staff with the populations we serve under the Contract; we provide guidance to Subcontractor staff working directly with Members on appropriately corresponding and communicating with them, such as:

- Providing initial and ongoing training regarding the population, programs, and Contract requirements specific to responsibilities we delegate to the Subcontractor

- Providing phone scripts for Subcontractors that correspond with Members and Providers telephonically
- Requesting feedback from Subcontractor staff to improve training materials and topics in an effort to collaborate with Subcontractors

vii. Retention Approach

vii. Retention approach for Full-time Kentucky SKY Key Personnel.

We know that our Key Personnel and staff are the heart of what we do for our Members every day in the communities we serve, and our retention approach reflects this belief. We invest in our employees because our people are our differentiator.

We have well-designed, comprehensive training and professional development resources to champion our employees' success. We focus on retaining Key Personnel by making sure they have the resources they need to succeed a compensation and benefit packages, flexi benefits to support our employee's throughout their career. We offer incentives commensurate with industry standards and based on the Key Personnel's role and experience, and have been recognized by many organizations and media outlets for our staffing and workplace excellence, as highlighted in Figure G.2.c-7.

Figure G.2.c-7. Recognition of Excellence

Recognition for Staffing and Workplace Excellence

100 Top Companies with Flexible Jobs — FlexJobs, 2014-2020
America's Best Employers — Forbes, 2015-2018
America's Most JUST Companies for 2020 — Forbes and JUST Capital, 2019
Best Employers for Diversity — Forbes, 2018-19
Best Employers for New Graduates — Forbes, 2018
Best Places for Disability Inclusion, Disability Equality Index, (Founding Partner) — Disability: IN™, 2015-2019
Best Places for Women to Work — Forbes, 2019
Best Places to Work for LGBT Equality–Corporate Equality Index — Human Rights Campaign, 2015-2020
Leading Disability Employer — National Organization on Disability, 2017-2018
LGBTQ Business Equality Excellence Award — Business Equality Network, 2017-2019
Military Friendly® Employers — MilitaryFriendly.com, 2010-2020
Top 125 Award — Training Magazine, 2016-2019
Top 50 Companies for Diversity — DiversityInc. Magazine, 2008-18
Top Companies for Executive Women — National Association of Female Executives, 2009-2013, 2017, 2019
World's 10 Best Intranets — Nielsen Norman Group, 2019
World's Most Admired Companies — Fortune Magazine, 2019

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Competitive Pay

- Competitive pay and bonus incentives based on individual and departmental performance
- Annual increases based on performance

Support for Parents and Adoption and Surrogacy Assistance

- The adoption and surrogacy assistance program provides families of all with reimbursement of adoption and surrogacy expenses. The company reimburses a maximum of $10,000 per child for full-time regular associates and a maximum of $5,000 per child/pregnancy for part-time regular associates.
- **Paid Parental Leave.** Anthem is committed to providing a work environment that is supportive of work life balance. In support of this commitment, Anthem offers up to four consecutive weeks of paid leave at 100% to be completed within the first 12 weeks after the birth or adoption of a child.
- **Critical Care Leave.** When a family member experiences a major life event that requires care for a severe illness, condition, or period of disability, Anthem provides employees with time off to take care of their loved ones in their time of need. In support of our employees our

Critical Caregiving Leave provides 66 2/3% of weekly base pay for up to a total of 6 weeks leave.

- **Telecommuting/Flex-Time Opportunities.** We understand the importance of maintaining a work/life balance and having the flexibility to set individualized schedules for certain roles. These options also allow us to widen our recruitment net to candidates nationwide in positions where locality is not required, or where access to a local office is not possible. Anthem was once again ranked a Top 100 Remote Work company for the seventh year in a row by FlexJobs.
- **Casual Dress.**

Career Path Opportunities

- FTEs are eligible for promotion within nine months of continuous service.

Education and Training

- **Job-related Licensure and Certification Reimbursement.** We appreciate the effort it takes for employees to maintain required licenses. We reimburse eligible employees the cost of fees required for license renewals and certifications. Examples include: Licensed Clinical Social Worker, Certified Health Worker, Medical Doctor, and Registered Nurse.
- **Education Reimbursement.** We encourage the pursuit of learning opportunities at accredited institutions and earning credits toward the completion of a degree that will support employees' current or potential roles at Anthem. We reimburse employees for eligible expenses up to $5,000 verify per calendar year for grade "C" or above (or "pass" for a pass/fail course).
- Courses, videos, and learning assets, available online and on-site to support professional and career development, as well as for issues important to our communities (for example opioid Crisis and human trafficking).

Health Benefits

Anthem's medical benefits cover a wide range of medical services, including Behavioral Health and prescription drug coverage. We have always been committed to helping our employees to take good care of their health, so all of our plans cover preventive care at 100%. Our plans also cover several services that many other medical plans do not, including transgender surgery, bariatric surgery, fertility treatments, ABA therapy, and more. We offer a full complement of health benefits package (including medical, dental, vision, and life insurance) that is balanced and offers a range of options for employees.

Retirement Benefits

The Anthem 401(k) Plan is our primary retirement savings vehicle. Through the 401(k) plan, both our employees and Anthem contribute to help build the foundation of their financial future. Our employees are eligible to participate after 30 days of employment with the organization. The company makes a matching contribution to the employee's account equal to 100% of the amount of their contributions up to 3% of their compensation, plus 50% of their contributions on the next 3% of compensation, for a total match potential of 4.5%.

Wellness Initiatives

A wide range of wellness programs, fitness centers in select office locations, healthy food subsidies in our on-site cafeterias, on-site flu shots and health screenings, and subsidized WW® (formerly known as Weight Watchers®) Memberships.

Community & Volunteerism

- Associate (Employee) Resource Groups (ARGs). At Anthem, we believe employees make their best contributions when they feel welcomed, respected, and appreciated for who they are and when they can bring their whole selves to work. We believe that our diverse perspectives, backgrounds, and an inclusive work environment allow employees to infuse energy into our organization. Through their work and influence, ARGs offer:
  - Professional and personal development
  - Different perspectives and innovative ideas
  - Opportunities to connect culture to business decisions
- Volunteer Time Off to support employees' volunteer efforts.
- Dollars for Doers (Giving) is an enterprise-wide initiative to engage our employees in supporting nonprofit organizations with monetary contributions. The Anthem Foundation supports the giving program by matching their contributions to signature charities dollar for dollar up to a maximum match of $5,000. In 2019, our employees with the matching of Anthem, Inc. contributed $109,000.
- Employee Volunteer Programs give our employees year-round opportunities to contribute time, energy, and resources to food drives, blood drives, health and vision screenings, and a multitude of volunteer services. In 2019, Kentucky Medicaid employees spent over 2,900 hours volunteering with their favorite nonprofit organizations across the Commonwealth.

Employee Discount Program

An ***Employee Discount Marketplace*** for discounts on products, services, and events.

Paid Time Off

Our Paid Time Off program offers team members the flexibility to take time off for vacation, personal or family illness, or other personal or family needs in addition to eight Paid Holidays (nine in 2020 with an additional floating holiday for the Leap Year).

Employee Recognition

Anthem offers rewards and recognition programs, so that our employees are acknowledged for their longevity, professional growth, and exemplary job performance. We offer monetary rewards for the first-time completion of approved certifications (for mastering competencies relevant to an employee's current position or skills that would enable them to take on a new role within the company). We also offer on-the-spot "Values in Action" awards for specific accomplishments that exceed expectations or exemplify our organizational values. We also recently rolled out IMPACT, our new employee recognition system. Employees can celebrate leaders and colleagues alike for going above and beyond by nominating them for special recognition and awards.

Anthem's Award-winning Intranet

Key Personnel and team members alike can access a wealth of resources through our intranet, Pulse. From benefits selection, to nominating a colleague for an IMPACT award, to finding educational opportunities, the intranet is our employee hub to stay connected, engaged, and enthusiastic about the company, our work, and our communities. In 2019, Pulse was recognized by the Nielsen Norman Group, a world leader in research-based user experience, as one of the 10 best-designed intranets for the year.

viii. Kentucky SKY's Organizational Structure

viii. Provide a detailed description of the Contractor's organizational structure for the Kentucky SKY program under this Contract, including an organizational chart that displays the following:

Anthem provides organizational charts illustrating the management structure, lines of responsibility, and authority for all operational areas of this Contract as well as the role of our parent company, Anthem, Inc., and how our Subcontractors are integrated into our operations. Our organizational and operational structure reflects our belief that our health care solutions are most effective when developed and delivered locally, while leveraging our vast network of resources across our affiliates in 23 other markets and our ultimate parent company, Anthem, Inc.

a. Management Structure and Lines of Accountability

a. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Anthem's Kentucky leadership will be based in our Louisville office, while additional staff will be based placed across the Commonwealth, enabling us to build strong community ties and participate in many community-based activities. Our staffing model blends our 100% dedicated local SKY staff of 151 FTEs with Kentucky designated shared services supports of 30 FTEs. Additionally, our model is backed by the infrastructure of the Anthem Kentucky Medicaid health plan and Anthem national regional supports of an additional 50 FTEs. Our management structure is reflected in Figure G.2.c-8. Our leadership team's organizational structure is designed to maximize teamwork and draw on each individual's strengths to achieve DMS goals for Kentucky SKY. Elizabeth Croney, our proposed Executive Administrator, will oversee our Kentucky SKY program operations. She will report directly to our Chief Executive Officer, Leon Lamoreaux. On this chart, solid lines represent functional relationships and accountability for support of the SKY program. Our key employees are uniquely positioned to successfully manage and meet Draft Contract requirements. ***Our local employees, including the CCT, Training and Education team, QM Practice Consultants, Community Engagement Navigators, and Public Health Liaison live and work in the communities they serve.***

b. Corporate Organizational Structure

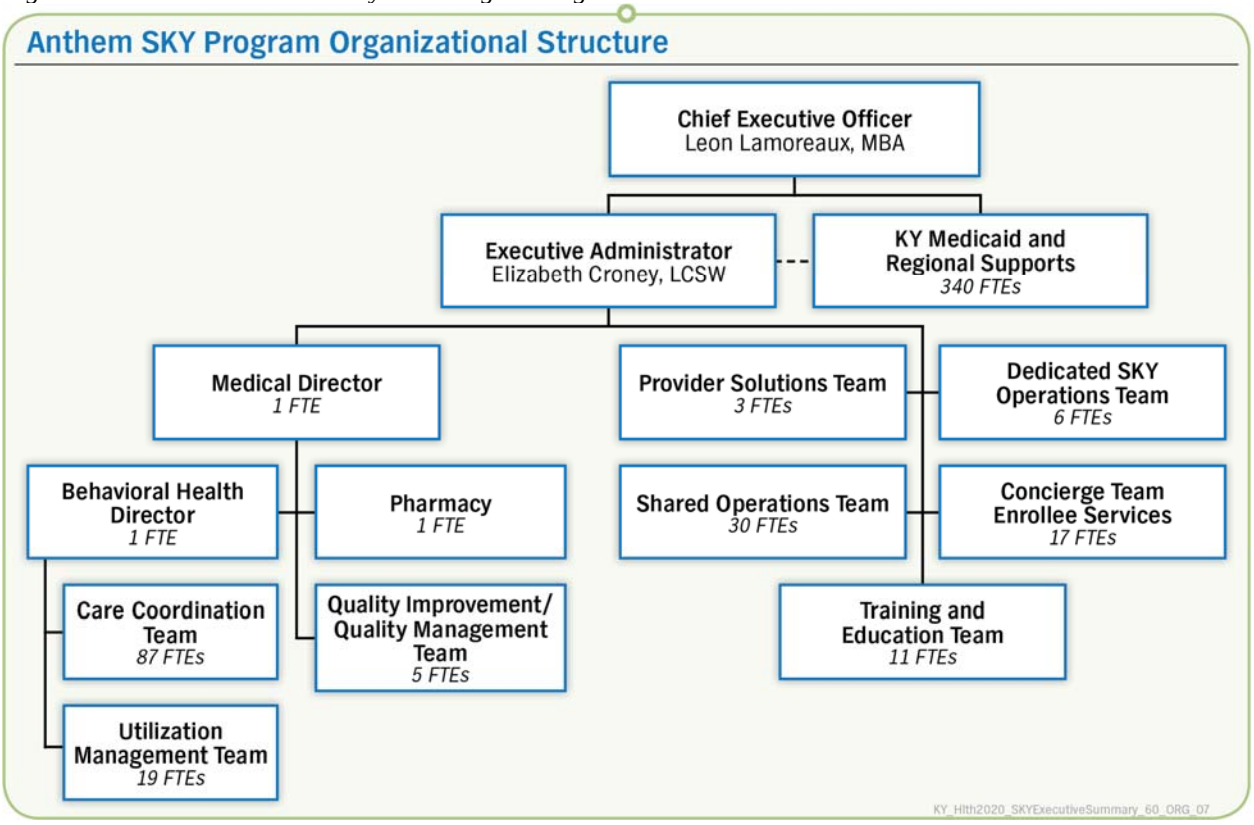
b. How the Kentucky SKY fits into the overall organizational structure of the Parent Company.

Anthem will be managed under the leadership of our CEO, Leon Lamoreaux. Mr. Lamoreaux and our local leadership are fully accountable for overseeing all aspects of Kentucky SKY operations, while leveraging national shared support services and our shared Kentucky Medicaid resources. In particular, Mr. Lamoreaux will work closely with Anthem, Inc.'s national Medicaid Division. Dedicated to developing best practices and innovations for Medicaid and other State-sponsored business, the Medicaid Division delivers operational and technical infrastructure and provides administrative services to Anthem as illustrated in Figure G.2.c-8.

Elizabeth Croney will work closely with Mr. Lamoreaux as our Executive Administrator, overseeing the day-to-day administration and management of our Kentucky SKY operations. Together, they will incorporate our technical approach, which is best described as a "***health plan within a health plan.***" It is not merely another managed care program, but a focused and

dedicated team with training and experience working towards improving the life and well-being of our children and youth engaged in the child welfare system.

Figure G.2.c-8. Anthem's Kentucky SKY Program Organizational Structure



c. Subcontractors

c. Where Subcontractors will be incorporated.

We selected top-level, qualified Subcontractors through a comprehensive vetting process. Our Subcontractors are an invaluable part of our delivery approach, and we build trusted, collaborative, long-standing relationships with them to coordinate seamless services. ***Since beginning operations in Kentucky, we have built and will continue to build trusted, collaborative, long-standing relationships with our Subcontractors to coordinate seamless delivery of services.*** Table G.2.c-6 describes our Subcontractors who will have direct contact with our Members.

Table G.2.c-6. Interactions with Subcontractors Who Provide Direct Services to Members

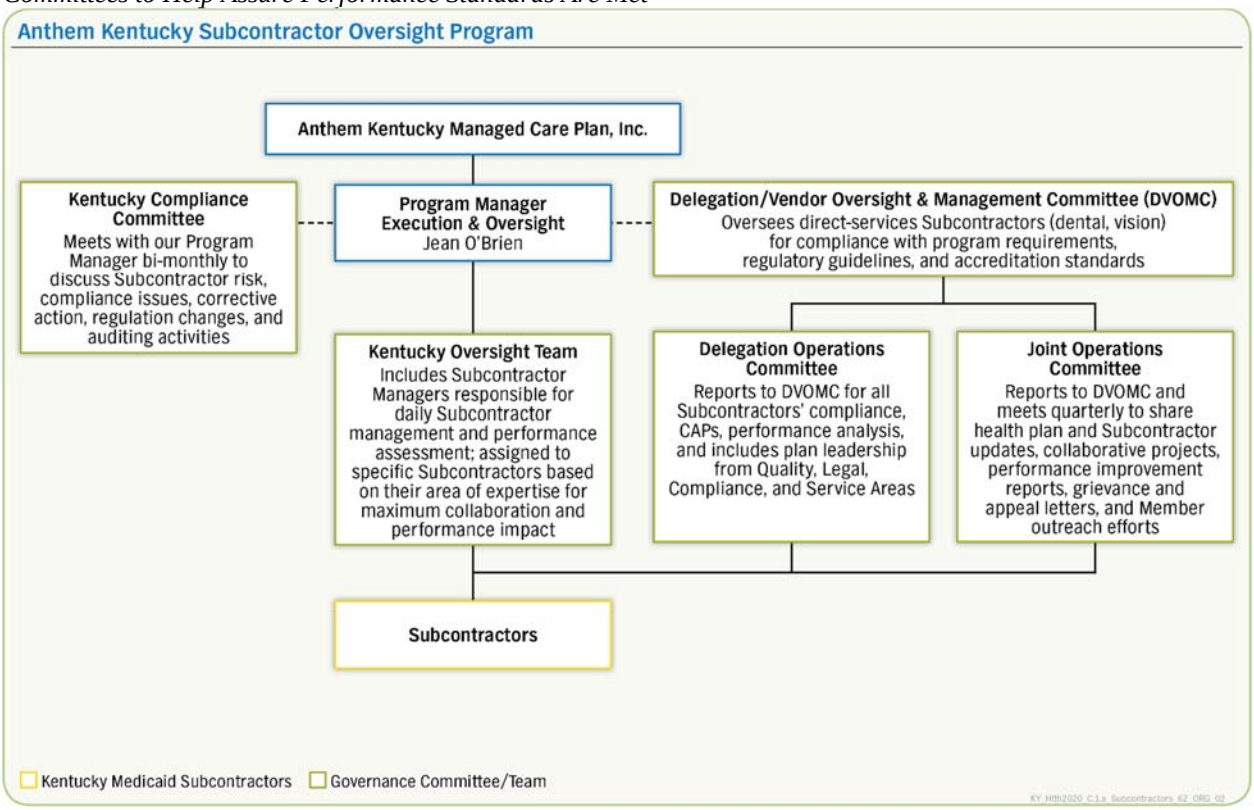
Subcontractor	Description
DentaQuest	Provides dental benefits management, including the direct delivery of dental services to Anthem Members. DentaQuest is the largest dental benefit administrator of Medicaid and CHIP programs in the nation serving 22 million Medicaid and CHIP recipients across 30 states on behalf of 8 state agencies and 100 health plans. In total, DentaQuest serves over 130,000 Members in Kentucky Medicaid and has served as the dental benefit manager to Anthem for Medicaid managed care since 2015. DentaQuest is redefining what prevention means by expanding access to improve oral health for all across Kentucky. The company's commitment also includes philanthropic investments of

Subcontractor	Description
	more than $529,000 to launch the Kentucky Oral Health Coalition; support the Kentucky Youth Advocates to empower the state's oral health network; invest in the Kentucky Primary Care Association and National Oral Health Innovation and Integration Network; and participate in Community Programs, such as Lessons in a Lunchbox.
Eye Quest (DentaQuest, LLC)	Provides vision benefits management, including the direct delivery of vision services to Anthem Members. EyeQuest provides services to 22 million Medicaid and CHIP recipients across 30 states on behalf of eight state agencies and 100 health plans. In total, EyeQuest serves over 130,000 Kentucky Members in Medicaid. Has served as the vision benefit manager to Anthem for Medicaid managed care since 2014 and is transforming industry standards through a singular focus to provide integrated, high quality, easy-to-implement solutions that lower overall cost through collaboration and partnership with classic optical laboratories.
CrowdCircle, Inc. d/b/a HealthCrowd	Provides outreach to engage and guide Members to participate in healthy activities, tailoring messages to best meet the needs of Kentucky residents. The 2019 outreach program design addressed health challenges facing Kentuckians; it focused on adult preventive care and pediatric care, weight management, follow-up after Behavioral Health hospitalization, and cervical cancer screenings. Anthem and HealthCrowd designed outreach to inform Members about care gaps like needed check-ups and screenings, encouraged them to visit their doctor, and facilitated visits by helping to connect the Member with Member Services, or their PCP, if needed.
IngenioRx, Inc. (Wholly Owned Anthem, Inc. Subsidiary)	Provides pharmacy benefits management to Anthem Members, has approximately 15 million Members with pharmacy benefits across all lines of business, and annual adjusted prescription volume is approximately 209.5 million. IngenioRx Members in Medicaid make up nearly 40% of IngenioRx covered lives. For Medicaid, as of first quarter 2019 IngenioRx serves nearly 6 million Members with pharmacy benefits in 17 markets.
Language Line Services, Inc.	Provides video remote and on-site interpretation services through a comprehensive suite of solutions ranging from telephonic interpretation, video remote interpretation, translation, localization, interpreter testing and training, and on-site interpretation. Has supported Anthem with on-site interpretation services since 2014. Over the past six years, they have provided interpreting appointments for Anthem Members in a multitude of languages, including but not limited to American Sign Language, Spanish, Arabic, Vietnamese, Swahili, Burmese, Nepali, Somali, Karen, Kayah, and Kinyarwanda.
Aspire Health, Inc. (Wholly Owned Anthem, Inc. Subsidiary)	Home-based palliative care service that treats Members with an advanced illness (primarily cancer, congestive heart failure, and COPD), estimated to be in their last year of life, and at high risk for high utilization rates. A team of physicians, nurse practitioners, nurses, social workers, and chaplains help Members and their families manage the Members' symptoms and remain comfortable in their homes based on the Member's preferences.
Eliza Corporation (Wholly Owned Subsidiary of Health Management Systems)	Provides prerecorded messages and interactive outreach, based on Member prompts. Supports Anthem's Member Engagement team by leveraging data that maximizes Member outreach through multi-modal communications and targeted Member touchpoints.
Change Health Resources, LLC	Provides My Advocate (previously called Warm Health Maternal Program) Member outreach, eligibility, and enrollment solutions that promotes Medicaid Member engagement and supports for pregnant Members. Identifies the right coverage for Anthem Members, resolves complex claims, and enrolls Members in appropriate programs.
WebMD Health Services Group, Inc.	Provides Members with access to its interactive, online platform that includes a variety of population health and well-being programs and resources.

Each Subcontractor will be assigned a Subcontractor Manager to foster continual collaboration, helping to assure performance standards are being met and issues are identified and resolved expeditiously. The Subcontractor Managers will be part of the Subcontractor Oversight

department led by Jean O'Brien, our Program Manager, Execution & Oversight. Additionally, the efforts of our local Subcontractor Oversight team will be supported by various committees as listed and described in Figure G.2.c-9.

Figure G.2.c-9. Anthem Subcontractors Are Incorporated into Our Organizational Structure and Work Closely with Subcontractor Managers on Our Subcontractor Oversight Team, Which Is Supported by Various Governance Committees to Help Assure Performance Standards Are Met



ix. Integrating Subcontractors into Our Performance

ix. A summary of how each Subcontractor will be integrated into the Contractor's proposal performance of their obligations under the Contract to ensure a streamlined experience for the Kentucky SKY Enrollees, Providers and the Department.

Anthem remains fully accountable for fulfilling all Kentucky Contract requirements. Knowing we are fully accountable for our Subcontractors' performance, we have implemented processes to monitor, supervise, and enforce Contract compliance, as well as promote frequent, open, and effective communication that emphasizes delivery of quality services to Members.

We assure a streamlined experience for Members, Providers, and DMS by implementing Subcontractor collaborative actions such as open communication and discussion that supports rapid issue detection and efficient problem resolution. For example, when the DentaQuest and EyeQuest call center experienced an outage in their state due to random national service disruption, they moved their operations to another state, and contacted Anthem immediately so that we could notify DMS of the situation with follow-up emails to assure DMS there was no impact to Members or their needed services. Anthem will continue to foster collaboration with

Subcontractors for a streamlined and coordinated approach to serving Members, DMS, and Providers.

Anthem uses a multi-phased approach that effectively integrates each Subcontractor into the performance of our Contract obligations to support a streamlined experience for Kentucky Members, Providers, and DMS. Table G.2.c-7 depicts our integration approach for each Subcontractor.

Table G.2.c-7. Anthem's Phased Approach to Integrated Subcontractors into Proposal Performance

Subcontractor Integration Phases	Description of Integration Phases
Phase One	Anthem identifies Contract and DMS requirements to be performed by each Subcontractor
Phase Two	Anthem reviews each Subcontractor portfolio using a comprehensive vetting process that verifies each Subcontractor's ability to perform Kentucky SKY services. Vetting verification makes sure each Subcontractor: • Resides in the United States • Demonstrates financial solvency • Demonstrates the depth and breadth of experience and expertise to perform services • Maintains qualified resources to perform services • Possesses and maintains Kentucky-specific expertise in each content area for which they are providing services
Phase Three	Anthem provides each Subcontractor with a Subcontractor Agreement and a Commonwealth-approved Kentucky-specific Addendum that comply with DMS requirements. Anthem will submit all Subcontractor Agreements to DMS for prior approval. Each Subcontractor agreement clearly defines the following key areas: • Roles and responsibilities • Performance standards, service level agreements, performance measures, and key performance indicators • Quality assurance • Reimbursement • Financial responsibilities • Hold-harmless and Subcontractor indemnity provisions • Licensure and insurance • Privacy and security • Screening, notification, and disclosure • Data exchange and reporting • Record retention

x. Staffing Positions Based in Kentucky Locations

x. Identification of staff positions that will be based (1) in the Contractor's Kentucky office(s), (2) in the field, and (3) at a corporate office of the Contractor or Subcontractors. Information should include physical locations for all Contractor operational areas to support this Contract.

Table G.2.c-8 highlights our employee positions and locations. We based our staffing plan and approach on the principle that positions and the employees who fill them should be placed where they can serve most effectively and efficiently; therefore, all of the positions that require face-to-face contact with Members, families, caregivers, Providers, DCBS, and other stakeholders right here in Kentucky. All of our leadership staff are based in our local Kentucky office, and we will embed our Care Coordination Team and Training and Education team in the community, so they are closest to our Members and stakeholders and can meet them where they are, face-to-face whenever possible, to provide the best support and resources. Our local office is located at 13550 Triton Park Blvd., Louisville, Kentucky, 40223. We locate administrative support functions through our national shared services to maximize operational consistency and efficiency through cross-training, shared technology and management services, and economies of scale.

Table G.2.c-8. Anthem's Staff Positions and Their Locations

Location of Staff	Position Titles	
Kentucky Office	Administrative Assistant	Population Health Management Director
	Analytics	Prior Authorization/Pre-Certification Coordinator
	Behavioral Health Director	Process Expert
	Business Analyst	Program Integrity Coordinator
	Care Coordination Team Managers	Payment Integrity Unit Investigators
	Care Delivery Transformation Consultant	Program Manager, Execution & Oversight
	Chief Compliance Officer	Project Manager
	Chief Financial Officer	Provider Complaint, Grievance, and Appeals Coordinators
	Chief Operating Officer	Provider Enrollment Specialists
	Compliance Manager	Provider Network Director
	Data Reporting Analyst	Provider Oversight and Experience
	Enrollee Complaint, Grievance, and Appeals Coordinators	Provider Relations Liaison
	Enrollee Services Managers	Customer Care Representatives
	Execution and Oversight (Core Operations)	Psychiatrist
	Executive Administrator	Quality Evaluator
	Financial Analyst	Quality Improvement Director
	Fostering Connected Care Concierge Representatives	Triage and Research
	Inquiry Coordinator	Utilization Management Clinicians
	Medical Director	Utilization Management Manager
	Member Liaisons	Utilization Management Reviewers

Location of Staff	Position Titles	
	Pharmacy Director Pharmacy Medical Management Coordinator	Value Based Consultants
Kentucky Field-based	Behavioral Health Clinicians	Network Development Team
	Behavioral Health Specialists	Network Relations Consultants
	Care Coordinators	Nurse Case Managers
	Community Outreach Manager	Provider Training Coordinator
	Community Outreach Representatives	Public Health Liaison
	Court and Justice Liaison	QM Practice Consultant
	Community Engagement Navigators	Training and Education Representatives
	Family and Youth Peer Support Specialists	Training and Education Specialist
	Health Guides Team Hospital-based Care Managers	Transition Age Youth Coordinators
Kentucky Office and Corporate Office	Appeals Nurse	Grievance and Appeals Manager
	Behavioral Health Services Hotline Representatives	Management Information Systems Director
	Claims Analysts	Management Information Systems Support Team
	Claims Processing Manager	24/7 Nurse Hotline Nurses
	Dental Director	Operational Reporting
	Director, Community Outreach	Provider Services Call Center Support
	Encounters Analysts Enrollment Data Analysts	Reimbursement

Physical Locations for All Contractor Operational Areas

Corporate Office Locations:

- **Grievance and Appeals.** 22 Century Boulevard, Nashville, Tennessee 37214
- **Enrollment.** 1330 Amerigroup Way, Virginia Beach, Virginia 23464
- **Encounters.** 5800 Northampton Boulevard, Norfolk, VA 23502
- **Behavioral Health Services Hotline.** 5800 Northampton Boulevard, Norfolk, Virginia 23502; 9133 West Russell Road, Las Vegas, Nevada 89148
- **Claims.** 2015 Staples Mill Road, Richmond, Virginia 23230; 1330 Amerigroup Way, Virginia Beach, Virginia 23464
- **Management Information Systems.** 5800 Northampton Blvd, Norfolk, Virginia 23502
- **Dental Director.** 2500 West Broadway, Suite 100, Louisville, Kentucky 40211
- **Nurse Hotline.** 4170 Ashford Dunwoody Road, Atlanta, Georgia 30319
- **Community Outreach (Director).** 200 Association Drive, Charleston, West Virginia 25311
- **Operational Reporting (Leadership team).** 22 Century Boulevard, Nashville, Tennessee 37214
- **Reimbursement (Leadership team).** 10000 Perkins Rowe, Baton Rouge, Louisiana 70810
- **Additional Provider Services Call Center Support.** Nashville, Tennessee; Indianapolis, Indiana; Houston, Texas; Tampa, Florida; and Virginia Beach, Virginia

xi. Proposed FTEs Dedicated to Kentucky SKY

xi. Number of proposed FTEs dedicated to the Kentucky SKY program, by position type and operational area and how the Contractor determined the appropriateness of these ratios.

Table G.2.c-9 reflects our proposed FTEs dedicated to the Kentucky SKY program by position type and operational areas. Our staffing model blends our 100% dedicated local SKY staff of 151 FTEs with Kentucky designated shared services supports of 30 FTEs. Additionally, our model is backed by the infrastructure of the Anthem Kentucky Medicaid health plan and Anthem national regional supports of an additional 50 FTEs. Our approach ensures SKY Members receive quality care and their overall quality of life improves. ***As part of this approach, we use a HFWA informed case ratio for our complex Members of 1:12 with our intensive care case ratio being 1:24.*** Our overall staff to Member ratio for the plan is a well-resourced 1:100 with the ability to leverage temporary staff on an as needed basis, for example, at the beginning and end of the school year when SKY Members and caregivers may require additional support.

Fundamental to our approach is to assure flexibility in meeting SKY Member needs and with that flexibility in mind, we continually monitor our staff and results in order to make sure we have the right staffing levels to meet the overall demand of the SKY program focused on meeting the goals and expectations of the Commonwealth. In order to maximize the success of the SKY program, we have created a unique and flexible staffing model, which enables us to apply our local knowledge of Kentucky coupled with the resources and economies of scaled and centralized administrative services and best practices developed and shared among our affiliate health plans serving children, youth, and adolescents. Our SKY program leadership is fully dedicated and accountable to DMS, and has ultimate decision-making authority and responsibility for the Kentucky SKY program and for meeting DMS Contract requirements and goals.

Table G.2.c-9. Anthem's Dedicated FTEs for the SKY Program

Position Type by Operational Area	Dedicated FTEs
Key Personnel — Plan Leadership	
Project Manager (42.6.2.1.a)	1.0 FTE
Executive Administrator (42.6.2.1.b)	1.0 FTE
Medical Director (Pediatrician) (42.6.2.1.c)	1.0 FTE
Quality Improvement Director (42.6.2.1.d)	1.0 FTE
Behavioral Health Director (42.6.2.1.e)	1.0 FTE
Provider Relations Liaison (42.6.2.1.j)	3.0 FTEs
Care Coordination	
Care Coordination Team: • Behavioral Health Clinicians (42.6.2.1.g.i) • Nurse Case Managers (42.6.2.1.g.ii and 42.6.2.1.h) • Behavioral Health Specialists (42.6.2.1.g.iii) • Family and Youth Peer Support Specialists (42.6.2.1.g.iv) • Care Coordinator Managers • Care Coordinators (42.6.2.1.g.v) • Dental Liaison • Transition Age Youth Coordinators • Community Engagement Navigators • Pharmacy Medical Management Coordinator	87.0 FTEs

Position Type by Operational Area	Dedicated FTEs
Training and Education	
Training and Education Specialist	1.0 FTE
Trauma & Education Manager	1.0 FTE
DCBS Liaison	1.0 FTE
Trauma Specialist	1.0 FTE
Court and Justice Liaison	1.0 FTE
Training and Education Representatives	6.0 FTEs
Utilization Management	
Utilization Management Manager (42.6.2.1.f)	1.0 FTE
Prior Authorization/Pre-Certification Coordinator (42.6.2.1.i)	2.0 FTE
Utilization Management Clinicians	6.0 FTEs
Utilization Management Reviewers	10.0 FTEs
Quality Management	
Quality Evaluator	2.0 FTE
Quality Clinical Compliance Administrator	1.0 FTE
Business Analyst	1.0 FTE
Enrollee Services	
Fostering Connected Care Concierge Managers	2.0 FTEs
Fostering Connected Care Concierge Representatives	15.0 FTEs
Operational Support	
Financial Analyst	1.0 FTE
Compliance Consultant	1.0 FTE
Data Reporting Analyst	1.0 FTE
Inquiry Coordinator	1.0 FTE
Administrative Assistant	1.0 FTE
Total Dedicated FTEs	**151.0 FTEs**

xii. Care Coordination Team Roles and Responsibilities

xii. Describe the roles and responsibilities of Care Coordinators and Care Coordination Team. How will the Contractor maintain adequate Kentucky SKY to Kentucky SKY Enrollee ratios and number of Care Coordination personnel and management staff having expertise in Physical Health, Behavioral Health, and the Kentucky SKY Enrollee to build Care Coordination Teams?

Provide the Contractor's approach to locating the Care Coordinators areas in which they serve.

To best serve Kentucky SKY Members at risk for or with current complex medical and social service needs, we will develop a person-centered care plan that addresses all their PH, BH, dental, and social support needs. We will include Members, their families or caregivers, treating Providers, and other participants in their system of care. We focus on the health, safety, permanency, and well-being of our Members in Foster Care.

Care Coordination Team

For our Kentucky SKY Members, a local Care Coordinator will serve as the single point of contact, helping them and their caregivers navigate the health care delivery system, remove barriers to care, and make meaningful connections to community supports, including High Fidelity Wraparound Providers. The Care Coordinator engages in individualized care planning using the supports of a multidisciplinary team, which is similar to a High Fidelity team. This team comprises staff with skills and qualifications to best meet the Member's needs.

Our regionally deployed Care Coordination Teams will meet Members and families in their communities and find appropriate solutions, resources, and supports that are trauma-informed and culturally and linguistically responsive. The CCT is a multidisciplinary care team that includes Care Coordinators with experience in the child welfare system and who are:

- Nurse Case Managers
- Licensed BH Clinicians
- Family Peer Support Specialists
- Youth Peer Support Specialists
- BH Specialists

Care Coordination Program Practices

We have refined our Care Coordination program based on emerging best practices, such as providing certified PCT trainers for Care Coordinator staff to foster a person-centered culture. We continuously train, coach, and supervise our employees to assure they apply person-centered principles and demonstrate our values in their daily interactions with Members. Beginning with new hire training, we educate employees on our person-centered approach to care, best practices, and strategies for engaging Members using evidence-based practices, such as motivational interviewing and cultural competency training. We provide continuous training, coaching, and supervision to support employees' consistent application of these principles when serving our Members.

Consistent with the principles of the Wraparound approach, Care Coordination and planning is an individualized, team-based process based on the goal of matching the Member to a Care Coordinator with the training and experience to best meet that Member's needs. The Care Coordinator leads the multidisciplinary team to engage other staff in supporting the Member's needs, understanding needs may change over time, and modifying the team to address those changes.

Maintaining Adequate Ratios

Based on our experience serving children in Foster Care as well as the experience of our affiliates, we maintain methodology for determining caseload standards to serve Members. Providing the best possible Care Coordination requires a number of factors to consider, including case mix, intervention intensity, contact frequency and modalities, geographical considerations, and duration of service needs. Factors in our case mix structure include a methodology that creates a weighting system to assist in determining average monthly Member counts for each Care Coordinator across risk stratification levels. Ratios are also very important in effectively supporting Members and families with a diverse complexity of needs.

Our ratios help us establish the appropriate workloads so that Care Coordinators can focus on building partnership and collaboration to better coordinate Members' medical, behavioral, and social supports needs to achieve the best outcomes. Our Kentucky leadership will continually evaluate our Care Coordination personnel and caseload levels to verify their efficacy. This is a continuous process with regular reviews of time studies, process improvement recommendations along with average acuity of the entire caseload in order to ensure SKY Members are receiving appropriate level of attention. In addition, we will continually review our Care Coordination resources against our membership, with consideration for total Members and geographical factors, and we will adjust caseload levels when needed. We monitor Care Coordination personnel caseloads through monthly audits, and our Kentucky clinical leadership evaluates Care Coordinator performance against application of our clinical standards (such as assessment and care plan completion), timeliness, documentation, and use of resources (such as appropriate referrals). With this audit data, we verify the appropriateness of caseloads, and we make adjustments when issues are identified or temporarily hold assignments until retraining or other corrective activity resolves the issue.

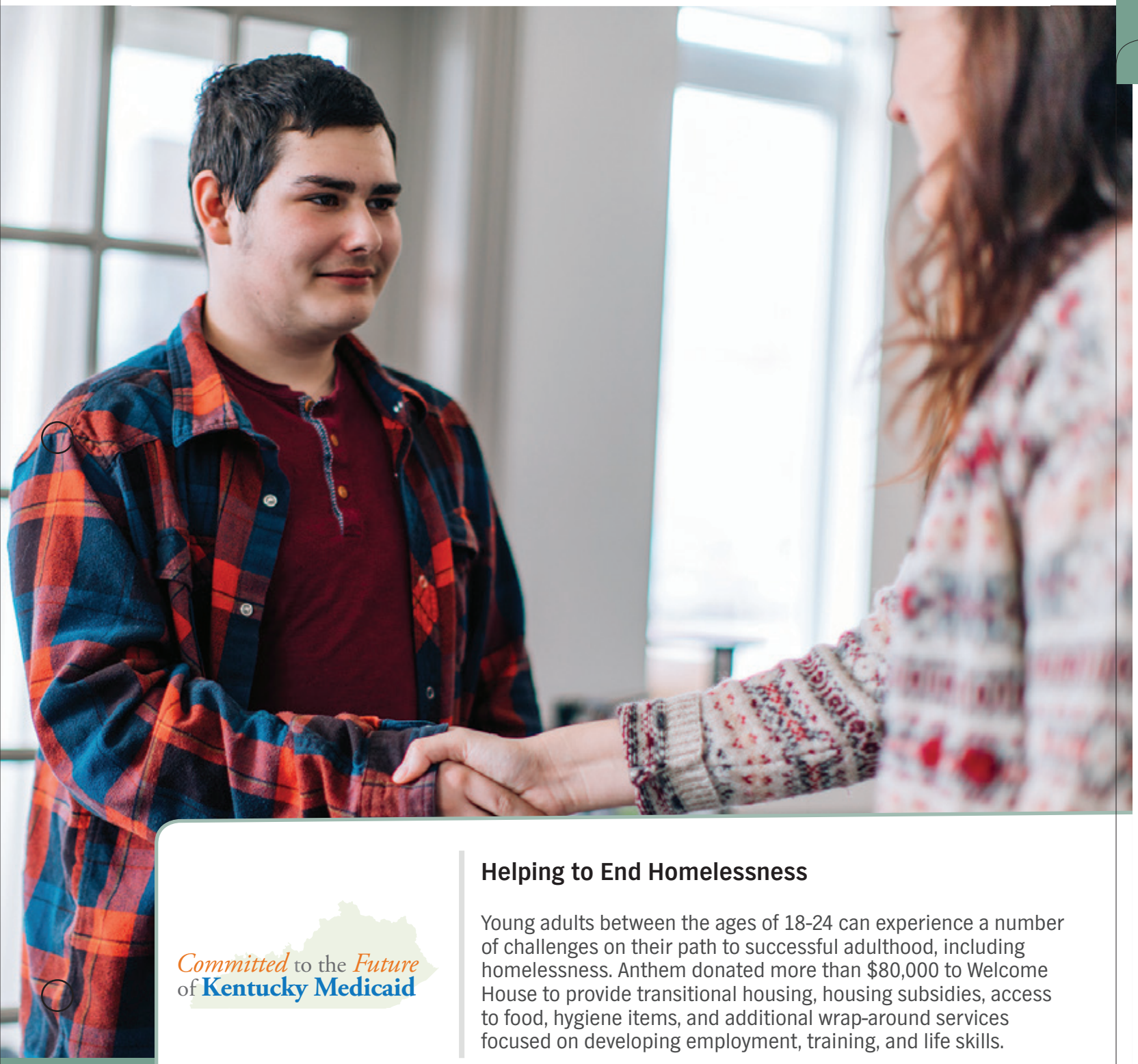
Approach to Locating Care Coordinators

We will align our CCT with each DCBS region, and will co-locate Care Coordinators in DCBS field offices for high-volume Regions, such as Jefferson, Salt River Trail, and Northern Bluegrass. In more rural areas, we propose working with DCBS to identify locations where Care Coordinators will maintain a presence in specific field offices to support close collaboration and coordination of Members' care. As detailed in the response to Section G.2.b, leveraging lessons learned from our affiliate's Georgia Families 360° implementation, co-location is particularly helpful during program implementation as it allows for relationship-building, rapid information sharing, decision-making, and issues resolution. Co-located staff can offer a range of support to DCBS, including assuring early intervention and access for our Members. Some examples include:

- Working with DCBS staff to link Members to services and meeting required assessment time frames
- Answering questions regarding Covered Services, VAS, and managed care
- Linking Members to necessary Providers quickly and easily by working one-on-one with Case Workers to identify appropriate Providers, scheduling appointments, and helping arrange transportation for visits
- Participating in discussions with multidisciplinary care team members to quickly familiarize our Care Coordinator with the child's history, avoiding unnecessary duplication of assessments

Anthem Medicaid

G.2. Company Background Required Attachments



Committed to the *Future* of **Kentucky Medicaid**

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

Attachment G.2.c-1. Resumes

Attachment G.2.c-1 includes the following:

- Project Manager (42.6.2.B.1.a) — Job Description
- Executive Administrator (42.6.2.B.1.b) — Elizabeth Croney
- Medical Director (42.6.2.B.1.c) — Dr. Pradip Patel
- Quality Improvement (QI) Director (42.6.2.B.1.d) — Ciara Pierce
- Behavioral Health Director (42.6.2.B.1.e) — Job Description
- Utilization Management Manager (42.6.2.B.1.f) — Job Description
- Care Coordination Team (42.6.2.B.1.f.i-v and 42.6.2.B.1.h)
  - Job Descriptions
  - Emily Baumann
  - Lisa Monroe-Caudill
  - Corryn Knott
  - Deborah Meador
  - Diane Glenn
- Prior Authorization Coordinator (42.6.2.B.1.i) — Amanda Blackburn
- Provider Relations Liaison (42.6.2.B.1.j) — Andrew Fox

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Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

G.3. Kentucky SKY Implementation

G.3.a. Kentucky SKY Project Management Approach

a. Describe the Contractor's approach to project management, including a summary of responsibilities for project governance and how the Contractor will track action items, risks and issues, as well as contingency and mitigation plans. At a minimum, the implementation plan must include elements outlined in the RFP, for example:

i. Establishing an office location and call centers;

ii. Provider recruitment activities;

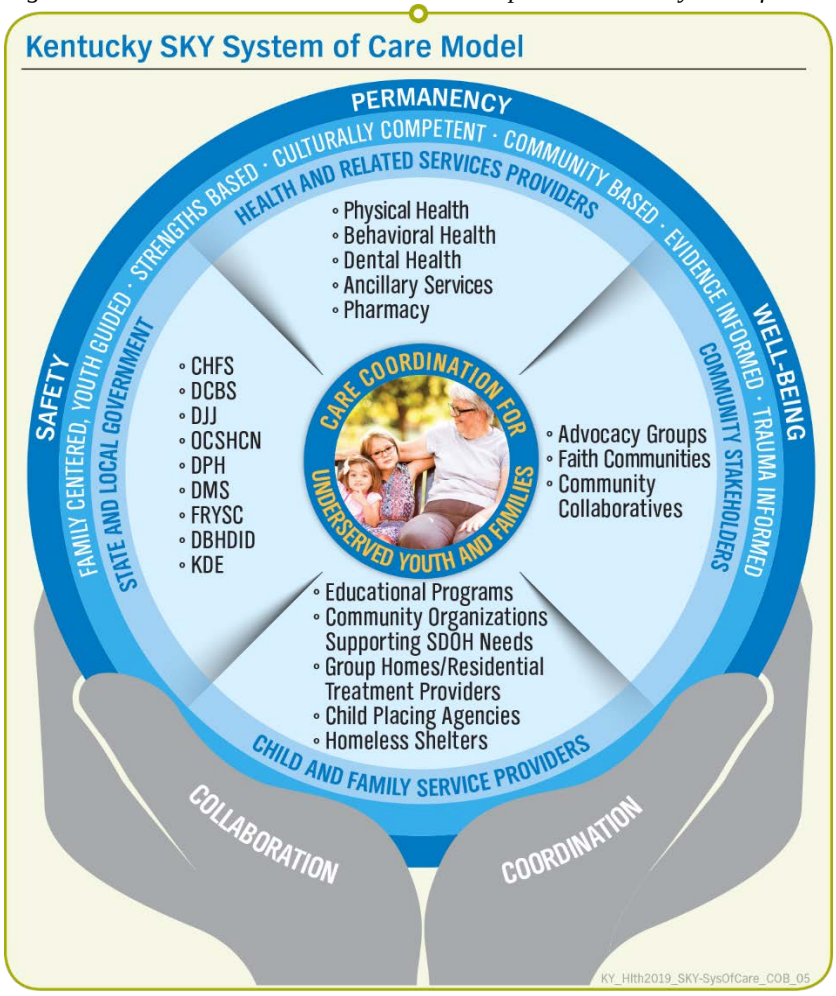
iii. Staff hiring and a training plan;

iv. Establishing interfaces to information systems operated by the Department and DCBS; and

v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) will leverage its extensive experience in the Commonwealth and 16 nationwide affiliates who currently serve children and youth in the Child Welfare system, to implement an effective and innovative program model to serve the Kentucky SKY Enrollees (Members), their caregivers, and the Providers who serve them. We will work closely with the Department for Medicaid Services (DMS), the Department for Community-Based Services (DCBS), its sister agencies, and the other system of care stakeholders to coordinate care, implement evidence-based programs and set up a transparent, Member-centric care planning model. We will remain focused on the safety, stability, and well-being of the children and youth who will be served through Kentucky SKY. As an incumbent Medicaid health plan, Anthem already has an established

Figure G.3.a-1. Anthem Links the Critical Components in the System of Care



Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

comprehensive Provider Network, operations, and infrastructure in place for Kentucky Members in Medicaid from which we can build. We will leverage these assets as we develop our Implementation Plan and, equally important, we will leverage the lessons learned and best practices of our Kentucky plan and affiliates who support and serve children, youth, and families involved in the Child Welfare system.

Anthem's Approach to Project Management Is Collaborative

Anthem's model connects all the critical components that support an integrated, holistic, person-centered system of care for our Members (Figure G.3.a-1). Our Implementation team will be led by a dedicated Project Manager who has run several successful past implementations. The team will be available to DMS in person on short notice to discuss any implementation issues that arise and through other channels of communication as needed. It will be composed of our Kentucky-based Project Management staff, our Foster Care Collaboration Team (FCCT), and our Ultimate Parent Company's, Anthem, Inc.'s, award-winning national Implementation Management Office (IMO).

Foster Care Collaborative Team

The FCCT works closely with Anthem and our affiliate health plans that serve individuals in the Foster Care and Juvenile Justice systems or who are receiving Adoption Assistance and former Foster youth. This dedicated team of experts is a valuable resource enabling us to actively incorporate best practices and identified critical success factors into our Care Coordination model, training and education materials, and operational procedures and processes. This team continuously evaluates resources, research, and current markets operating within Child Welfare and related vulnerable populations to better serve our Members. This team will work hand in hand with the Kentucky-based team alongside the IMO to assure a smooth implementation and ongoing operation.

Implementation Management Office

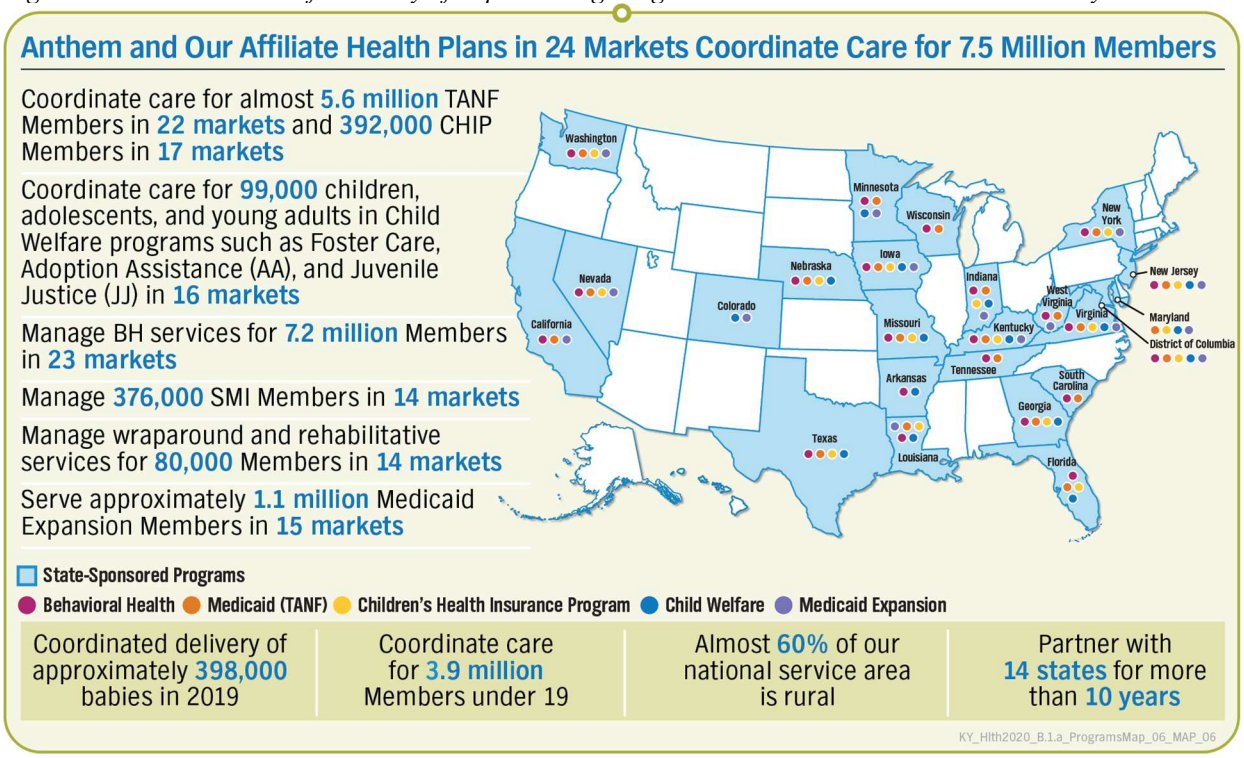
We will leverage the implementation experience, processes, and best practices of the IMO. It has supported more than 250 implementations for Anthem and our affiliates since 1996, including at least 14 covering Foster Care populations, without ever missing a readiness review or go-live date (see Figure G.3.a-2). It is experienced in a range of implementation efforts from large-scale, new State-sponsored health plans and products to support for existing business implementations. The IMO also brings the knowledge gained through supporting our Georgia affiliate health plan in successfully implementing the Georgia Families 360°$_{SM}$ program as the sole statewide Managed Care Organization (MCO), which serves a population similar to SKY. ***During implementation, our affiliate successfully transitioned more than 27,000 children, youth, and young adults into managed care. The dedicated implementation team was able to achieve readiness with systems, staffing, Provider Network, and infrastructure a full three months prior to the operational start date.***

One of the IMO's core competencies is its ability to successfully support local plans in implementing new health plan business while seamlessly transitioning new Members and Providers into its operations. The IMO has effectively overseen the implementation of programs within required timelines — including building Provider Networks; configuring management information systems; establishing operational processes; and recruiting, hiring, and training qualified employees. Anthem will designate a Project Manager from the IMO to

coordinate implementation planning and processes with our local Kentucky-based Project Manager.

Our robust project management processes will focus on tracking SKY program requirements, improvements, and implementing new initiatives identified for SKY Members. Together with DMS leadership and staff, the team will manage all aspects of the SKY implementation in accordance with the Project Management Institute's (PMI's) global standards for project management methodology. This includes developing a project plan that details each task, identifies the owner, and establishes due dates. The team will engage functional experts to conduct hands-on training, streamlined knowledge transfer, and ongoing mentoring of new staff. Designated team experts will work closely with DCBS and DMS employees, fostering a depth of knowledge for each implementation and consistency in program start-up and post-implementation.

Figure G.3.a-2. Our Successful History of Implementing Programs Includes Those Similar to Kentucky SKY



Our long history of successfully launching programs and managing projects for Members in Medicaid and Child Welfare populations includes implementing Kentucky Medicaid. For our 2014 program launch in Kentucky, we delivered the systems, infrastructure, and Network capacity necessary for a successful transition. ***We are proud of our history of meeting readiness review expectations.*** We have built our reputation on honoring our commitments and doing what it takes to meet deliverables on time and make transitions as seamless as possible for our Members. Our recent Kentucky Medicaid program implementation efforts have been recognized by the Commonwealth for our leadership in developing processes. Our team has been able to nimbly react to changing policies, specifically when the implementation was put on hold, making sure there was no disruption for Members or Providers.

We anticipate continuing our success in Kentucky under the SKY Contract through collaboration with DMS, DCBS, and other stakeholders to assure a thorough understanding of DMS' program goals, health care objectives, and Member needs. Through our Implementation team, Anthem will provide:

- A comprehensive Implementation Plan, including risks, milestones, and dependencies
- A skilled and experienced national Implementation team, with a dedicated local Kentucky Project Manager and team
- Award-winning project management practices based on project lifecycle and PMI principles
- Experience successfully implementing new programs under aggressive timelines
- Effective and regular communication, collaboration, and relationship building with DMS, DCBS, the Division of Juvenile Justice (DJJ), the Department of Education (DOE), Department of Behavioral Health and Developmental and Intellectual Disabilities (DBHDID) and other Commonwealth agencies, community organizations, and stakeholders

Planning for Implementation Success

As an incumbent Kentucky Medicaid Contractor, Anthem recognizes the importance of meticulous planning to successfully implement the SKY program. We will apply best practices and lessons from recent Kentucky Medicaid program implementation experience to help provide a smooth implementation of Kentucky SKY. For example, although the Kentucky HEALTH program was ultimately not implemented, we gained important implementation experience throughout the process. We believe our success in minimizing disruption for Providers and Members has depended on remaining flexible and committing to early and ongoing collaborative sessions with the Commonwealth on matters including policy interpretation and business requirements. In addition, our responsive Implementation team made sure the right Anthem subject matter experts were involved in the appropriate discussions to meet tight deadlines.

We are fully prepared and committed to delivering a seamless transition for Members, Providers, caregivers, and other stakeholders, such as foster parents, and kinship caregivers. Building on lessons learned from our affiliates during the implementation of the Georgia Families 360° program and similar programs across the country, we will conduct an internal implementation kick-off meeting within two weeks after SKY Contract award to finalize details of our Implementation Plan. We will also participate in meetings with DMS personnel and other stakeholders to coordinate Member transitions, data exchanges, and other critical details.

Anthem's Project Management Focuses on Continued Program Development

Anthem understands that a successful implementation depends upon meeting the needs and expectations of our customers and their stakeholders, including the DMS, DCBS, Members, caregivers, Providers, and other systems of care points-of-contact. We will present our draft Implementation Plan for feedback from the DMS and stakeholders. We have carefully reviewed Section 42.0 of the Draft Contract, and we are confident we can successfully implement the program within the required timeframe.

Summary of Responsibilities for Project Management

Our experienced Kentucky SKY Project Management team will be responsible for overall project governance while implementing the new Contract. Our dedicated Project Manager will oversee project planning, monitoring, and reporting throughout the implementation, and will

coordinate resources needed to execute activities on time. We will ensure our Project Manager has extensive experience leading initiatives and activities that require both health plan and enterprise resources. This individual will work closely with DMS, the IMO, Kentucky leadership, and the FCCT throughout the implementation phase, and their team will remain dedicated for as long as the Cabinet for Health and Family Services (CHFS) requests.

To assure successful implementation across the broad array of services and programs, our team will regularly meet with leadership from additional functional areas to discuss timelines, objectives and migration planning: Care Coordination, Utilization Management, Population Health and Quality Management; Compliance; Provider Services, including Provider Relations and Community Outreach; Human Resources; Member Services; and Operations, including Claims, Management Information Systems (MIS), Pharmacy, and Regulatory.

Our Proven Project Management Process Includes Comprehensive Monitoring

Our Implementation team maintains the necessary tools and formal processes to monitor all aspects of initiating services under a new Contract. We use Microsoft Project®, an automated project management and reporting system, to track our work plans and schedules built by certified Project Managers to manage new business implementations. This software serves as an excellent tool for tracking and reporting activities related to the project. Using this powerful product, we document every task and resource required to execute all major Contract requirements within the prescribed timeline. We use Microsoft Project, for entry, maintenance, and reporting of work breakdown structures and project schedules, including task start and end dates, estimated work efforts, work sequencing, and assignment of resources to tasks. Our Project Managers have formal training in this application, and our IMO has built time-tested templates customized to specific types of new business implementations. These templates facilitate rapid customization to any new Contract requirements and much faster completion of the planning phase and entry into the execution phase of the project. We accomplish all internal project communication using a secure Microsoft SharePoint® project site. We build our implementation SharePoint sites with a consistent look and feel to facilitate rapid access to critical project information across the project team and the entire organization.

We Closely Track Action Items, Risks, and Issues

We capture the information from Microsoft Project and create forms which populate our spreadsheets for live tracking are accessible via SharePoint to document and track open and closed issues, action items, key decisions, lessons learned, risk management, mitigation, and contingency plans in separate logs. Our team adds updates and closes issues, based on weekly status meetings or information received by the Project Management lead for issues. As implementation approaches the go-live date, the team meets more frequently — as often as daily — to monitor progress on deliverables and action items.

Mandatory logs utilized throughout the implementation include:

- ***Action Log.*** Action items are captured and tracked in the meeting's minutes during weekly project team meetings. If action items are unresolved after two weekly project team meetings, they are considered Open Issues and are logged as such in the Issues Log. If any items are found in jeopardy, we then develop and implement contingency plans to mitigate risk. Action Items that need to be escalated to the Executive level are documented in an issue paper.

- ***Decision Log.*** All key decisions made during the project which have potential impacts to any project requirements or execution of deliverables must be logged in the Decisions Log and communicated to the entire project team.
- ***Lessons Learned Log.*** This includes all lessons learned throughout the project. These lessons would include best practices, as well as issues to avoid for future projects.
- ***Change Control Log.*** All changes after project baseline is established are entered and tracked in the Change Control Log.

All risks are catalogued and actively managed throughout the project and acted upon per the Risk Management Plan. Risks, mitigation plans, and contingency plans are reviewed regularly by all team members and the Project Lead. We perform a risk analysis to determine the level and potential impact of identified risks. The team develops a mitigation strategy based on the level of risk, and deploys the necessary resources to resolve the issue and minimize its impact. We monitor mitigation closely for resolution.

Anthem's Implementation Plan Builds on Our Successes

Our Implementation Plan is based on the Contract implementation date of January 1, 2021, and includes all required activities, time frames, and due dates outlined in the Draft Contract. We will be prepared to submit our final Kentucky SKY Implementation Plan as requested by the Commonwealth.

Based on our experience launching other programs in Kentucky and, most recently, demonstrating our flexibility around implementation of the Kentucky HEALTH program that was delayed and ultimately rescinded, we are confident of a successful launch under the SKY Contract. We have already met several of the implementation requirements described in the proposed Contract for our Kentucky Medicaid program, which we can build upon for the SKY population, including:

- Established infrastructure and office facilities
- Established, comprehensive, high-quality Provider Network prepared to meet the needs of SKY Members in a trauma-informed manner, including Providers trained in Trauma-informed Care
- Functional interfaces with DMS and sister agency information systems
- Functional Member and Provider websites and secure portals that promote program goals and participation
- Collaborative relationship with DMS, DBHDID, DCBS through current Foster Care and Behavioral Health (BH) leadership

Table G.3.a-1 includes a high-level summary of tasks included in our Implementation Plan.

Table G.3.a-1. Supporting Activities and Tasks Position Anthem to Effectively Manage All Aspects of the Kentucky SKY Contract

Activities	Tasks
Staff Recruitment and Training	Assess our current staffing plan and determine the number and type of additional employees needed; recruit, hire, and train staff as necessary to meet the needs of the SKY program; and complete other tasks to fulfill requirements in the Scope of Work.
Subcontract Execution and Monitoring	Extend or execute contracts with material Subcontractors involved in administration of the Kentucky SKY program, including DentaQuest (dental services) and EyeQuest (vision services).

Activities	Tasks
Membership Assessment	Evaluate and monitor membership to assure continuity of care, including early identification of Members with health care needs, gaps in care, and assign to PCP to provide a smooth transition to the SKY program.
Network Adequacy Monitoring	Monitor our Network for Provider adequacy and implement recruitment plans.
Provider Education and Training	Train all Network Providers in Trauma-informed Care. In addition, develop trainings for Providers to adapt and operationalize Child Welfare reform initiatives, including decoupling payment for residential services and preparing for the implementation of Kentucky's adoption of Family First Prevention Services Act. Continue to partner and engage with Provider organizations to prepare for deployment of SKY orientation training for Providers through in-person, on demand and web-based training delivery mechanisms. Closer to implementation, develop SKY orientation training to include all necessary information for Providers in the program, develop a training and education plan, obtain all necessary training approvals from the Commonwealth, and begin deployment of training to Providers.
Communication With DMS, Sister Agencies, and Other Stakeholders	Review and revise policies and procedures, as needed, for established linkages with the Commonwealth, counties, local agencies serving Kentucky SKY, and other relevant stakeholders.
Outreach and Communications	Develop a targeted marketing and outreach plan that describes revised communications, materials, and outreach activities for SKY Membership. Conduct extensive community outreach and training through the continuum of care (caregivers, Commonwealth, Providers, stakeholders), including listening tours and town halls to communicate SKY program updates.
Communication with Members and Providers	Develop targeted materials and written informational materials for Members and Providers that reflect SKY program and policy requirements, and submit them to DMS for approval; promote materials via our websites.
Clinical Policies and Procedures	Develop and revise formalized policies and procedures to promote compliance, standardize practices, and reduce practice variation.
System Readiness Testing	Conduct testing for data exchange and interoperability for early identification of continuity of care issues, and make sure our systems and infrastructure are adequate to meet Member and Provider needs.
Predictive Modeling	Perform data analysis and predictive modeling to identify transitioning Members in need of various levels of Care Coordination services/supports.
SKY Value-based Payment Program	Collaborate with DMS to implement a value-based payment model for the Kentucky SKY program.
SKY Value-added Services	Continue to work with DMS, vendors, and Providers to communicate approved value-added services (VAS) for the Kentucky SKY population, such as GED Assistance, New Placement Welcome Wardrobe, and a Foster Parent Welcome Kit.
Complete Readiness Review	Complete readiness review activities conducted by DMS and its engaged stakeholders, and obtain approval to begin operation under the new Contract.

i. Anthem's Established Facilities, Call Centers, and Infrastructure Provide Quality Service

i. Establishing an office location and call centers;

Anthem has a comprehensive and mature infrastructure in place, including an office in Louisville that will easily accommodate the addition of SKY support staff. Our facilities, information technology, and support services are fully developed, integrated, and prepared to support the

SKY population as we build out our teams and facilities. We summarize these, and provide additional detail, throughout the response to this RFP.

Anthem's Central Location

Since 2014, Anthem's Medicaid program has maintained a central office in Louisville at 13550 Triton Park Boulevard, as well as having office locations in the Commonwealth for 81 years across our local affiliate's other lines of business.

Kentucky SKY Fostering Connected Care Concierge Line

Anthem offers comprehensive, personalized customer service. We will leverage the technology and processes we use for our existing Medicaid Member Services call center to establish our dedicated SKY Fostering Connected Care Concierge team, including our Concierge Representatives. The Concierge team will be located in Louisville and available 24/7/365 to respond to all necessary Member needs, ranging from generating a new ID card to arranging required screenings to helping those in Crisis to assisting in the Care Coordination process. The Kentucky-based Concierge Line will have 15 Concierge Representatives and two managers available and specifically trained to respond to calls from Kentucky SKY Members, foster parents, Guardians, caregivers, Commonwealth employees, Authorized Representatives, and others.

The Kentucky SKY Concierge Representatives will verify the accuracy of Member information, including the individual's DCBS worker, placement, and contact information; and track completion of critical tasks, such as PCP assignment and completion of required assessments. The Concierge team will help to arrange required screenings and appointments, review and research the Member's health care history to avoid duplication of services, and gather information to support their assignment to the appropriate level of Care Coordination. They will conduct initial outreach to arrange the physical health screening within the required 48 hours; the medical, dental, and visual exam appointments within two weeks; and the Member's mental health screening within 30 days, as well as any other needed appointments upon enrollment. The Concierge team was established through a lesson learned from our affiliate's Georgia Families 360° program.

The Concierge team will also serve Members in Crisis by immediately warm transferring them to our BH Services Hotline, available 24/7/365. Concierge Representatives will receive in-depth training on recognizing a BH Crisis and suicide warning signs. Anthem developed this training in collaboration with the Zero Suicide Institute and the National Action Alliance on Suicide Prevention to implement a best practice for suicide risk prevention. These teams will also receive training on trauma and its effects on children as it relates to a Crisis event, including the impact of an impaired sympathetic nervous system, insecure attachment, behavioral symptoms, and other issues. In addition, we will train staff on Mental Health First Aid through an eight-hour course on identifying, understanding, and responding to signs of mental illnesses and substance use disorders. Our involvement with Mental Health First Aid is described further in Sections G.5.h-j.

Kentucky SKY Provider Services Call Center

Our primary Provider Services call center located in Louisville, Kentucky is expanding to 150 Customer Care Representatives. The majority of Provider calls will be answered at this location, but we also have access to a national team of more than 300 Provider Services Representatives — 59 of them will be trained on SKY. Our Kentucky Provider Services call center will continue to work at the direction of the Kentucky COO, Nicole Basham.

Our Provider Services call center will be available from 8:00 a.m. to 6:00 p.m. ET, Monday through Friday, including federal holidays. We will offer 24/7 access to our Prior Authorization team, as well as self-service options through our Automated Voice Response System (AVRS) system and our Interactive Care Reviewer (ICR) portal. Providers will have access to our website's Technical Support team Monday through Friday from 8:00 a.m. to 6:00 p.m. ET to assist with web-related issues. We will develop a forecast of monthly call volumes and average handle times for Member and Provider calls using:

- Membership projections
- Historical contact rates and call lengths from our current Kentucky experience
- Factors applied for initial, short-term variances at new Contract go-live, with ramp patterns and paths back to "normal" expected levels
- Seasonal variations

Our ICR and AVRS is available 24/7 with many self-service options for Providers to check eligibility, authorization requirements and status, and claims status. If Providers call after hours and choose not to use the self-service options, and their call is not regarding an authorization requiring medical review (which would route them to 24/7 Utilization Management Clinicians), they can leave a voicemail that will be returned the next Business Day.

ii. Anthem's Provider Recruitment Enhances Our Comprehensive Commonwealth-wide Network

ii. Provider recruitment activities;

As an incumbent MCO in Kentucky since 2014, we have a well-established, comprehensive, Commonwealth-wide Medicaid Network that includes more than 28,000 unique Providers that currently serve more than 1,400 of our Members who will be eligible for Kentucky SKY.

We continuously monitor our Network, assess needs, and initiate recruitment efforts as appropriate. ***Our established relationships with Kentucky Providers; the innovative Provider training, support, and recognition programs we employ; and our deep understanding of Kentucky's health care landscape will enable us to deliver a robust Provider Network for the needs of our Kentucky SKY Members. It will allow our team to be dedicated to bringing on new Providers through innovative recruitment strategies that set our Provider Network apart from our competitors.***

Our Provider Network development strategy is an ongoing process that continually helps enable us to maintain or exceed adequacy requirements. An overview of our Network development and recruitment process is provided in Section G.6.a.

Our Network management strategy complements DMS' goals for Member access to high-value care, innovation, a culture of continuous quality improvement, and service excellence by making sure they are cared for by high-performing, engaged Providers that collaborate with us on a consistent and continuing basis. We are committed to deploying an ongoing effort of support and collaboration through our Provider Promise: to deliver a best-in-class experience by simplifying health care so Providers can focus on Member health. We bring this commitment to life through the following distinct pillars that align our suite of Provider programs and solutions:

- ***Capacity for Efficient Care.*** Assuring cost-effective capacity and compiling the appropriate mix of Network Providers and resources capable of delivering a culturally sensitive, effective model of care
- ***Accountable Reimbursement.*** Enhancing the fiscal ability of Providers to transform care delivery in their practices to a model based on population health that emphasizes high-quality and improved efficiency outcomes
- ***Administrative Simplification.*** Making it easier for Providers to efficiently and effectively care for their patients through administrative simplification, specialized service models, and technical supports that reduce burdens and increase Provider and patient satisfaction
- ***Health Advocacy.*** Connecting, in a personal way, the highest performing and most appropriate Providers of care with our Members to optimize health outcomes and assure effective management of their social determinants of health (SDOH)

Provider Recruitment Initiatives

Our Kentucky SKY Network management efforts will be led by our Network Management and Provider Relations department, which leads development and recruitment efforts. They will be supported by existing and dedicated Anthem staff across the Commonwealth who understand Kentucky's regional differences and will support our focus on building on our existing Network by addressing local needs. The Provider Relations department will be overseen by our Provider Network Director, Jennifer Ecleberry, who will be responsible for assuring access to and availability of Provider Services to meet the needs of the Kentucky SKY program and educating Network Providers on the program.

Additionally, Andrew Fox, on the team since 2014, will serve as one of our Provider Relations Liaisons. In this position, Mr. Fox will be responsible for supporting all Provider types in learning, developing, and incorporating Trauma-informed Care principles into practice, as well as supporting the resolution of Provider access and availability issues. Mr. Fox has in-depth knowledge of the Kentucky Provider community from more than 18 years of dedicated service to the community delivering BH and substance use disorder (SUD) services to those in out-of-home care.

As detailed in our response to Section G.6.a, we will continuously review and assess our Network and its adequacy in meeting the specific needs of our Members in Child Welfare. Our Network currently meets and exceeds SKY Network adequacy requirements for all Provider types, including primary care, BH, and specialty Providers. If, however, we identify a gap or impending gap in any region of the Commonwealth (through those processes outlined in Section G.3.a), our Network Development team will expand our Network recruitment plan to address them. The plan identifies responsibilities, resources, and a timeline to correct the situation. After recruitment, through our tightly monitored workflow, we contract, credential, and configure all Providers in our MIS in an average of 45 days.

We recognize that youth involved in Child Welfare have unique and diverse needs to be met through a variety of services and supports provided at varying levels of intensity, including traditional and nontraditional interventions. As described in our response to Section G.6.a, we collaborate with multiple Providers, Commonwealth agencies, and organizations to develop specialized services to holistically address the needs of our Members. Our approach continually evaluates the mix of services available in both the physical, dental, and BH delivery systems for youth, and determines new opportunities to identify nontraditional and specialty Providers to

expand services where additional capacity is needed. In addition, all Kentucky SKY Network Providers will be required to attend training in Trauma-informed Care.

The following are some examples of our strategies to improve access to Trauma-informed Care and evidence-based practices going forward in Kentucky:

- Working with existing Providers to develop specialized programs and support their expansion across the Commonwealth
- Developing Provider skill sets through training and certification in Trauma-related Evidence Practices, including Parent Child Interaction Therapy (PCIT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Working with local Providers and organizations to enhance the Crisis system to support diversion or transition from higher levels of care to stable conditions
- Offering Adverse Childhood Experiences (ACEs) Coaches and Champion training

Blue Ribbon Providers

Anthem's Trauma-responsive Care Provider Recognition program identifies Providers who complete a specified series of Anthem Training Academy Trauma-informed Care and system of care trainings by placing them in a ***Blue Ribbon status*** and on a trained Provider list for reference by staff and stakeholders. Additionally, we will grant a small financial incentive upon completion of training.

By obtaining Blue Ribbon status, Providers demonstrate a greater comprehension of the effects of trauma and approaches for treatment and services and meeting the complex needs of children, families, and caregivers who have experienced a traumatic event. Our affiliate in Georgia has developed this incentive and recognition, and we are excited to strengthen our supports for our Members with this initiative.

Expanding Access to Specialists Through Our Comprehensive Telehealth Solution

We augment our Network with a telehealth solution that:

- Focuses directly on enhancing Member access, supporting Providers, and accelerating technology adoption
- Complements our continuum of options for Member access to health care services in rural and mountain areas and expands alternatives to the Emergency Room (ER)
- Helps more PCPs use telehealth technology
- Expands PCP capacity to support the Medicaid population
- Enables Members to see their usual Providers even when they cannot be in the same room
- We have made a significant investment in developing robust telehealth capabilities to expand access to high-demand specialties, including BH and SUD services throughout Kentucky. Our telehealth solution combines advanced audio-video technology and our long-standing collaborative relationships with our Network Providers to expand the options for accessing these high-demand services for our Members. Our telehealth strategy focuses directly on improving Member access throughout Kentucky, supporting our Provider partners, and accelerating technology adoption at the county level. We will use direct-to-consumer telehealth solutions and FasPsych to provide telepsych services (including Crisis assessments) across the Commonwealth. This approach best serves communities that struggle with a lack of Providers and workforce shortages, have transportation challenges, or cannot get to centers

of care, including rural areas. Our telehealth approach is described more fully in Section G.10.f. and summarized in Figure G.3.a-3.

Figure G.3.a-3. Our Telehealth and Telemedicine Approach Includes Various Member and Provider Resources

MEMBER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
PHYSICAL HEALTH			
LiveHealth Online	General Physical Health/ Preventable ER Visit(s)	Pediatrics* Young Adult	Consumer On Demand
TytoCare	General Physical Health/ Preventable ER Visit(s)	Pediatrics* Young Adult	Schools
Care Innovations	Remote health monitoring for chronic conditions	Young Adult	Home
BEHAVIORAL HEALTH			
Bright Heart Health	Medication Assisted Treatment/ Addiction Services	Young Adult	Provider Offices
LiveHealth Online – Psychology & Psychiatry	Low Acuity Behavioral Health	Pediatrics* Young Adult	Consumer on Demand
FasPsych	High Acuity Behavioral Health	Pediatrics* Young Adult	Consumer on Demand

PROVIDER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
ConferMED	Peer to Peer Consult	Pediatrics Young Adult	Provider Offices
FasPsych	Psychiatric Consultation	Pediatrics* Young Adult	Emergency Room
Project ECHO	Provider Enablement	Young Adult	Provider Offices
Practice Edition	Provider owned/managed telehealth solutions	Pediatrics* Young Adult	Provider Offices

**Subject to parental consent/supervised visits*

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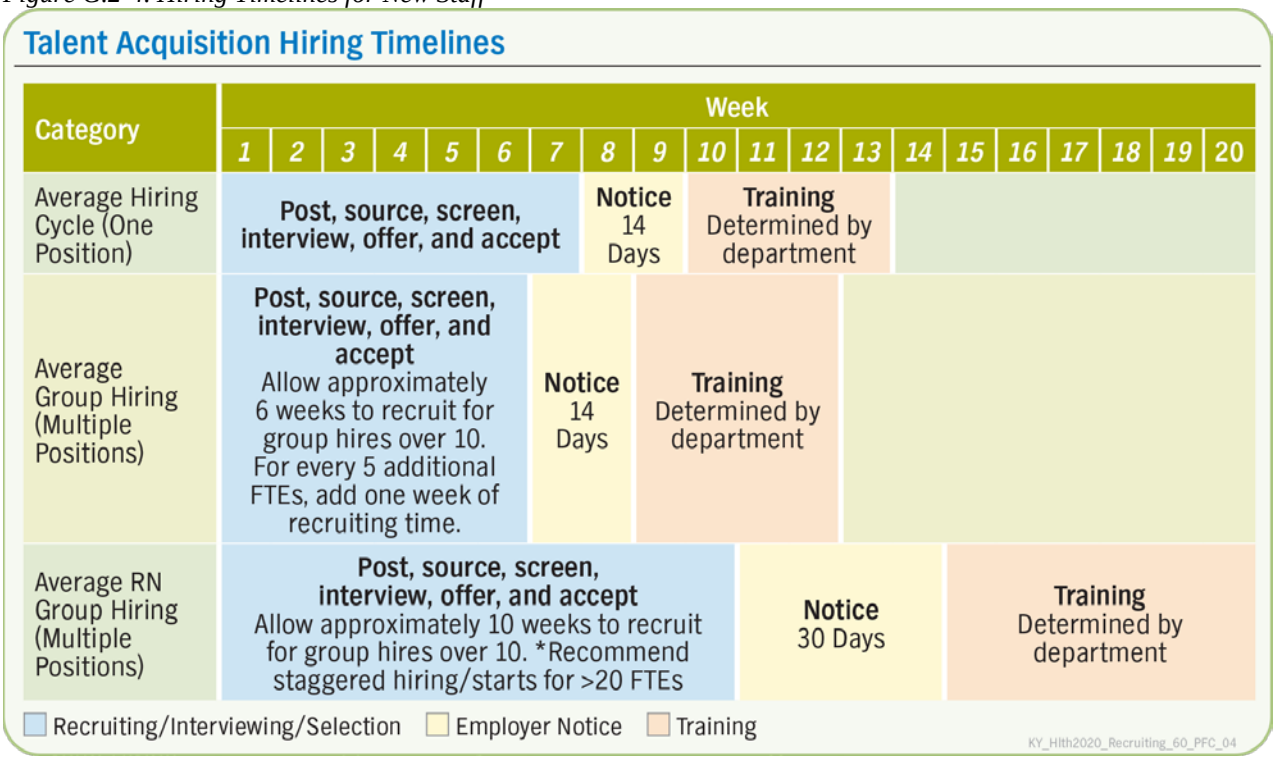
iii. Anthem's Staffing Priorities Support Care Coordination and Access (Services)

iii. Staff hiring and a training plan;

We know that we need a robust, experienced staff for Kentucky SKY, including employees with prior experience with the Kentucky Child Welfare population, and those who bring existing relationships and connections to key organizations, caregivers and stakeholders within in the Commonwealth. We also recognize the importance of building an interdisciplinary team, including nontraditional health plan staff. Our overall staffing approach will be built on a strong foundation of local, regionally focused and field based employees within the communities that they live. We will recruit and hire staff who understand the challenges faced by children, youth,

and families in Foster Care or receiving Adoption Assistance, young adults who are former Foster Care children, and youth involved in the Juvenile Justice system. Most importantly, we will recruit those who also bring passion, respect, and a commitment to improving the lives of our Kentucky SKY Members and those who care for them. We will hire staff who demonstrate a person-centered philosophy, will go above and beyond our contractual requirements every day and invest the necessary resources, time, and energy to link our Members to the tools and resources that they need to empower and support them on their own paths to success. Below in Figure G.2-4 highlights out hiring timelines as we move to implementing the program.

Figure G.2-4. Hiring Timelines for New Staff



Hiring Passionate Staff to Support Our SKY Program

We anticipate hiring 100% dedicated local SKY staff of 151 FTEs with Kentucky designated shared services supports of 30 FTEs for a total of 181 FTEs. Our Members, Providers and stakeholders will also be supported by our more than 360 KY Medicaid plan employees, which will reduce duplication, enhance the integration of services and improve Member outcomes.

Our team members will be supporting the program across the Commonwealth one to three months prior to Contract implementation (depending on position and training requirements). We will conduct ongoing review of staff adequacy, based on factors such as measures of performance meeting service level agreements, analysis of membership characteristics, quality metrics, and utilization trends.

Our approach to staffing goes beyond requirements. Across every functional area and in everything we do, we will hire staff that bring personal, lived experiences, such as serving as a Foster Parent or adopting a child. Our staffing approach promotes:

- Skilled and knowledgeable employees who understand the local system of care and the unique needs of children in Foster Care, Juvenile Justice systems, or receiving Adoption Assistance
- Employees who bring connected, trusted, established relationships to their local communities
- Individuals with experience in Child Welfare from other states who can bring insight and best practices to the Commonwealth system of care

We provide a description of our staff recruiting approach, model, and organizational charts in our response to Section G.2.c. Our approach to Care Coordination staffing for the SKY program can be found in the response to Section G.2.c.xii.

Using Time-estimating Methods for Adequate Staffing

Our time-estimating methods will enable us to build and maintain staffing levels that meet the evolving needs of the program using multiple sources, including:

- The experience and best practices of Anthem's affiliate health plans with similar populations and deliverables to establish a baseline staffing model
- Staffing ratios based on estimated Members enrolled in the SKY programs, making sure that we have the appropriate staffing for Care Coordination, clinical support (RN, LPN, LSW), support staff, community outreach, medical directors and others. For instance our complex level of care will have a 1:12 staff-to-Member ratio with our intensive level of care having a 1:24 staff-to-Member ratio
- System-generated data, such as call center reports on average handle time for phone calls
- Continual assessment of capacity through performance discussions to make sure employees are on target for goal completion and have sufficient resources

Anthem Conducts Rigorous Initial Staff Training

Anthem's rigorous training program helps see that staff who work within its Child Welfare plans and programs are trained in all necessary areas and understand the unique needs of the population, as well as the Commonwealth-specific system of care. Beyond standard employee and job specific training, our Kentucky SKY program staff will be required to take training on all contractually required topics. This includes extensive training focused on Kentucky SKY program orientation topics, as well as topics related to issues specific to the Child Welfare and Juvenile Justice population. Staff training requirements are tailored to the employee's role. For instance, all will be required to take foundational courses on Trauma-informed Care, but our Care Coordinators will receive more in-depth trauma training on topics such as Working with Parents Involved in the Child Welfare System, Addressing Transition Issues for Young Foster Care Children, and others. Our Care Coordinators will all also receive training on Mental Health First Aid and Zero Suicide. Additionally, our Care Coordination and Member-facing team members working in the Kentucky SKY program will receive in-person training on Person Centered Thinking© by The Learning Community for Person Centered Practices by one of Anthem's certified trainers. As an organization, Anthem has made a commitment to the principles of Person-Centered Thinking by engaging in a national-level partnership with Michael Smull, and the Support Development Associates team to certify individuals in Person Centered Practices to certify over 18 trainers and two mentor trainees on the delivery of training in Person Centered Thinking© (PCT) based on The Learning Community. Anthem has used this train-the-trainer approach over the last two years to create capacity to provide ongoing training on PCT to 2,000 employees across the organization. Several of our Kentucky Medicaid team members already received this training last year.

SKY's Dedicated Training and Education Team

Anthem's staffing model and training plan includes a ***dedicated Training and Education team***. The SKY Program Training and Education team will comprise a Training and Education Specialist who oversees one Court and Justice Liaison and five Training and Education Representatives.

The Training and Education team will have the lead responsibility for training our staff on SKY program specifics. In-person training will be supplemented by our Anthem Training Academy (Academy), which enables our staff to take online training on certain required topics as well as access additional optional trainings covering areas such as engagement, stress and burnout, self-care, de-escalation and Crisis, behavior management, co-occurring disorders, supporting children with disabilities, and many others.

Staff's compliance with training requirements will be tracked by managers supported by our Academy system, which enables reports on completion of training. Managers will closely monitor compliance and address any gaps directly with staff under their purview.

We fully describe our staff training programs in Section G.2.c.v.

iv. Anthem's Information Systems Have Established Interfaces with DMS and its Agents

iv. Establishing interfaces to information systems operated by the DMS and DCBS; and

As an experienced and trusted partner of DMS for more than six years, Anthem recognizes how critically important information systems are to effective management of clinical and health care services, and maintains the systems, processes, and staffing necessary to uphold our high standards. Our MIS currently supports approximately 132,000 Members and more than 28,000 Providers in Kentucky.

Anthem will work with DMS and DCBS to establish necessary interfaces with their information systems, including The Workers Information SysTem (TWIST). We will leverage our existing relationship with DMS on data exchange, our willingness to collaborate with the Commonwealth to agree on data exchange content and HIPAA formats, working with it on testing of data exchanges, and providing Kentucky SKY reports as we do now with the existing contracts.

Before or during the implementation phase of the new Contract, we will focus on establishing the necessary interfaces and system capabilities to support the Kentucky SKY population:

- Integrate data for the DMS Provider credentialing verification program that centralizes the process for all Kentucky Medicaid MCOs.
- Integrate all components of the delivery of care to Kentucky SKY Members though our Youth Records Access Portal (YouthRAP), an information management system. It will have the capability to securely store and transmit information; interface with Subcontractors and other relevant systems, including DCBS's TWIST; and report data in a format specified by the DMS, DCBS', and DJJ. We will also help support responsive and ongoing coordination with the Commonwealth in system upgrades and modifications.

We will continue to actively seek out other data sources to better serve the needs of our Members and Providers. Throughout the more than six years of our Kentucky operations, we have consistently demonstrated the ability of our MIS to meet DMS and Kentucky Medicaid requirements and support program operations. We demonstrated the flexibility and adaptability

of our MIS as we implemented the multiple program implementations in Kentucky. Anthem is committed to providing DMS and our Members, Providers, and other stakeholders access to information and systems to help create a healthier Kentucky.

v. Our Provider and Member Websites Provide Comprehensive Information, Support Program Goals, and Promote Participation

v. Communicating with and educating Network Providers and Kentucky SKY Enrollees through a web site and required materials, and how that interaction will support program participation and program goals.

Anthem maintains fully functional, interactive, public-facing websites and secure portals for our Kentucky Medicaid Providers and Members. We will build upon this functionality to develop specific websites and portals for the Kentucky SKY program to provide quick access to a wide variety of tools, comprehensive information, and enhanced features that will support program participation and goals. The Kentucky SKY Provider and Member websites will be accessible from any device, including desktop or laptop computer, tablet, or smartphone. We will review and update content on our websites regularly and incorporate content changes into our overall education and outreach project plan for Members, Providers, and stakeholders to address all requirements under the SKY Contract.

Anthem Members Website

Our Member website is one of the many ways that we will communicate with and educate our Members and their Foster or Adoptive Parents, caregivers, or guardians on the SKY program. ***We believe that by empowering our Members with this knowledge, we can increase program participation and assure timely and informed care.*** From the main landing page, we will notify Members of any important program updates, benefits information, VAS and how they can access care. This website will also link Members to a number of helpful resources, such as our Community Resource Link, which can help them find community-based programs and supports that can address barriers to health and well-being. Our websites comply with Section 508 of the Rehabilitation Act, Web Content Accessibility Guidelines (WCAG) 2.0 Level AA Accessibility standards, and industry-standard web accessibility design. The content on the portal is available in Spanish by simply clicking the translation button on any page.

Dedicated and Secure Member Portal

Our dedicated Member portal will provide immediate access to information through a convenient, interactive, easy-to-use design to meet the needs of our Members and their Foster or Adoptive Parents, caregivers, or guardians. Members will be able to access the secure portal for information about their eligibility and benefits, claims status, authorizations, secure messages, and other personalized content and information. From the portal, they will also be able to access the online Provider Directory, which includes the ability to select or change PCPs, print their ID cards, or request a new one. These functions are especially important for SKY Members, as would work with the Commonwealth and request to not mail ID cards because of sensitivities associated with the population. Members may also access account management tools (for example, changing passwords, managing communication delivery preferences). The portal also includes a Secure Messaging Tool that enables Members, caregivers, and guardians to submit questions to Anthem and receive responses electronically. Information on getting help in any language is also available.

YouthRAP Provides Access to Care Plan, Health Care History, and Current PCP Assignment

Anthem's YouthRAP to facilitate communication and coordination among our clinical staff, DMS, DCBS, DJJ, and physical health (PH) and BH Providers. A longitudinal health and service record that travels with children over time and across placements can improve communication, avoid redundant assessment processes, and reduce service duplication and fragmentation. YouthRAP will provide authorized users access to a consolidated view of Member PH, BH, pharmacy, and care planning data in an easy-to-navigate dashboard. Accessible screenings and assessments will include Anthem's Foster Care Health Risk Screening and Provider-completed assessments such as Kentucky Child and Adolescent Needs and Strengths (CANS), as well as HEDIS® care alerts, authorizations, pharmacy, and claims organized by type. ***It will provide a multifaceted perspective on Member utilization and pharmacy patterns to prevent service duplication and identify care gaps and trends to coordinate more effective care.*** This includes care planning and gaps around SDOH and other non-medical services critical to a Member's overall health. This platform will provide a common space to bring together the extensive assessments, appointments, placements, and health information on our Members to provide a complete picture to provide the best Care Coordination.

This is also a place for ***Members/caregivers to access and provide feedback on their*** care plan. They can also stayed updated on PCP assignments and upcoming appointments. ***YouthRAP will provide critical bridges across multiple teams to support High Fidelity Wrap Around processes.***

Member Materials

We will thoughtfully develop Member materials with the goals of the CHFS and DCBS for the SKY program in mind, such as improving health outcomes and providing quality Care Coordination. As an incumbent that currently serves Foster Care, Adoption Assistance, and former Foster Children, we have existing materials we use today that meet the needs of Members engaged in the Child Welfare system and their caregivers. We have also begun developing materials in anticipation of the SKY Contract award, such as a Child Welfare Services Success Guide, which will provide important information about benefits, care management, and what to do if the Member is sick or hurt. We will submit these materials to DMS for approval prior to dissemination. Many of the materials we develop will be posted to the Member website for easy access.

Member Blog

Anthem is currently exploring opportunities to reformat our Member newsletter into an interactive blog. Blog posts are more easily shareable, encourage comments and discussion, and support collaboration among Members, Commonwealth agencies, and stakeholders. The blog will be available to everyone via the website and Members will be able to subscribe to it.

Provider Website and Materials

Our Provider portal opens the door to a secure, 24/7, mobile-compatible, web-based environment with the information and transactions Providers rely on. It is a resource and a self-service tool enabling Providers and their staffs to complete business transactions and training in their own time.

Figure G.2.a-5. Our Provider Website

Our Provider Website Offers Access to Useful Tools and Information
Contact us – telephone (toll free and a Kentucky number) and email contact information for our Provider Relations team on every page
Health Intech
Member rights and responsibilities
Online form to report fraud, waste, and abuse
Provider website feedback survey
Reimbursement policies
Precertification information and precertification look-up tool
Disease Management program Information
Clinical and utilization management guidelines
Formularies, including a searchable tool
Clinical pharmacy policies
Searchable Provider Manual
Provider Directory, including our searchable online tool and a PDF
Provider training information
Communications and updates
Useful and frequently used forms
Information about KHIE
What's New updates – which includes communication and information such as bulletins and network updates and our News and Announcements
Links to other websites such as CHFS, DMS, and the CVO(s)
Eligibility verification and coverage dates
Provider education materials
Practice guidelines
Provider grievance infromation
PCP panel listings
Online updating of office information
Claims dispute submission information

KY_Hlth2020_C.17c_UsefulTools_COB_01

For Providers, our SKY website (Figure G.2.a-5) will make it easy to quickly find the information they need and effectively meet program goals. Without logging in, Providers will be able to easily access the downloadable copy of our Provider Manual and a variety of training and education resources through our Anthem Training Academy, such as the latest communications toolkits, all designed to make their jobs easier. Providers will also be able to access important materials key to participation such as the Quick Reference guide, drug formulary, reimbursement policies, newsletters, and the latest news and announcements related to the Kentucky SKY program. We also offer Providers the opportunity to send us feedback about the website via an online survey. We will use that feedback to continually improve the usefulness and usability of our website.

Providers can also sign into the secure Availity portal from our website. This free-access portal is available to all health care professionals, and includes timely and relevant information,

announcements, alerts, downloadable forms, as well as transactional functionality to ease Provider administrative burdens. Our comprehensive Academy will also be accessible to Providers.

Dedicated and Secure Provider Portal

For our Kentucky SKY Providers, our comprehensive, secure online portal will offer 24/7/365 access to program and Provider-specific information. Through the portal:

- PCP assignments will be updated daily and Providers will be able to generate reports on their panel at any time.
- Providers can use a single sign-on process instead of logging onto multiple payer systems.
- Providers can submit claims, determine Member eligibility, view claims status, submit claim disputes, and access payment information for multiple payers in one place.
- Providers can submit Prior Authorization and Clinical Information requests and receive status updates.

G.3.b. Anthem Approach to Building Relationships

b. Describe the Contractor's approach for building relationships with DCBS staff at the Service Region and county level, and with Department for Juvenile Justice (DJJ) staff at the Community District level to support enhanced coordination of care, reduced duplication of services, and improved access to the most appropriate services to meet the needs of Kentucky SKY Enrollees. Please address education, training, communications, and process development.

Our experience with the Kentucky Medicaid program, along with the experience and lessons learned of our other health plan affiliates across the country, has helped us establish best practices for building and maintaining strong relationships with our Commonwealth and community partners in serving the Child Welfare population, including DMS, DCBS staff at the regional and county level, and DJJ community staff. We will also adopt a Culture of Safety to make sure the best care for our Members and a nonpunitive, collaborative relationship with our employees and stakeholders.

We recognize that DCBS and DJJ retain ultimate responsibility for Kentucky SKY Members and we are honored to be part of the village that supports Kentucky's children, youth, and young adults in Child Welfare, and their caregivers and families. We view each Member as an extension of our Anthem family, and strive not only to improve their health outcomes, but help them live fulfilling and productive lives. To do this, we employ a unique, collaborative approach designed to build relationships, improve communication, facilitate sharing of information, and reduce administrative burden for our Commonwealth partners. Our approach supports enhanced person-centered coordination of care, including timely Member access to screenings, assessments, services, and supports, and reduces service duplication and improves access to appropriate services. ***We are committed to consistently producing positive outcomes through a family-centered youth driven program based on sound principles and processes developed in partnership with DMS, DCBS, DJJ, and other Commonwealth agencies and community stakeholders.*** We will continue to build off our strong foundation established by our current Kentucky Foster Care team to serve our SKY Members. In our hiring process, we strive to bring in new staff with relationships, being helpful and present, reducing administrative burden, strong relationship building skills, making sure that our goals are aligned with Commonwealth goals, and being reliable.

Powering Information Sharing

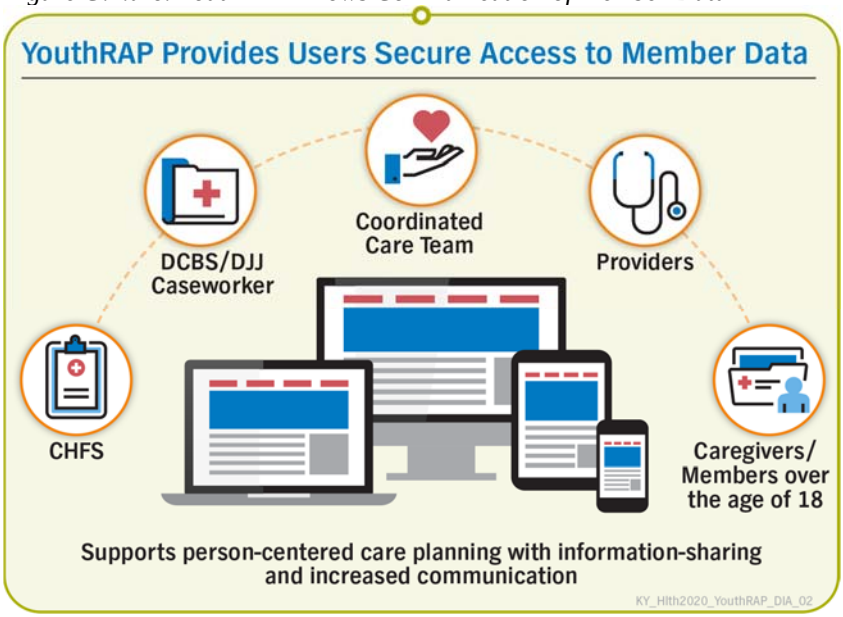
We will integrate all components of the delivery of care to Kentucky SKY Members though our YouthRAP, an information management system. YouthRAP will have the capability to securely store and transmit information; interface with Subcontractors and other relevant systems, including TWIST; and report data in a format specified by DMS, DCBS, and DJJ. It will serve as the primary method for sharing information received from DMS, DCBS staff, the Provider community, and authorized users, as appropriate. We will also help make sure responsive and ongoing coordination with the Commonwealth in system upgrades and modifications.

YouthRAP Sets the Stage for Communication during Implementation we will implement Anthem's YouthRAP to facilitate communication and coordination among our clinical staff, DMS, DCBS, DJJ, and PH and BH Providers. Building upon our existing information sharing platform, ***we will implement an electronic health record solution that will serve as a system of record for children and youth in Child Welfare — a repository of Member health information, aggregating data from our own internal systems (such as claims, encounters, and authorizations) with external data sources.*** A longitudinal health and service record that travels with children over time and across placements can improve communication, avoid redundant assessment processes, and reduce service duplication and fragmentation. Through Health Intech and YouthRAP, DMS, DCBS, DJJ, and Providers can readily access the Member's complete health information, which is especially vital during placement transitions.

Data Sources. External data sources will include TWIST as made available by DMS, the Kentucky Health Information Exchange (KHIE), and data gathered from sources such as third-party aggregators, other MCOs or the Commonwealth during Continuity of care planning for new Members, and from our Providers. We propose that DCBS consider incorporating the child's or youth's required medical passport into our system, with role-based access protections to further support coordination among the Systems of Care, and support care givers in managing this document.

Key Functions. As shown in Figure G.2.a-6, YouthRAP will provide authorized users access to a consolidated view of Member PH, BH, pharmacy, and care planning data in an easy-to-navigate dashboard. Accessible screenings and assessments will include Anthem's Foster Care Health Risk Screening and Provider-completed assessments such as Kentucky CANS, as well as HEDIS care alerts, authorizations, pharmacy, and claims organized by type.

Figure G.2.a-6. YouthRAP Allows Communication of Member Data



It will provide a multifaceted perspective on Member utilization and pharmacy patterns to prevent service duplication and identify care gaps and trends to coordinate more effective care. This includes care planning and gaps around SDOH and other non-medical services critical to a Member's overall health. This platform will provide a common space to bring together the extensive assessments, appointments, placements, and health information on our Members to provide a complete picture to provide the best Care Coordination.

Early Engagement Is Key to Successful Partnerships

Key to our success is development of a collaborative, coordinated Implementation Plan that aligns with stakeholders and Commonwealth agency expectations. Our approach includes early engagement with our Commonwealth partners, upon Contract award, to ***develop strong processes, anticipate and address challenges, and develop strong communication mechanisms to ensure a successful implementation***. Anthem is one of two health plans nationally that provides services to a population similar to children, youth, and young adults covered in the SKY program through a single source plan. We will leverage the experience and lessons learned by our Georgia affiliate through the Georgia Families 360° program, which successfully transitioned children in Foster Care, children receiving Adoption Assistance, and select youth in the Georgia Juvenile Justice system to a single statewide program in 2014. During the first year of the two-year implementation program, our Georgia affiliate health plan successfully transitioned 100% of the children, youth, and young adults in Georgia's Child Welfare system into managed care; implemented the Georgia Families 360° Care Coordination Program; and within 30 days of program launch, completed 9,000 care plans for Members. Since March 2014, our Georgia affiliate health plan has completed more than 23,000 Health Risk Screenings/Health Risk Assessments (HRAs), assured that 100% of our Members were assigned to a dental home, and reduced ER visits, inpatient days, and the number of Members in Psychiatric Resident Treatment Facilities (PRTFs).

Building on this experience, we will have a dedicated position through our regionalized Training and Education team to include a Court Justice Liaison. This employee will provide Commonwealth-approved training on the SKY program for both local and regional DCBS and DJJ staff. Early training will be delivered in person, focused on orientation to the program, and structured to address any questions and limit any misconceptions about the program. It will be focused on explaining the difference in roles and responsibilities between the health plan and DCBS and DJJ staff, beginning to build trust between the partners and mitigating concerns that inevitably arise when there is change.

Through their early training and educational efforts, the team will begin establishing relationships with regional and county-level DCBS staff and engage in bidirectional communication and exchange of information. We will also engage local DCBS and DJJ staff on a regular basis to assure coordination of care for SKY Members. The team will begin the process of building a bridge to the Care Coordination Team (CCT), who will be engaging with local DCBS staff on a regular basis. Similarly, our Justice Court Liaison will provide DJJ-specific training and begin working with Community District-level DJJ staff to form those local relationships and begin the process of relationship building between DJJ staff and our regionalized CCT.

YouthRAP Connections Means Eliminating Over-assessment and Redundant Care

Our team-based approach is person-centered, designed to support the Member, family and Caregiver, and their support system, including the system of care. Through the designation of a lead Care Coordinator, information is shared across the entire CCT. The Lead Coordinator will use YouthRAP, a single, centralized personal health record with a history of the Member's assessments, clinical history, and current utilization is maintained — allowing all CCT members to share information and reduce duplication.

Through this model, building upon information already collected and a more complete personal health record, the ***CCT can help to eliminate over-assessment while also validating the Member's history and current needs and reduce duplication of services***. This also enables the CCT to quickly identify needs and facilitate improved access to necessary resources, supports, and services.

Anthem's Approach Is Local

Anthem's ongoing coordination and collaboration with Commonwealth agencies is described in detail throughout this RFP response. Our Foster Care team engages Members, DCBS and DJJ staff, caregivers, and other supports to make sure our Members have access to quality physical and BH Services, as well as their SDOH needs are met. To do this, the team engages with the system of care to make sure our Members have access to quality services from Providers they can trust.

Local, regionalized CCTs led by a Care Coordinator who are at the foundation of our approach to building relationships in the community. Regionalized Care Coordinators are professionals who are experts in their local communities — they have in-depth knowledge and working relationships with health care Providers, stakeholders, and community resources. Working as regionally assigned staff will allow Care Coordinators to form strong relationships with local DCBS and DJJ staff and other region- and county-level Providers and stakeholders. It will facilitate two-way communication at a local level. Our approach of having the Care Coordinator as a single point of contact for coordinating care for the Member will also facilitate communication between Anthem staff and the DCBS SSW and DJJ Social Worker, reduce duplication of services, and allow the DCBS SSW and DJJ Social Worker to work with a Care Coordinator that will have established a relationship with the Member and Caregiver. As the regionalized, single point of contact, the Care Coordinator will be familiar with local services and have established a trust with the Member and Caregiver, which will improve access to the most appropriate services for the Member.

Co-locating Staff

As detailed in the response to G.2.b, Office in the Commonwealth, leveraging lessons learned from our affiliate health plan's Georgia Families 360° implementation, we will collaborate with DMS, DCBS, and DJJ leadership to explore the opportunity to co-locate Anthem staff at local DCBS offices, particularly during implementation. Our affiliate's experience has shown that co-location during implementation is particularly helpful, as it allows for relationship building, rapid information sharing, decision making, and issues resolution. Co-located staff can offer a range of support to DCBS including, but not limited to, assuring early intervention and access for our Members. Some examples include:

- Working with DCBS staff quickly and effectively to assure cross-system collaboration within a supportive and adaptive structure
- Linking Members to effective, evidence-informed, community-based services and supports within required assessment time frames
- Answering questions regarding Covered Services, VAS, and managed care
- Connecting Members to necessary Providers quickly and easily by working one-on-one with Case Workers to identify appropriate Providers, scheduling appointments, and helping arrange transportation for visits
- Participating in discussions with multidisciplinary care team (MDT) Members to quickly familiarize the Anthem Care Coordinator with the child's history, avoiding unnecessary duplication of assessments

Through their co-location initiative, our Georgia affiliate health plan developed several key relationships that supported their Care Coordination model, including:

- State, county, and community leadership, including the Governor's Office
- State agencies, including DFCS, DJJ, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)
- The Georgia Multi-Agency Alliance for Children EmpowerMEnt and Transitional Age Youth (TAY) programs
- Child Placing Agencies and placement Provider organizations
- Judges, lawyers, and Court Appointed Special Advocates (CASAs)
- Foster Parent associations
- School systems
- Adoption Assistance organizations and AA parents
- Traditional and nontraditional Providers
- Other stakeholders engaged with the care of children in the Child Welfare system

Building Relationships in the Communities We Serve

We have learned that open and frequent communication with our Commonwealth partners is vital to minimizing disruption for the Child Welfare population. Anthem employs intensive coordination, education, and communication efforts to support our Members, including:

- Developing communication protocols and information sharing in collaboration with our Commonwealth partners. For example, we developed an electronic form to ease communications when immediate ad hoc enrollment was required in advance of receipt of the 834 (enrollment) file to respond immediately to emergent youth and child needs in our Georgia affiliate health plan's Georgia Families 360° program
- Designing specific training for our Commonwealth partners and stakeholders, including DMS, DCBS, DJJ, and court systems and partnering with them to build on existing training
- Building interfaces to allow ease of sharing information between Anthem and Commonwealth systems, such as DCBS' TWIST
- Identifying and collaborating with non-Medicaid, community-based organizations in meaningful ways that support access to traditional and nontraditional resources that play an important role in the care of our Members and their families. For example, Anthem has supported Wednesday's Child to provide computers to assist with homework and other educational services

Figure G.3.b-1. Anthem Refrigerator Magnet

Anthem's Welcome Kit Was Developed in Collaboration with Our State Partners

As an example of our commitment to collaboration, we developed welcome kits for our Members in Foster Care as a result of listening sessions with DCBS SSWs and foster parents about what would be helpful to them. All foster parents receive a Foster Care welcome kit upon placement of a Foster Child in their home. The welcome kit enhances Member and Foster Parent understanding of the roles of the MCO and their ability to oversee the health of the child in their care. The kit includes a plastic file organizer to assist with maintaining the child's health information, informational brochures which address common Foster Care Member questions, and a refrigerator magnet with the Anthem contact information (Figure G.3.b-1). These magnets are intended to reduce burden on DMS, DCBS SSWs, and DJJ Social Workers by providing the foster families with easy access to the number for their assigned Care Coordinator anytime.

Building Relationships Through Supporting the Communities We Serve

Anthem collaborates with Commonwealth, local, and community-based partners in a range of initiatives designed to support our Members, including, but not limited to:

- Partnering with Commonwealth agencies to develop solutions to the Foster Care Crisis in the Commonwealth, including providing trainings, workgroups through the Building Bridges Initiative, implementing new services, such as high fidelity wraparound, and exploring the use of nontraditional Providers and services (for example, in-home hospital Providers, family peer support)
- Serving as a collaborative member of stakeholder organizations and taskforces, including The Children's Alliance, the Behavioral Health Technical Advisory Committee, Kentucky Medicaid MCO collaborative workgroups, the Alliance of Pediatric Behavioral and Mental Health, Commonwealth and Regional Inter-Agency Council Meetings, and the Kentucky Advisory Council on Autism
- Distributing welcome kits for foster parents, a collaborative effort with DMS and DCBS, as described previously
- Collaborating with DCBS, including participating in local DCBS office resource fairs (see Figure G.3.b-2), to ease the burden of Commonwealth workers through achieving pharmacy resolution, getting Member ID Cards, anticipating and assisting with Member and emergent Foster Parent needs, locating resources, discharge planning, and Provider communication and resolution

Figure G.3.b-2. Anthem Staff Attend a DCBS Office Resource Fair

- Leading collaborative strategies to address the issue of children having to stay in decertified beds due to a lack of placement alternatives through engagement with the DCBS SSW and development of systemic strategies to address the issue

Building Bridges

Anthem supports the Building Bridges Initiative (BBI), a national initiative working to identify and promote practice and policy that will create strong and closely coordinated partnerships and collaborations between families, youth, community- and residentially-based treatment and service Providers, advocates, and policy-makers to make sure that comprehensive mental health services and supports are available to improve the lives of young people and their families. Our staff have attended workgroup meetings for nearly two years on this to provide thought leadership and partnerships to support the Building Bridges Initiative. Based on this involvement, we have embedded practices supported by Building Bridge's principles in our interactions with Providers serving the most acute needs of Kentucky's youth. When our Utilization Management Clinicians provide feedback to the Provider during review of clinical documentation or when the Care Manager participates in treatment planning with the clinicians for PRTF and inpatient Providers, they:

- Make sure youth and family are engaged in all treatment planning, particularly discharge planning
- Make sure family contact and visitation are not used as a "reward" or "consequence"
- Provide opportunities for the child to connect with family/natural supports often while in the program
- Collaborate with Providers around covering days when a child is on family visits to facilitate discharge/release

Communication

At Anthem, we communicate, and will continue to communicate, with our Commonwealth partners, including DMS, DCBS, and DJJ, and other stakeholders through a variety of mechanisms including face-to-face scheduled and ad hoc meetings, as well as through a variety of digital tools. We understand the value of face-to-face communication and actively participate in many forums to understand the concerns and barriers faced by our Members, their families, and key components of the system of care. These forums include listening sessions, Commonwealth-sponsored committees, regularly scheduled voice of the customer meetings, multidisciplinary meetings, and SIAC and RIAC subcommittees. We currently conduct monthly regional meetings with DCBS to identify both individual and systemic opportunities for collaboration that feed into broader meetings we conduct with DCBS' Central office. In preparation for and upon implementation of the SKY program, we will build upon these established relationships through joint monthly meetings with DMS, DCBS, and DJJ in order to continue to identify opportunities for improvement in communication avenues, processes, and coordination across the system of care.

Innovative Technology to Enhance Communication and Care Coordination

Anthem maintains fully functional, interactive public-facing websites and secure portals for Kentucky Medicaid Providers and Members. These websites provide quick access to a wide variety of tools, comprehensive information, and enhanced features that are described in detail in other areas of this RFP response. We will use our comprehensive IT solution to share vital information to be used to collaborate, coordinate, and facilitate excellence in care. Anthem's website and secure portals are accessible from any device, including desktop or laptop computer, tablet, or smart phone. We review and update content on our websites regularly and will incorporate content changes into our overall education and outreach project plan for Members, Providers, and stakeholders to address changes under the new Contract. Our websites comply with Section 508 of the Rehabilitation Act, Web Content Accessibility Guidelines (WCAG) 2.0 Level AA Accessibility standards, and industry-standard web accessibility design. From the website landing page, Members and Providers can also access our Community Resource Link to find community-based programs and supports that can assist families to address barriers to health and well-being.

Anthem is currently exploring opportunities to reformat our Member newsletter into an interactive blog. Blog posts will encourage comments and discussion, and support collaboration among Members, Commonwealth agencies, and stakeholders. Anthem's websites are accessible from any device, including desktop or laptop computer, tablet, or smart phone.

Process Development

The success of our Kentucky SKY program is dependent on our collaboration with DMS, DCBS, and DJJ to operationalize the vision for the program and the children, youth, and families we support. We listen to what our Commonwealth partners and stakeholders say in designing and continually improving our programs. We will leverage required monthly meetings with DMS, DCBS, and DJJ, both prior to and following implementation, to develop processes for the successful implementation of the SKY program, and for ongoing quality assurance and continuous quality improvement (CQI) activities. We will be a trusted partner and resource willing to address challenges and barriers with positive and innovative solutions. Through our experience in Kentucky Medicaid, we have demonstrated our ability to be flexible and responsive as the program has evolved and proven our commitment to make critical adjustments expediently and collaboratively. We will collaborate with DCBS, DJJ, and other agencies to develop policies and workflows that interface with Commonwealth processes and support DCBS' Standard Operating Procedures.

Anthem Medicaid

4. Kentucky SKY Contractor Educational and Training Requirements

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

G.4. Kentucky SKY Contractor Educational and Training Requirements

G.4.a. Collaborating and Identifying Provider Training Needs

a. Describe the Contractor's proposed approach for collaborating with experts including the Department, DCBS, and DJJ) to identify Provider training needs. Please include examples from other Contractor programs exhibiting collaboration with state agencies to identify training needs.

Collaborative Approach to Identifying Provider Training Needs

Our collaborative process for identifying Provider training needs is an integral part of our dynamic approach to training depicted in Figure G.4.a-1. We recognize providing training and education is not a static process. It requires continuous review and improvement to make sure the trainings are meeting their stated goals, responsive to changing needs, and reflective of newly identified practices and topics.

Figure G.4.a-1. Our Approach to Training Assures Continuous Improvement

We will use a process based on the ADDIE model of Analysis, Design, Development, Implementation and Evaluation to continually refine our training for the SKY program, inclusive of Provider training. The ADDIE process assumes no training has been developed and begins with analysis. However, since required Provider training must take place prior to go-live in order to prepare our Providers for serving SKY Enrollees (Members), our dynamic approach begins with the ***evaluation*** process of that training.

We will ***evaluate*** the initial required SKY-specific Provider training, through collection of information from various sources, including training evaluations from training recipients and input from internal staff and external stakeholders, inclusive of DMS, Department for Community Based Services (DCBS), Department of Juvenile Justice (DJJ), and other experts. Our KY SKY dedicated Training and Education Team (Team), led by our Training and Education Specialist, will ***analyze*** this information to identify Provider training effectiveness, topics that require reinforcement, and training needs. The Team, in collaboration with other internal staff such as Provider Relations, Quality, and Clinical Services as well as input from external stakeholders, will ***design*** a plan to

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address Provider training needs and gaps. Based on the plan, the team may ***develop*** Provider training internally, or engage in partnerships and collaborations with others who have appropriate training or can develop it so as to not duplicate. Finally, training will be ***implemented*** either in person, through interactive or pre-recorded webinars, or through other training tools such as toolkits.

Our Training and Education Specialist is ultimately responsible for the identification of Provider training needs for SKY. As part of our training and education evaluation process, we engage in different efforts and mechanisms to identify Provider training needs including:

- **SKY Advisory Committee.** Our Committee will be comprised of various stakeholders and community partners serving children, youth, and young adults in child welfare. We will invite representatives from DMS, Department for Community Based Services, DJJ, the judicial system, law enforcement, the Provider community, and other key stakeholders to be part of the Committee. The SKY Advisory Committee will also include caregiver and Member (youth and young adults) representatives. An important part of the Committee's work will be to provide feedback on existing training strategies, topics, and mechanisms for delivery, as well as help identify training needs. The Committee will also be engaged to help provide input into how these training needs can be met, including whether it is best for our Training and Education Team to develop the training or engage in a partnership with existing local or national training resources.
- **Direct input from DMS, DCBS, and DJJ through regular contractually required meetings.** We will propose the identification of Provider training needs be a standing agenda item for discussion during regular meetings with DMS, DCBS, and DJJ staff.
- **Regional and local relationships between field-based Training and Education Representatives, regional DCBS DMS staff, and local organizations.** The role of the Training and Education Representatives includes developing relationships with regional DMS, DCBS, and DJJ staff as well as with other subject matter experts and organizations in Kentucky. Through these relationships and interactions, the Representatives will be able to identify training needs, and support and enhance training efforts.
- **Input from plan staff.** Our Concierge Representatives and Care Coordination staff will interact with DMS, DCBS, caregivers, and other key stakeholders during their regular activities such as communications and care planning. Through these routine interactions they will receive input and have a front line perspective on existing Provider training needs. For instance, a Care Coordinator may learn from a DCBS Social Worker that Providers are not accommodating children in scheduling needed assessments to meet required time frames. The Care Coordinator can relay this information to the Training and Education Specialist who will work to develop and provide special training and educational communications emphasizing the unique importance of timely assessment for children in SKY.
  Our Provider Relations Representatives, and dedicated Provider Relations Liaisons will also be able to provide input into Provider training needs as a result of their direct interactions with Providers.
- **Training Evaluations.** Our trainings will include evaluations and may include post-tests to assess the knowledge gained by the recipient in receiving training. By analyzing these results, our Training and Education Specialist can identify areas that need to be strengthened through additional training.

- **Monitoring of federal and State regulatory and policy changes.** Our Foster Care Collaboration team, launched in 2015 by our Ultimate Parent Company, is comprised of a dedicated team of experts working closely with Anthem and our affiliates who serve children in the child welfare system. This team's role includes proactively determining training needs by monitoring federal and State legal, policy, and programmatic changes. One example of this is the identification of training needs based on the Families First Prevention Services Act publication of practices recognized as evidence based.

As part of the Design and Development components of our dynamic approach to training, once the training needs are identified, we will also coordinate with DMS, DCBS, DJJ, and other key stakeholders to identify local and national trainers, organizations, and educational institutions, such as universities, to develop and provide instructor-led training or web-based trainings.

In preparation for SKY, we have already engaged in efforts to identify and support Provider training needs as follows:

- Through our 2019 listening sessions with DCBS staff during their regional meetings, we heard about the need for Providers to have access to more detailed training topics that go beyond an overview of Trauma-informed Care. This led to our expansion of multiple training options for Providers through our Anthem Training Academy (Academy). We have added robust trainings, available via web-based learning and face-to-face based on the preference of the Provider, both of which will be available upon implementation of the SKY program.
- We also supported Provider training through our partnership with the Children's Alliance and our giving of 200 web-based licenses for access to continuing education training for their members' staffs. Each license gave the individual access to a full library of trainings that provide continuing education units (CEUs) compliant with Kentucky's requirements for licensed clinical professionals who provide direct service to the child welfare population.

Examples of Our Collaboration to Identify Training Needs

Our collaborative approaches from Anthem in Kentucky and best practices from our Georgia affiliate's experience as the single MCO providing services to Georgia's Foster Care (FC), Adoption Assistance (AA), and Juvenile Justice (JJ) participants, will help inform our work to identify SKY program training needs.

Kentucky Example

We have a successful history of collaborating with DMS to identify Provider training in preparation for anticipated program changes. When the State was still pursuing Kentucky HEALTH, we collaborated with DMS to develop and deploy a timely education campaign to prepare Providers for this program implementation. As part of this effort, we partnered with DMS to identify critical impacts to Providers, established protocol for continuity of care and reporting, and developed tailored Provider communications and education, approved by DMS. We developed a formal Provider Communication Plan and deployed our campaign that included Provider webinars, FAQs, face-to-face consultation for key Providers, and Provider Newsletter articles in preparation for the initial and ongoing new program implementation.

Georgia Example

Our Georgia affiliate partnered with the Division of Family and Children Services (DFCS) to identify training needs and develop a tailored Provider education campaign that made sure their Provider partners were adequately prepared to serve the Georgia's Families 360°SM program,

which includes FC, AA, and JJ Members. They drew on their firsthand experience working daily with Georgia's Medicaid Providers in the local communities and insight into what works and what matters to Providers. They built their plan on their solid reputation, and continued offering high-touch, in-depth education to Providers serving Georgia Families 360° Members.

Beginning in 2015, through a unique partnership with Georgetown University, they offered quarterly training on System of Care principles to both their Medicaid and Georgia Families 360° Provider Networks. Their collaborative, Provider-focused engagement strategy transformed health care delivery, created an integrated system of care, and drove improved access and health outcomes for their Members.

Our Georgia affiliate conducts ongoing training that reinforces areas covered in initial training, provides specialized training on identified topics, updates Providers on changes in program policies or procedures, and supported compliance with program standards and Contract requirements. Their continuing education includes town hall meetings and monthly webinars across all six regions of the Commonwealth, and provided targeted training on tools to manage and transform the Providers' practices. Topics included leveraging technology to improve outcomes, enhancing coordination of care, evidence-based practices, emergency best practices, clinical practice guidelines, patient engagement, System of Care principles, and person-centered care planning. Speakers from various departments within our affiliate led the sessions.

We will use our firsthand Kentucky experience and leverage our Georgia affiliate's best practices to work directly with DMS to make sure we deliver what works and what matters to SKY program Providers.

Louisiana Example

Between 2016 and 2018, staff from our Louisiana Affiliate, one of two preferred plans for children in child welfare in Louisiana, engaged in a collaboration between the health plan, the Louisiana Division of Children and Family Services (DCFS), the Southern University of New Orleans School of Social Work (SUNO) and the Children's Bureau to develop and implement a Trauma Informed Systems Training for DCFS staff. The collaborative team identified trauma-related training as a key workforce development issue for both DCFS child welfare workers and supervisors. Meetings to determine the selected training topics, curriculum planning, and scheduling of statewide workshops occurred in 2016 and 2017. The trainings occurred throughout the state and were held between September 2017 and August 2018. Child welfare workers and supervisors received 12 workshops on trauma-informed child welfare systems from the SUNO and 10 workshops from the Children's Bureau. The training plan had clear objectives and included an evaluation conducted by SUNO, which demonstrated that participants showed they gained knowledge from baseline to follow-up in the four areas of the training, which were: secondary trauma, worker safety, child trauma and disorders, and adult disorders and trauma.

G.4.b. Training Our Team Members and Providers

b. How will the Contractor ensure that the Contractor's staff and Network Providers (including but not limited to hospitals, pharmacies, and specialty Providers) receive in-depth training on the Kentucky SKY program, including what is and is not allowable exchange of information in a HIPAA-compliant organization, to preserve and support continuity of care. Describe how the Contractor will ensure Network Providers are aware of the requirements of the Kentucky SKY program, and how the needs of this population may differ from those of the Medicaid managed care population?

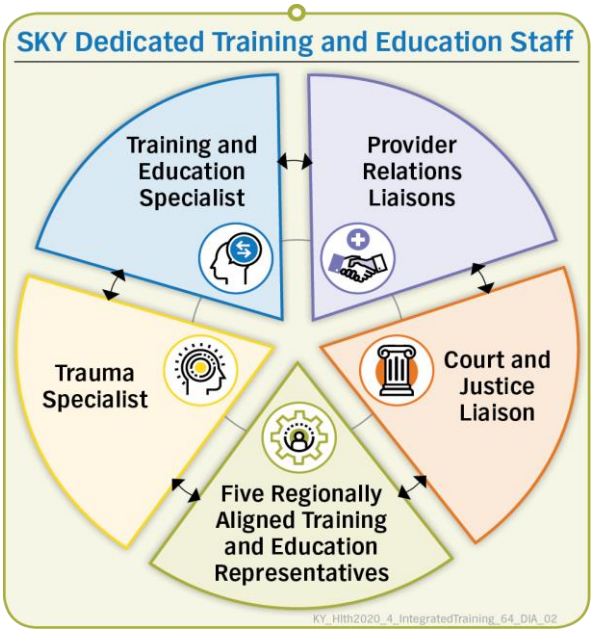
Our Anthem Training Academy facilitates the delivery of a consistent and comprehensive approach to training. It streamlines the development, delivery, and reporting of training; it incorporates multi-modal training; and includes mechanisms for tracking, monitoring, and reporting training completion.

Our comprehensive training strategy reflects our understanding that child welfare programs — delivered through a system comprised of many stakeholders — can work collaboratively to positively impact the health and social outcomes for Members and their families. We know that meeting the unique needs of children, youth, and young adults in the child welfare system requires specialized knowledge and approaches including Trauma-informed Care, Evidence-based Practices, and health issues prevalent in this population. Our unique staffing for training and education includes a dedicated Training and Education Team, two SKY dedicated Provider Relations Liaisons, and support from a Provider Training Coordinator, Provider Relations Staff, and our National Foster Care Collaboration Team and is depicted in Figure G.4.b.-1.

SKY Dedicated Training and Education Team

Led by our Training and Education Specialist, our team will include a Court and Justice Liaison, a Trauma Specialist, and five regionally focused Training and Education Representatives. This team will communicate regularly with staff responsible for other health plan functions — Provider Relations, Quality, and Clinical Services — to assure alignment of messaging and community educational programming

Figure G.4.b-1. Staff Dedicated to SKY Training and Education



The ***Training and Education Specialist*** will have primary responsibility for the establishment, ongoing development, and implementation of the SKY training strategy and its components using our dynamic approach to training based on the ADDIE model of training development.

The ***Trauma Specialist*** will specifically focus on the trauma-informed strategy for the Fostering Connected Care program, including training and implementation of trauma-focused initiatives.

The ***Court and Justice Liaison*** will be focused on training and engagement of the judicial system, including system stakeholder like Court Appointed Special Advocates (CASA), as well as law enforcement. They will engage the judicial system by providing program and resource information. They will have a clinical background to address questions from judges and to link to the Member's Care Coordinator. In addition to these tasks, our Court and Justice Liaison will manage a dedicated mailbox through

which judges can ask questions, request trainings, and submit other communications. We use this information to determine further outreach and training. The mailbox may be used to contact the Court and Justice Liaison to request clinical consultation on health care subjects such as diagnoses, best practices, and medications.

The ***Training and Education Representatives*** will be strategically positioned statewide to identify local opportunities for engagement and partnerships, identify training needs, collaborate with local subject matter experts, and provide trainings in local forums.

The team's primary training responsibilities include:

- To develop and provide program-specific training, including orientations related to SKY or plan-specific functions and training on topics to address the unique needs of Kentucky's children, youth, and young adults in the child welfare system
- To foster relationships with subject matter experts and organizations across the Commonwealth to develop, support, or enhance training efforts and identify opportunities to disseminate training in the community. These partnerships may include partnering to support related trainings identified, as needed. It can include identifying local trainers, organizations, and educational institutions, such as universities, to develop and provide instructor-led training
- To evaluate training and gather input from system partners, which will help identify training needs and improve training

To support their role, the Team members and leads will each have the Professional Certification in Trauma and Resilience from Florida State University. Team staff will also be trained trainers in the Be Strong Families Trauma Stewardship program and in Mental Health First Aid.

The ***SKY Dedicated Provider Relations Liaisons*** will address access and availability concerns for SKY, focus on working with Providers to build their ability and capacity to implement trauma-informed and evidence-based practices, and engage in unique SKY focused Provider collaborations.

Kentucky SKY Dedicated Training and Education Staff Support

Foster Care Collaboration Team

Launched in 2015 by our Ultimate Parent Company, the Foster Care Collaboration team works closely with Anthem and our affiliates who serve individuals in the child welfare system. As part of their role in driving innovation, this dedicated team of child welfare experts supports training and education by incorporating lessons learned, evidence-based practices, State and national policy information, and State goals into training strategy. The team cultivates collaborative partnerships with organizations nationwide to identify and support the needs of children, youth, young adults, caregivers, and case workers involved in child welfare. For instance, to bring the expertise of national partners to training, the team has partnered with Be Strong Families to implement the trauma stewardship train-the-trainer program in our affiliate in Texas and will be training the SKY Training and Education Team to be trainers on this model. This national Team has also partnered with the Alliance for Freedom, Restoration and Justice to support the development of a training series on health care and human trafficking that will be offered to Kentucky SKY providers.

Provider Training Coordinator

The Anthem Provider Training Coordinator will support SKY training by working closely with the dedicated SKY training staff, including tracking SKY required training for Providers.

Provider Relations Staff

As part of their regular Provider relations work, Anthem's Provider Relations staff will support SKY Providers by collaborating with SKY dedicated Training and Education staff in delivering coordinated training when appropriate, and identifying training needs.

Our Multi-modal Training

To make it easy and convenient for staff and Providers to access training, our Training Academy will offer multi-modal options, including in-person group trainings, live interactive webinars where participants can actively engage and ask questions, and pre-recorded webinars available on demand. Our training is supported by training platforms which house extensive web-based training modules and support tracking and completion of required trainings.

Making Sure Our Team Members and Providers Are Well Trained

To preserve and support continuity of care and assure the best possible outcomes for our SKY Members, our SKY required training for staff and Providers will include in-depth training on the SKY program, requirements, and responsibilities; and requirements of DMS, DCBS, DJJ, and other sister agencies; HIPAA training, and further privacy-related training to account for SKY Members' unique confidentiality needs, which can be complicated by complex guardianship and release of information concerns. Required training will be supplemented by an extensive training offering of topics that address the unique needs of SKY Members.

To assure staff and Network Providers receive training on the KY SKY program, the Training and Education Team will be responsible and accountable for the development and dissemination of SKY-specific program training, including all required program elements.

Training for Team Members (Staff)

The Training and Education Team will have the lead responsibility of training our staff on SKY program specifics. Our comprehensive training curriculum will be available in person, as well as online. It will include required subjects, as well as additional optional trainings, covering topics areas such as the unique needs of children in child welfare, trauma and Trauma-informed Care, approaches to service delivery, special populations, and cultural considerations. Managers will track staff compliance with training requirements, supported by our learning platform that tracks both pending and completed training by sending notifications to staff and managers. Staff who do not complete required training may become ineligible for employment. The Executive Administrator will receive routine reports on staff's completion of required trainings.

Beyond standard employee and job-specific training, our Kentucky SKY staff will be required to engage in extensive training focused on specific program orientation topics, as well as topics related to the child welfare and JJ population depicted in Table G.4.b-1. Staff training requirements are tailored to the employee's role. For instance, all staff will be required to take foundational courses on Trauma-informed Care, but our Care Coordinators will receive more in-depth and expansive trauma training on topics such as Working with Parents Involved in the Child Welfare System, Addressing Transition Issues for Young Foster Care Children, and others. Similarly, all

SKY staff will be required to take training on the High Fidelity Wraparound Approach (HFWA), and our Complex Care Coordination staff will receive training for HFWA certification.

All Kentucky SKY staff working in Member-facing roles will receive training on Trauma Stewardship, Mental Health First Aid, and Zero Suicide principles. They will receive in-person training on Person-Centered Thinking© by the Learning Community for Person-Centered Practices. As an organization, Anthem has made a commitment to the principles of Person-Centered Thinking by engaging in a national-level partnership with Michael Smull, and the Support Development Associates team to certify individuals in Person Centered Practices to certify over 18 trainers and 2 mentor trainees on the delivery of training in Person Centered Thinking© (PCT) based on The Learning Community. Anthem has used this train-the-trainer approach over the last two years to create capacity to provide ongoing training on PCT to 2,000 employees across the organization. Several of our Kentucky Medicaid team members already received this training last year. Additionally, our Care Coordinators will receive training on Columbia Suicide Severity Rating Scale (C-SSRS), an evidence supported tool used to assure the right lever of care is delivered to at-risk SKY Members. Trainings listed as "As needed" in Table G.4.b-1 will be assigned to staff by their managers based on the individual staff's training needs and roles.

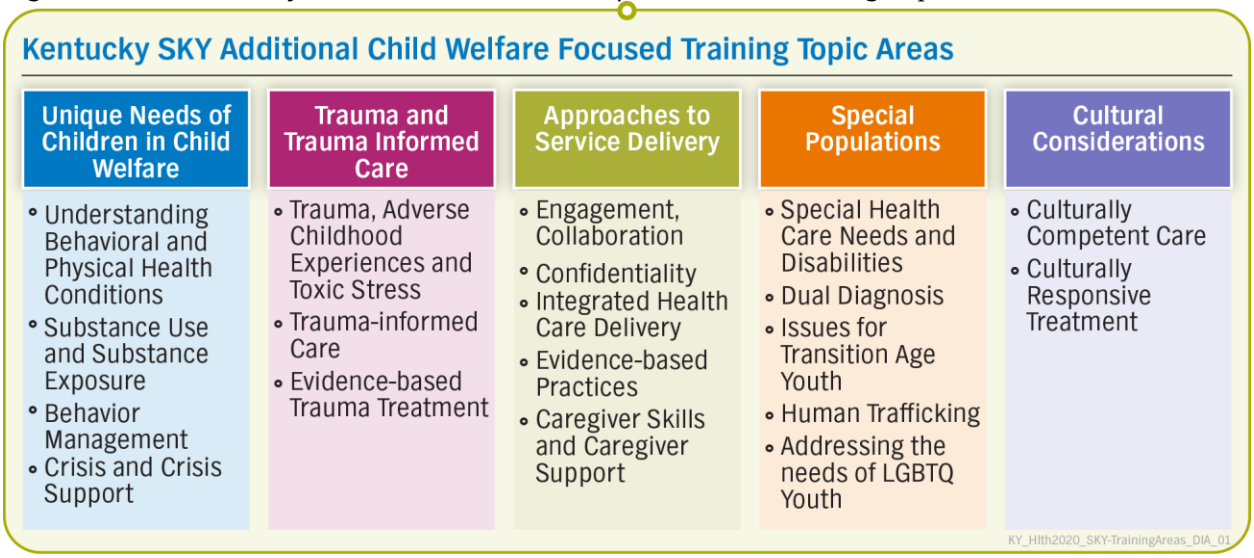
Table G.4.b-1. Kentucky SKY Required Training for Staff

Subject	All SKY Program Staff	Care Coordination Staff	Complex Care Coordination Staff	Concierge Representatives
Kentucky SKY Program Orientation: • The SKY Program Overview • Roles, responsibilities, and requirements of DMS, DCBS, DJJ, and other sister agencies • Contractual requirements of the Kentucky SKY program • SKY program organization, staffing, infrastructure • The Kentucky SKY business processes and workflows • Aging out process and how the health plan supports it • Continuity of Care	Required	Required	Required	Required
The Family First Prevention Services Act and any other federally mandated services and programs impacting Kentucky SKY Members	Required	Required	Required	Required
Unique physical health and behavioral needs of the Kentucky SKY populations	Required	Required	Required	Required
HIPAA Compliance and Confidentiality	Required	Required	Required	Required
Using the Child and Adolescent Needs and	As Needed	Required	Required	As needed

Subject	All SKY Program Staff	Care Coordination Staff	Complex Care Coordination Staff	Concierge Representatives
Strengths (CANS) Assessment				
Adverse Childhood Experiences	Required	Required	Required	Required
Trauma-informed Care Overview	Required	Required	Required	Required
Trauma Stewardship (Be Strong Families model)	As needed	Required	Required	Required
Trauma-informed Care – Targeted Topics	As Needed	Required	Required	As Needed
Evidence-Based Practices – Children's Mental Health and Trauma	Required	Required	Required	Required
Evidence-Based Practices – Substance Use Disorder Treatment	Required	Required	Required	Required
Other Evidence Based Practices	As Needed	Required	Required	Required
Crisis Intervention Services	Required	Required	Required	Required
Fetal Alcohol Syndrome	Required	Required	Required	Required
Neonatal Abstinence Syndrome	Required	Required	Required	Required
Substance Exposed Infants	Required	Required	Required	Required
High Fidelity Wraparound Approach	Required	Required	Required	Required
High Fidelity Wraparound Certification	As Needed	Suggested	Required	As Needed
Impact of Parental Substance Use	Required	Required	Required	Required
Person-Centered Thinking	Required	Required	Required	Required
Culturally Responsive Treatment	Required	Required	Required	Required
Psychotropic Medication	Required	Required	Required	Required
Zero Suicide Training	As Needed	Required	Required	Required
Mental Health First Aid	As Needed	Required	Required	Required
Columbia Suicide Severity Rating Scale (C-SSRS)	As Needed	Required	Required	As Needed
Human Trafficking and Health Care	As needed	Required	Required	Required

To enhance the training previously described, staff will have access to additional child welfare related trainings covering the topic areas shown in Figure G.4.b-2. These trainings can be selected by managers to support staff's roles or taken by staff at their option to enrich their knowledge about children, youth, and young adults in child welfare.

Figure G.4.b-2. Kentucky SKY Additional Child Welfare Focused Training Topic Areas



Providers

Upon contract execution as an Anthem Provider, all Network Providers receive a standard new Provider orientation, ongoing training, and support. In addition to standard Anthem Network Provider training, both new and existing Providers will be required to receive SKY-specific training, designed by our SKY dedicated Training and Education Team, addressing the topics highlighted in Figure G.4.b-3.

The Provider Training Coordinator will be required to track Providers' compliance with required training and review training evaluations to make sure Providers understand all requirements of the Kentucky SKY program. The Provider Training Coordinator is supported by our external learning platform's tracking and reporting capabilities.

Figure G.4.b-3. Kentucky SKY Required Provider Training Topics

Kentucky SKY Required Provider Training Topics

Program Components, Roles and Responsibilities	▪ SKY program goals ▪ Roles and responsibilities of DMS, DCBS, DJJ, and Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), how these agencies will coordinate and collaborate with Anthem ▪ The Family First Prevention Services Act and any other federally mandated	services or programs impacting Kentucky SKY Members ▪ The aging out process and support from Anthem in this process ▪ BH and PH needs of the Kentucky SKY populations
MCO Components and Process	▪ Organization and staffing ▪ Utilization Management and authorizations ▪ Quality, performance improvement, compliance ▪ Member benefits and Value-added service/s (VAS)	▪ Access to care and continuity of care ▪ Care Coordination teams and how to access the Care Coordinator ▪ Performance measures and health outcomes
Provider Information and Responsibilities	▪ Covered Services and the Provider's responsibilities for providing and coordinating such services ▪ Preserving and supporting continuity of care	▪ Coordinating with Foster Parents, Caregivers, Fictive Kin, DCBS and DJJ professional personnel, Adoptive Parents, CASAs, judges, law enforcement officials, and other sister agencies
Requirements for Providing Services to Kentucky SKY	▪ Medical consent requirements ▪ Required timelines for services and assessments ▪ Specific medical information required for court requests and judicial review of medical care ▪ Appropriate utilization of psychotropic medications; ▪ Evidence-based Behavioral Health treatment interventions	▪ The impact of ACEs ▪ Trauma-informed Care ▪ CANS ▪ Crisis Intervention Services ▪ High Fidelity Wraparound Approach ▪ Neonatal Abstinence Syndrome ▪ Substance Exposed Infants ▪ Screening for and identification of Behavioral Health disorders
Resources and Support	▪ Website, Handbook, FAQs and contact information ▪ Special Provider programs (Alternative Payment Models, ACE Provider Champions and Others)	▪ Training, education and advisory groups

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To facilitate Provider SKY required training, it will be offered in different ways:

- In person
  - Regionally located Training and Education Representatives will hold regional Provider forums and partner with local organizations, and Provider associations to offer trainings in coordination with existing meetings and gatherings.

  - For larger Providers, including hospitals, training can be offered at their practice upon request.
- Online
  - Our Training and Education Representatives will conduct interactive webinars where participants can actively engage and ask questions.
  - Our learning platform will house pre-recorded webinars available on demand.
- Pharmacy and Subcontracted Provider Designed Training:
  - Our Training and Education Team will develop Provider training specifically for pharmacies and Subcontractors.

Through our technology enabled training platform, Providers also have access to an extensive training library covering topics that go beyond required training and enable them to increase their learning in areas that will enhance services to Members of the SKY program. These topics, which are also available to staff, are described in Figure G.4.b-2.

Building Provider Expertise and Capability to Serve SKY Members

In addition to the training for Providers described above, our approach is one of collaboration and engagement with Providers to increase their ability to serve Members in SKY. Our Provider Relations Liaisons, in support of the trauma strategy to be developed by the Trauma Specialist, will focus on working closely with identified Providers to support them in assessing their practice's Trauma-informed Care delivery and help them increase their ability to provide Trauma-informed Care. They will also identify and support evidence-based practices, in particular those recognized by the Family First Prevention Services Act that can be implemented by SKY Providers.

As an example of these efforts, we have already identified local Adverse Childhood Experiences (ACEs) Provider Champions, organizations already delivering great care to our Members in Medicaid who are ready and willing to take on more to address ACEs, disparities in care, social determinants of health; and increase the resiliency of our communities. ACEs Provider Champions will receive small grants from Anthem to help offset one-time startup or other costs to expand their reach and Member impact. They will serve as role models and mentors for other Network Providers, and share their experiences and lessons learned at our annual Anthem Provider Education Workshops held in each region and in Anthem Provider communications. We expect ACEs Provider Champions to be available to give informal guidance and answer questions from other Providers in their regions who want to implement similar initiatives. The organizations listed in Figure G.4.b-4 have letters of intent with us and have agreed to act as our ACEs Provider Champions.

Figure G.4.b-4. Our ACEs Provider Champions

ACEs Provider Champion*	Region
Maryhurst	3
KVC Kentucky	5, 7, & 8

*Signed LOIs

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Kentucky SKY Training for Subcontractors

Anthem makes sure Subcontractors who provide dental, vision and pharmacy services receive the necessary information and training they need to be successful in meeting their delegated responsibilities. Elements of our Subcontractor Training include:

- SKY Program Goals
- Care Coordination (including how to access the Care Coordinator)
- Preserving and supporting continuity of care

- Coordination with Caregivers, DCBS, and DJJ professionals as needed
- Medical consent
- Specific medical information required for court requests and judicial review of care, and
- The impact of Adverse Childhood Experiences (ACEs) and Trauma-informed Care for health professionals

G.4.c. Educating Justice System Stakeholders

c. Describe how the Contractor will educate Law Enforcement Officials, the courts, judges, attorneys, and judges about the Kentucky SKY program.

Our experience in Kentucky, coupled with best practices from our Georgia affiliate's experience as the single MCO providing services to Georgia's FC, AA, and JJ participants, will inform our education and training for the SKY program. Our overall collaborative approach to education and training of justice system stakeholders will be enhanced by the addition of a dedicated Court and Justice Liaison as part of our Training and Education Team who will serve as the primary contact for them. The ***Court and Justice Liaison*** will be focused on training and engagement of the judicial system to include:

- The Department of Juvenile Justice
- Administrative office of the Courts (AOC)
- Kentucky Department of Criminal Justice Training Center
- Foster Care Review Board
- Local law enforcement agencies
- Court Appointed Special Advocates, State and local
- Family Court judges
- Kentucky County Attorneys Association
- Kentucky Department of Public Advocacy

The Court and Justice Liaison will outreach to Judicial Stakeholders to introduce the program and establish collaborative relationships and communication channels to facilitate a coordinated and comprehensive training approach.

Essential to these outreach efforts will be assuring that all Justice System Stakeholders have a clear understanding of the Kentucky SKY program and the needs of our Members. This outreach will identify how to access training, including the quarterly Kentucky SKY Orientation described below. Through this outreach and establishment of strong relationships, our Court and Justice Liaison will build on stakeholders' existing training without duplication and will collaboratively identify solutions to meet ongoing training needs.

Additional Kentucky SKY Initiatives to Collaborate with Justice System Stakeholders

Enhanced Communication and Access

In addition to the Court and Justice Liaison's role in coordinating training, they will serve as a conduit between the judiciary, DJJ, DCBS and the health plan to address system, organizational, and specific Member issues. The Liaison will have a clinical background to address questions from Judges and other stakeholders and will link to the Member's Care Coordinator as appropriate. We will also include a judge consultant for the Kentucky SKY program to provide additional Kentucky judicial system expertise to bridge understanding and build relationships.

Our Court and Justice Liaison will also manage a dedicated mailbox through which judges can ask questions, request trainings, and submit other communications. We use this information to determine further outreach and training. The mailbox may be used to contact the Court and Justice Liaison to request clinical consultation on health care subjects such as diagnoses, best practices, and medications.

Specific Trainings and Educational Materials for Justice System Stakeholders

Our Training and Education program will include topics of particular significance for the judicial and law enforcement system. For example, we will provide:

- Mental Health First Aid (MHFA) and Trauma-informed Care training, and will coordinate with Kentucky Crisis Intervention Training (CIT) resources. We understand that justice system stakeholders and law enforcement in particular are often the 'first interactors' with SKY program Members, and will provide education and training resources they need to interact with families and respond to Crisis.
- Provide the *National Child Trauma and Stress Network (NCTSN) Bench Cards for the Trauma Informed Judge* and other Kentucky SKY reference materials for inclusion in the Family and Juvenile Services Bench Book.
- Anthem has partnered with the Alliance for Freedom, Restoration and Justice to support the development of a training series on Human Trafficking and Health, which children within or exiting the child welfare system are vulnerable for victimization.

Judicial System Stakeholder Participation in the Development and Delivery of the KY SKY Training and Education Program

Anthem will include Justice System representation on the KY SKY Stakeholder Advisory Committee and will solicit participation from DCBS, DJJ, and other sister agencies for participation in trainings. The Court and Justice Liaison will also participate in judicial system educational and coordination activities as appropriate or requested.

Leveraging Best Practices

BRINGING PROVEN SOLUTIONS to the KENTUCKY SKY PROGRAM

We will leverage the experience of our Georgia affiliate which worked closely with the DJJ to educate their placement Providers on requesting and using psychological testing for the Georgia program. Staff worked with the DJJ to create the training content and participated in one of the DJJ's joint meetings with Providers to train them on the new parameters. This example represents just one of the opportunities we can leverage from our affiliates' experience to augment our Kentucky SKY model in collaborating with Justice System partners.

Anthem's Education and Training Strategy for the Judicial System

Our education and training strategy recognizes there are different mechanisms for delivering training, and the functionality of each mechanism continues to be important in deciding what best applies to various audiences and topics. We will use three different training delivery methods for educating stakeholders within the justice system: Instructor-led Training Delivery; Virtual Instructor-led Training Delivery; and E-Learning Training Delivery. These trainings can be provided on request or coordinated with existing judicial system events or meetings.

Kentucky SKY Orientation

Essential to our strategy is to have judicial stakeholders trained in the Kentucky SKY Program Orientation prior to the start of the program and ongoing. This orientation will be continually updated, offered quarterly in person, and available anytime online.

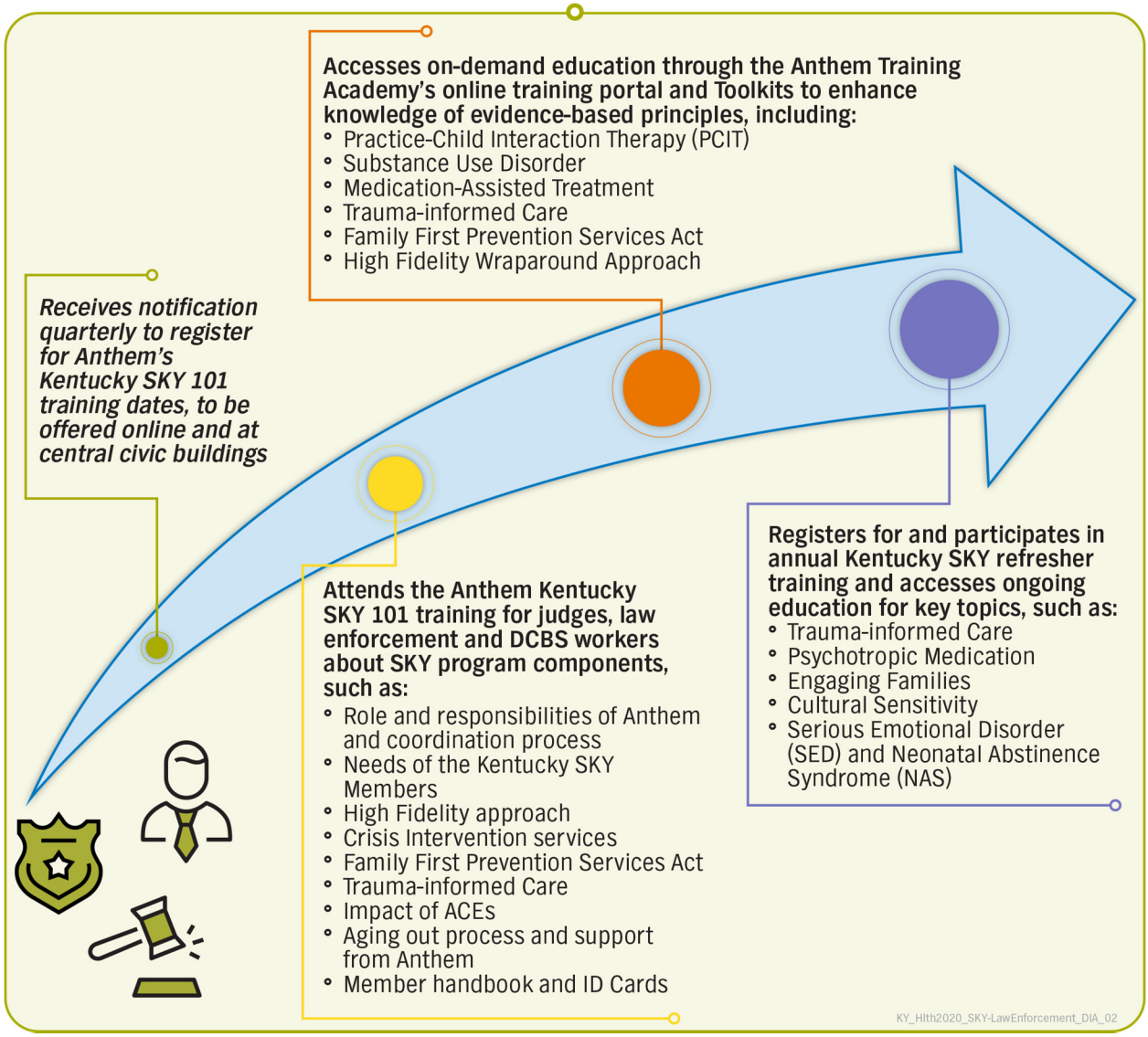
Ongoing Training for Judicial System Stakeholders

Anthem will provide ongoing training for judicial system stakeholders focused on the unique needs of the population we serve. Trainings and resources will continuously be identified, developed, and shared through ongoing communication with the Judicial Court Liaison and electronic notices to system participants.

Through our technology enabled training platform, judicial system stakeholders will also have access to an extensive training library covering topics that go beyond required training and enable them to increase their learning in areas that will enhance services to Members of the SKY program. These topics are described in Figure G.4.b-2.

An example of how a justice system stakeholder may experience training is illustrated in Figure G.4.c-1.

Figure G.4.c-1. Justice System Stakeholder Training Experiences



Anthem Medicaid

Committed to the *Future* of **Kentucky Medicaid**

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

5. Kentucky SKY Enrollee Services

G.5. Kentucky SKY Enrollee (Member) Services

G.5.a. Approach to Coordinating with Kentucky Departments

a. Describe the Contractor's proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor's experience expediting enrollment in other markets.

Services Designed for the SKY Population

Anthem Kentucky Managed Care Plan, Inc. (Anthem) is deeply invested in the Commonwealth and supporting Kentucky SKY Enrollees (Members). Anthem understands that children and young adults in the Child Welfare system often have unmet physical health (PH) and Behavioral Health (BH) needs and may have received disjointed care in the past. We are committed to adding value, efficiency, and quality outcomes to the Child Welfare system. Building on our current relationships, we are committed to partnering with DMS, the Department for Community Based Services (DCBS), and the Department of Juvenile Justice (DJJ) to make sure our Kentucky SKY Members begin receiving services immediately upon entering Foster Care. We will leverage lessons learned through our current ***Rapid Enrollment Process and High-risk Expedited Process***, developed and used by our Georgia affiliate to address this issue. We will comply with all Enrollee Services requirements for Kentucky SKY Members, as specified in RFP Attachment C, "Draft Contract," (Contract) Sections 22 and 42.

Anthem has comprehensive experience and extensive stakeholder connections in the Commonwealth. We are already effectively serving Kentucky's Foster Care (FC), Adoption Assistance (AA), Former Foster Children, and DJJ populations with a deep understanding of their respective Systems of Care. Our singular focus is the safety, permanency, and well-being of each Member. Our approach to make sure Kentucky SKY Members begin receiving services immediately upon entering Foster Care is developing transition processes and procedures for them, including those requiring an expedited enrollment process. Our strategy comprises the five components outlined below.

Fostering Connected Care Concierge Team

Our approach to assuring immediate access to services will begin with our Fostering Connected Care Concierge team, which is accessible to DCBS and DJJ staff, Members, and authorized caregivers, 24/7/365 through a dedicated SKY Members Concierge Line. The development of this team came as part of innovations prompted by lessons learned. Our Concierge Representatives will typically be the first point-of-contact for receiving requests for expedited Member enrollment. We understand that DMS anticipates using an electronic notification process for such requests, and we will hone our approach accordingly. For purposes of this response, we have included all communication pathways that could be used to make sure our response is complete.

Upon receipt of a request received through any of the pathways described above or through Youth Records Access Portal (YouthRAP), our secure online portal, a Concierge Representative will complete tasks such as:

- Checking the Medicaid Management Information System (MMIS) to determine whether the Member has a Medicaid ID number and internal Core Services System to determine whether the individual has an Anthem Member ID number

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

- Creating a temporary Anthem Member ID or proxy Medicaid ID for new Members, and provide information to DCBS, DJJ, or other placement to enable immediate access to services
- Contacting the DCBS or DJJ designated contact or placement as specified by DCBS if verification is needed; during the call, the Concierge Representative will assist with the following (as applicable):
  - Selecting a Primary Care Provider (PCP) (following a script approved by DMS)
  - Obtaining a list of the Member's authorized delegates (for example, caretakers authorized to change Member's PCP)
  - Identifying the child's immediate service needs, chronic health conditions, anticipated placement changes, imminent court dates, and scheduling considerations
- Identifying Members deemed medically complex or with urgent needs through predictive modeling
- Entering information received in the appropriate system, inclusive of referral and notification to our Care Coordination Team
- Arranging a PH screening within the required 48 hours; the medical exam, dental exam, and appointments within two weeks; and the Member's mental health screening within 30 days, as well as any other identified appointments such as a community supports to address SDOH needs
- Documenting all communications and activities in YouthRAP, our secure, internal, integrated system
- Sending the Kentucky SKY new Member welcome packet to the required contact in accordance with Section 22.2 and 42.11 of the Contract

While the Concierge Representative helps the Member obtain services through the expedited enrollment process, the Care Coordination Team will begin working on behalf of the Member within one Business Day of enrollment in Kentucky SKY. The Concierge Representative and Care Coordination Team will communicate and share information internally, as well as work with all authorized parties as determined by DCBS and DJJ. Specifically, there will be liaisons who work with DCBS and DJJ so that there is only one contact at Anthem and not multiple employees. This liaison will communicate with our Care Coordination Team and DCBS and DJJ to keep all parties updated. Additionally, this information will be available in YouthRAP.

In addition, we will immediately notify DMS when the Member needs to be enrolled into the MMIS system, and work with DMS staff to expedite enrollment. We will assign Anthem team members to monitor claims denial reports to make sure reimbursement requests from Providers treating Kentucky SKY Members prior to their actual enrollment in the Medicaid program (MMIS system) are corrected promptly.

Streamlining Processes Through Collaborative Efforts

Based on our affiliate's experience implementing a similar program in Georgia, our approach to coordinating with the DMS, DCBS, and DJJ begins by developing a Key Collaboration Accountability Workgroup as part of our implementation plan. Our local SKY Program administrators, our national Foster Care Collaboration Team and technology subject matter experts will meet quarterly pre-implementation with designated DMS, DCBS, and DJJ subject matter experts to walk through current processes and capabilities to determine the path forward that leverages strengths, minimizes administrative burdens, and fosters the exchange of secure

First, We Listen

data. Specifically, we propose the initial meeting include a deep dive detailing the processes and systems such as The Workers Information SysTem (TWIST) involved when children come into care, change placements, or exit care. Subsequent meetings would be held to identify existing processes and systems that can be leveraged or modified to develop solutions.

Additional meeting topics would likely include:

- Enrollment reconciliation and retroactive eligibility processes and procedures
- Commonwealth and Health Plan collaboration and points-of-contact
- System capabilities and limitations
- Data sets and elements, sharing agreements, processes, and procedures
- Defining levels of access to systems while protecting security and Protected Health Information (PHI), and testing files with the DMS, DCBS, and DJJ
- Proxy Anthem Identification (ID) and Medicaid ID processes and procedures
- Stakeholder (such as Child Placing Agency) nuances
- Additional services needed for system improvement
- Transition of care
- Optimizing Member and Provider experience

Anthem will work with all parties to develop a process to expedite enrollment into the SKY Program so Members can receive services immediately. We understand that the associated notification process may include multiple communication pathways (email, phone, electronic [file transfer], shared system, or fax), as well as a communication pathway (electronic notification) specified by the DMS, and we have the experience, capabilities, and systems to accommodate these pathways.

Post-implementation, we will continue meeting with these stakeholders on a quarterly and as needed basis to refine the process and address issues that may arise.

Facilitating Data Sharing with YouthRAP

#YouthRAP

Anthem's YouthRAP will facilitates communication and coordination among our clinical staff, DMS, DCBS, DJJ, and PH and BH Providers. Building upon our existing information sharing platform, ***we will implement an electronic health record solution that will serve as a system of record for children and youth in Child Welfare — a repository of Member health information, aggregating data from our own internal systems (such as claims, encounters, and authorizations) with external data sources***. A longitudinal health and service record that travels with children over time and across placements can improve communication, avoid redundant assessment processes, and reduce service duplication and fragmentation. YouthRAP will enable DMS, DCBS, DJJ, and Providers to readily access the Member's complete health information, which is especially vital during placement transitions. Traditional Medicaid Providers will continue to have access to the same information through our Member 360°SM Provider Portal if they prefer.

Timely Member Care Is the Priority

We understand that children and youth enter FC with varying amounts of available information (current and historical). Our procedures and protocols will include mechanisms to obtain, verify, update, and share information within the timeframes specified in the Contract and in accordance with HIPAA regulations.

Regionally Deployed Care Coordination Teams

We will leverage representatives located on-site at DCBS field offices in regions such as Jefferson, Salt River Trail, Northern Bluegrass, and others, as mutually agreed with DCBS and stated in Section 42.6.1 of the Contract to expedite care. DCBS offices and Providers with the greatest volume will be targeted for this co-location. As stated, our Concierge Team will notify our Care Coordination Team (CCT) of Members entering the SKY Program through the expedited enrollment process. Our regionally deployed CCT will focus on the safety, continuity, permanency, and well-being of our Members. The CCT is a multidisciplinary team that includes Care Coordinators with experience in the Child Welfare system, including RN Case Managers, BH Clinicians and specialists, Youth Peer Support Specialists, and Family Peer Support Specialists. The Care Coordinator becomes the single point-of-contact for the Member and caregiver, using the multidisciplinary team approach to engage other staff to support the Member's needs.

Rapid Enrollment Process

INNOVATION

Anthem's existing procedures ensure Members in immediate need of services who have eligibility issues can access services while those issues are being resolved. As an incumbent in Kentucky, we developed and use a ***Rapid Enrollment Process*** to make sure that children and youth with emergent needs receive the care they require in a timely manner. We use available data, including information obtained from other MCOs; information from the eligibility file; and referrals from agencies, Case Workers, and Providers to identify Members in active treatment or facilities, and support early identification of those needing immediate Care Coordination, including Members with medically complex conditions. Regardless of their eligibility status, we provide these children and youth with a temporary Member ID, enabling them to access services and necessary medications to address their emergent needs. This also enables our Care Coordinators to document information in the Member's temporary record, including prior care plans, claims, and encounter history to support predictive modeling. Internal information sharing among multiple users facilitates coordination of care activities and enables us to satisfy requests from external partners such as the DMS, DCBS, or DJJ.

Rapid Enrollment Process:
Youth with urgent health care needs receive a temporary Member ID to enable immediate care regardless of eligiblity status.
KY_Hlth2019_G.c_SKY-HighRisk_COB_02

Medically Complex Members and Members with Urgent Needs

To make sure youth with urgent needs receive timely care whether they are new or existing Members, we utilize our ***High-risk Expedited Process***. For example: youth who are deemed medically complex, in the hospital, have a chronic condition requiring attention, need emergency treatment, or require care for a complex condition immediately begin the Care Coordination and treatment plan development process. Members requiring enhanced care or emergency treatment are a priority. We will arrange for required assessments, develop treatment plans, and make appointments with Providers when there is an

MY WHY **Jean O'Brien**
Program Manager, Execution and Oversight
In previous career positions, I have managed numerous Kentucky Medicaid specialty clinics for children. Managing clinics that focus on sexual abuse and primary care for Medicaid Foster Children moved me to become a servant at heart for this population. The stories and situations are heartbreaking and graphic beyond words. Navigating these children's health care, whether at the Provider or MCO level, has become my passion and is **MY WHY**.
KY_Hlth2019_MyWhy-Jean_COB_01

urgent need for care. We will work closely with DMS, DCBS, and DJJ to make sure these children receive the care they need immediately. We fully appreciate that this may require working with out-of-Network or out-of-state Providers, and are committed to assuring continuity of care and access to timely care for our Kentucky SKY Members. We will continue to work collaboratively with DCBS, DJJ, and caregivers to expedite care.

SKY Newborn Enrollees

Anthem has experience working with pregnant mothers in Kentucky to make sure all newborns are enrolled and assigned a PCP. Anthem will submit a Newborn Notification Form, including the mother's PCP selection (if made) for her newborn, to DCBS within 24 hours of notification of birth. If the mother does not choose a PCP for her newborn, we auto-assign the newborn to a PCP within 48 hours of notification of birth, using the same process outlined below for all SKY Members.

Proven Solutions: Leveraging Affiliate Experience

Georgia Families 360˚SM Program

Our Georgia affiliate is Georgia's Department of Community Health's (DCH) single plan in charge of coordinating care for children in Foster Care, those receiving Adoption Assistance, and select youth in the Juvenile Justice system (Georgia Families 360˚ program). As the sole plan for more than five years, our affiliate has used an expedited enrollment process developed in collaboration with DCH and partner agencies and refined over the years.

The process uses a tool developed to expedite enrollment through the exchange of information — the E-form. The E-form is a communication tool developed to help notify not only our Georgia affiliate, but also the eligibility and enrollment departments of the Medicaid agency, Child Welfare, and Juvenile Justice when a child has entered into care. This form, which is filled out in the field by a Child Welfare or Juvenile Justice Case Manager, serves as initial notification to help our affiliate begin the Care Coordination process as soon as the Member enters into care while the Department is officially enrolling them in the program. As part of this expedited enrollment process, the Member receives a temporary health plan ID card and access to Network Providers. Through this process, our affiliate connects Members to services including primary and BH care, assessments, pharmacy, dental, and vision based on their specific needs.

This approach, combined with our Georgia affiliate's integrated care management model, has led to improvements in performance outcomes for the Georgia Families 360˚ program. For example, the rate of well-child screenings improved nine percentage points between reporting years 2014 and 2018 (79% to 88% respectively). Significant improvements to Well Child Visit HEDIS® measures have also been achieved. In reporting year 2018, the Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life rate was 84%, which is the 90th percentile.

G.5.b. Process for Resolving Enrollment and Eligibility Discrepancies

b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.

Anthem recognizes the importance of enrolling eligible Kentucky SKY Members quickly so they can access needed services immediately, and meet the Commonwealth-mandated time frame of a

physical screening within 48 hours. We recognize the importance of these initial assessments as the way to identify an individual's needs quickly and enable us to appropriately meet those needs in a timely manner. Resolving enrollment discrepancies is especially vital for this population because of the Kentucky-mandated 48 hour health assessment. We have systems designed to prevent discrepancies, but the often frequent changes in Foster Care or Juvenile Justice status mean discrepancies will occasionally happen. We have collaborated with DMS and sister agencies to create processes that resolve eligibility discrepancies when enrolling Members in the Kentucky Medicaid program, and we will continue to build on these relationships and processes for the Kentucky SKY Program. This response addresses how we identify and assess enrollment discrepancies, and how we collaborate with Kentucky agencies to resolve them.

Identifying and Assessing Enrollment Discrepancies

Anthem proactively identifies discrepancies through eligibility file reconciliation, and we will leverage these procedures for the SKY Program. Upon receipt of the daily 834 eligibility file or notification from DMS, DJJ, or DCBS, through our YouthRAP portal, our dedicated Fostering Connected Care Concierge team (Concierge Team) will compare it with our roster of Members who have enrolled, as well as those who have disenrolled from the program for reconciliation. A daily variance report will be sent to DMS, DCBS, and DJJ identifying Members listed on the eligibility files who have not been enrolled via the Kentucky MMIS. We will also identify eligibility discrepancies through engagement with the Member, DCBS, and DJJ. We primarily use web forms and other technologies to correct eligibility discrepancies, thereby reducing the burden on DMS, DCBS, and DJJ staff. We are flexible and welcome the opportunity to collaborate with the Commonwealth on any ad hoc issues they share with us or become aware of through other means.

Understanding and Assessing Enrollment Discrepancies

Enrollment discrepancies may be related to timing, notification, or data. Anthem's Kentucky Fostering Connected Care Concierge team will also monitor the DMS enrollment report to identify ineligible Members. Individuals may be ineligible because they are still covered under a guardian's insurance, living out of state, incarcerated, beyond the age of 26, or have been reunited with a parent or relative. Once these individuals are identified, we will call our contact at DMS based on our established relationships to determine within that Business Day if they should continue to be enrolled in Kentucky SKY.

We may also be contacted by the caregiver to notify us that the spelling of the Member's name or date of birth is incorrect. We will work internally to reconcile these discrepancies while simultaneously working with DMS to correct or otherwise update information in the MMIS system.

Anthem's Concierge Team will connect with our contacts at DMS, DCBS, and DJJ to resolve notification or data discrepancies. If the Member is eligible to enroll in Kentucky Medicaid upon aging out of the Kentucky SKY Program, our Transition Age Youth (TAY) Coordinators will assist with the enrollment and application process in compliance with Commonwealth and federal regulations. For youth aging out but under age 26, we advocate for continuous eligibility, providing materials informing them of the advantages of keeping their Medicaid active, and how and where to apply should it lapse. Our TAY Coordinators will work directly with the youth, answering any questions and will walk them through the process. We also make this a standard care plan goal for Members to demonstrate knowledge of this process. We also advocate for continuous eligibility for

Former Foster Care Youth to facilitate seamless transition to an appropriate program without any breaks in coverage. If a Member becomes ineligible for Kentucky SKY but remains eligible for Medicaid, the Member will remain enrolled in Anthem's Medicaid plan until the next Enrollment Period. Any change in MCO enrollment will be reflected in the updated roster, and we will issue Medicaid managed care enrollment materials. If a Member eligible for Medicaid through the Supplemental Security Income guidelines becomes ineligible for the SKY Program, they would return to the Medicaid fee-for-service system. We will use our Care Coordination and DCBS Liaisons to see that all parties are updated and we can reconcile, as needed.

Collaborating with Kentucky Agencies

Anthem has been actively engaged with DMS, DCBS, and DJJ for more than six years as a Kentucky Medicaid plan, serving more than 132,000 Members, including more than 1,600 children and youth within the Foster Care program. We work with our Commonwealth partners to determine how to resolve discrepancies in a timely and efficient manner. For example, we respond immediately when DCBS informs us that a child is taken into custody, assigning a Care Coordinator and working to schedule necessary assessments. We then reconcile our enrollment reports to make sure they are ultimately enrolled, but in the meantime, we work to make sure needs are met. At implementation of the Kentucky SKY Program, we propose to continue working closely with our Kentucky partners to mitigate Member issues and expedite enrollment and Care Coordination.

We expect changes to Member information to be received from any of the following sources:

- Member or caregiver
- Kentucky representatives
- Intermediary (Enrollment Broker)
- Care Coordination Team
- Pharmacies
- Providers
- Concierge Team
- Utilization Management
- Kentucky or broker enrollment files

Change information for a Member record will be routed to the Concierge Team, which will update the record.

Anthem uses the communication channels described above to help make sure all stakeholders, including Members, caregivers, Providers, and Kentucky agencies have updated and correct information. This provides Members access to needed services in a timely way. Our affiliate plan in Georgia developed tools to expedite enrollment into the Georgia Families 360˚ program and facilitate timely access to care for Members. Based on their experiences, they shared the following achievements and lessons learned:

BRINGING PROVEN SOLUTIONS to the KENTUCKY SKY PROGRAM

- Collaboration with state agencies resulted in developing communication channels and system connectivity to reduce eligibility and enrollment file discrepancies.
- After go-live, it was determined that the state enrollment file did not correctly reflect the county of custody for the Member or the correct eligibility category. Our Georgia affiliate worked with the Medicaid department to create a solution that corrected the county of custody issue so that they could accurately report this information to Child Welfare and Juvenile Justice.
- During the first three months after implementation, lack of effective communication channels across agencies and stakeholders meant the average wait time for eligibility confirmation was approximately 21 days. Through coordination with Medicaid and the other state partners, the

average length of wait time decreased by more than 50%. This was accomplished by routinely informing Child Welfare and Juvenile Justice staff about the E-form submission process and verifying that this information is sent to Medicaid within 24 to 72 hours of the Member entering custody. As described in Section G.5.a, the E-form is filled out in the field by a Child Welfare or DJJ Social Worker, serving as an initial notification to our affiliate to assign a temporary ID and begin the Care Coordination process immediately.

As previously discussed, Anthem recommends developing a Key Collaboration Accountability Workgroup to help evolve the needed coordination processes for Kentucky SKY. We will work with DMS, DCBS, and DJJ daily to resolve eligibility and other discrepancies as quickly as possible to streamline our Members' access to benefits and services. We propose regular meetings to track progress, identify discrepancies, and develop timely solutions. Anthem will work on proactively improving and enhancing our processes through education, training, and evaluation of results. In addition to regular workgroup meetings Anthem is committed to a one-call resolution, and we will review any discrepancies in real time for resolution.

G.5.c. Process for Assigning Members to a PCP

c. Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:

i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes

ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs

iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.

iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.

v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees

vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.

Member Services Designed for the SKY Enrollees

We know that the relationships our Members have with their PCPs are critical to accessing care. We give Members the freedom to choose from our entire Network of PCPs upon enrollment and the flexibility to request PCP changes at any time.

Anthem has systems and processes that assign Members to a PCP within two Business Days of enrollment, prioritizing Member and caregiver choice. We will leverage these processes and systems to assign Members to a PCP if they did not select one, in accordance with RFP Attachment C, "Draft Contract," (Contract) Sections 22 and 42. ***To facilitate Members' access to care, if they go to a different Network Provider, other than their assigned PCP, we will not deny the claim. We have learned that this flexibility is especially important for the FC, JJ, Former Foster Care, and AA populations because of placement changes and frequent relocations, and will continue this policy for all SKY Members under the new Contract.***

i. Provider Selection and Assignment

i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes

PCP Selection/Assignment Process

PCP assignments based on:
- Caregiver and Adoptive Parent preference
- Geographic proximity
- Quality and efficiency ratings
- Language
- Specialty
- Other relevant factors

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At the time of enrollment in the SKY Program, DCBS and DJJ staff work with Members and caregivers to help them understand how to select a PCP. To assist with this process, Anthem's Fostering Connected Care Concierge team will be available to DMS, DCBS, and DJJ staff, Members, and caregivers 24/7/365 through our dedicated SKY Concierge Line. As a first step in the process, our Concierge Representatives will confirm callers are authorized to make a Member's PCP selection in accordance with DMS requirements. Our SKY trained Concierge Representatives will be available to provide callers with detailed information regarding PCP options using a DMS-approved script. PCP-specific information will include physician specialty designation, hospital affiliation(s), office locations, and languages spoken. We allow different Provider types to serve as PCPs, according to the Member's needs. For example, individuals who have chronic, disabling, or life-threatening conditions may choose an appropriate specialist as the PCP (provided the specialist agrees to perform the duties of the PCP), or a female Member may select a participating advanced registered nurse practitioner or physician who specializes in OB/GYN. We also make sure that PCPs are accepting assignments prior to assigning Members to the PCP.

In those instances when a PCP has not been selected upon enrollment into the SKY Program, we will auto-assign Members to one within two days of enrollment, based on information we obtain from the 834 eligibility file, the Newborn Notification Form, Member's location (if applicable and provided) as defined in Section 42.12.1 of the Contract, and quality metrics.

We will identify Providers who best meet the Members' needs by examining metrics related to continuity of care, quality of care, and convenient location using our Member Default Optimization Program to assign PCPs once we gather data about Provider quality and efficiency. This program incorporates the following components:

- Quality rating (for example, HEDIS scores)
- Efficiency rating
- Geographic proximity (within 30 miles or 30 minutes of the Member's residence, DJJ residential facility, or DCBS case worker)
- Provider specialty and language
- Access to transportation
- Other relevant factors, such as pregnancy or assigning a child with special needs to health professionals with training and experience to appropriately treat and manage the condition

We employ continuity of care and quality of care logic in each auto-assignment. We factor each Member's individual history, preference, and geographic proximity to the PCP in this process. We also analyze any previous claims data we may have to identify treating Providers to whom the Member may be matched as a PCP.

We recognize that Members enrolled in the SKY Program often have unique circumstances that must be considered when linking them with a PCP.

ii. Collaborating to Assign PCPs

ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs

Anthem is committed to maintaining a collaborative relationship with the DMS, DCBS, and DJJ to facilitate person-centered continuity of care. Continuity of care is a critical factor in the selection of a PCP. In making initial PCP assignments and encouraging Members to make proactive PCP selections, we work with the DCBS Social Service Worker and DJJ Social Worker, Adoptive Parents, authorized Foster Parents (caregivers), and DMS agency representatives to enable Members to maintain relationships with their PCPs. We are willing to work with each stakeholder in a collaborative and flexible way to make sure Members are connected to the best possible PCP to meet their individual needs. As described above, our Concierge Team will be available to DMS, DCBS, and DJJ staff, as well as caregivers 24/7/365 through our Concierge Line. Our Concierge Representatives will assist all authorized callers with the selection of a PCP based on the Member's needs. Our Concierge Representatives will be able to assist both during the SKY Program enrollment process, and afterwards when authorized callers request a change.

Additionally, our Concierge Team will conduct the initial outreach to each newly enrolled Member, the caregiver, DCBS, or DJJ Social Service Worker. A Concierge Representative will leverage the information provided in the Member record, along with information provided via our connection to TWIST to:

- Contact the Member or identified contact
- Verify the accuracy of information, including the Member's DCBS worker, DJJ worker, placement, and contact information
- Encourage Member's selection of a PCP or verify an auto-assigned PCP is the Member's preferred choice
- Arrange the PH screening within the required 48 hours; the medical exam, dental exam, and visual exam appointments within two weeks; and the Member's mental health screening within 30 days, as well as any other needed appointments

During this call, our Concierge Representatives will use information from the DPP-106B form provided by DCBS or DJJ or similar information if available (for example, TWIST) when assisting with the selection of a PCP. For example, if historical PCP information is provided, our Concierge Representatives will explore whether retaining existing Providers or choosing new Providers is best, based up the Member's current placement and circumstances.

In addition to selecting or changing a PCP assignment through our Concierge Line, our Care Coordination Team is available to assist Members. Our Care Coordinators work with our Members to confirm that they have the most appropriate PCP for their specific needs upon enrollment into the SKY Program, and when their needs or placements change.

#YouthRAP The Care Coordination Team will use YouthRAP to communicate with Members and their caregivers about their PCP assignments. YouthRAP has functionality to communicate across multiple teams, making certain that Anthem, Members, caregivers, and agencies know the Member's current PCP assignment and upcoming appointments. Members and caregivers are also able to access YouthRAP and update their PCP if a change is needed. Member ID cards are automatically updated and available through our Member app.

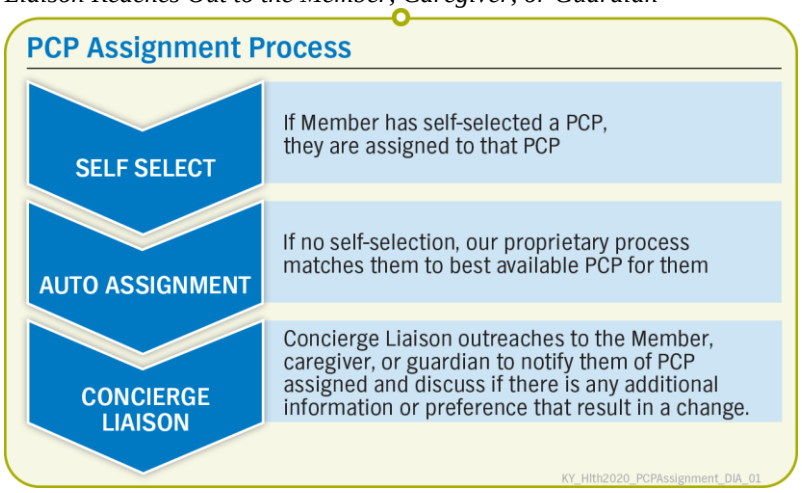
At every opportunity, we will reinforce our Members' choice and ability to change their PCPs at any time by providing instructions in our Member Handbook, on our Member website, and via reminders in newsletters and outreach activities. Our Concierge Team is available 24/7 to make changes as requested.

iii. Tracking Assignments

iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.

Anthem has met all requirements related to the assignment of Members to PCPs in our Kentucky Medicaid program, and we have the processes and systems in place to meet the Kentucky SKY PCP assignment requirements. We will assign PCPs within 24-48 hours of receiving the 834 eligibility file from the DMS, the Newborn Notification Form, or notification from DCBS. We maintain all PCP assignments in our Core Services System and have the ability to run Provider management reports in a specified time frame (daily, weekly, etc.) as well as on an ad hoc basis. As part of our process to confirm that all Members in the SKY Program are assigned to a PCP, we will run a daily report identifying any not assigned to a PCP. Our Concierge Team will use the report to reach out to identified Members or their authorized caregivers to assist them with selection of a PCP (Figure G.5.c-1).

Figure G.5.c-1. Once Anthem Assigns a Member to a PCP, a Concierge Liaison Reaches Out to the Member, Caregiver, or Guardian



Placement Changes

We understand that children and youth enrolled in the SKY Program may have placement changes that may impact their PCP assignment. We will work closely with DCBS, DJJ, and child placement agencies, providing support for changes and tracking those changes closely. If the PCP no longer meets access standards due to a change in location, we will assign a new PCP using Member, caregiver or Case Worker input or our algorithm to find the best available Provider, then notify the Member or caregiver, and update the PCP roster on our Provider Portal. Even if a PCP still meets access standards, a change in placement would trigger our Concierge team to contact the new caretaker and discuss whether they want to continue with this PCP. ***We advocate for continuity of care with a PCP who has established rapport with a child, but we also recognize Foster Parents often have additional placements and biological children, and we wish to support them with minimizing the number of appointments and locations to which they must travel.***

iv. PCP Notification

iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.

We will provide PCPs with timely notifications of new Kentucky SKY Members assigned to their practices. PCP assignments automatically update Network Provider panel rosters daily and are available to Providers through our website's secure portal. Providers can generate a PCP panel report at any time. We also notify individual Providers monthly through a push notification listing new Members assigned to their panels.

We will use our SKY dedicated Provider Relations Liaisons to work with PCPs continually to verify that they have complete and accurate information about Kentucky SKY Members assigned to their panels.

v. PCP Confirmation

v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees

We educate Providers on how to access updated panel rosters on our secure Provider Portal and the importance of doing so routinely. PCPs will be able to access and manage their Member rosters online through our secure YouthRAP portal or Member360º Provider Portal on a 24/7/365 basis. We will have a mechanism in place to track whether Providers access our PCP panel roster notifications. Providers can also verify Members through the Concierge Team.

Following the initial assignment notification, we will track PCPs' interaction with new Members assigned to their panels. The Concierge and CCTs are highly involved in the coordination of the initial assessments. We will set up the appointments on behalf of the DCBS and caregivers, monitor no-shows, reach out to eliminate any obstacles to getting into care, and record all activity in our Members' records that are available through YouthRAP and Member360º. In addition to the assistance provided by our Care Coordinators, we will review claims data, identifying PCPs who have not yet submitted claims for new Members' well visits and send a report to each Provider, requesting a status update. During periodic visits to Providers' offices, our Network Relations Consultants will refer to this report and ask Providers to present updates on their new Members. The PCP-Member relationship is crucial to the health, well-being, and comfort level of our Members, so we urge Providers to develop a solid relationship with new Members as soon as possible.

vi. Sample SKY Member Report to PCPs

vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.

PCP Assigned Members Report

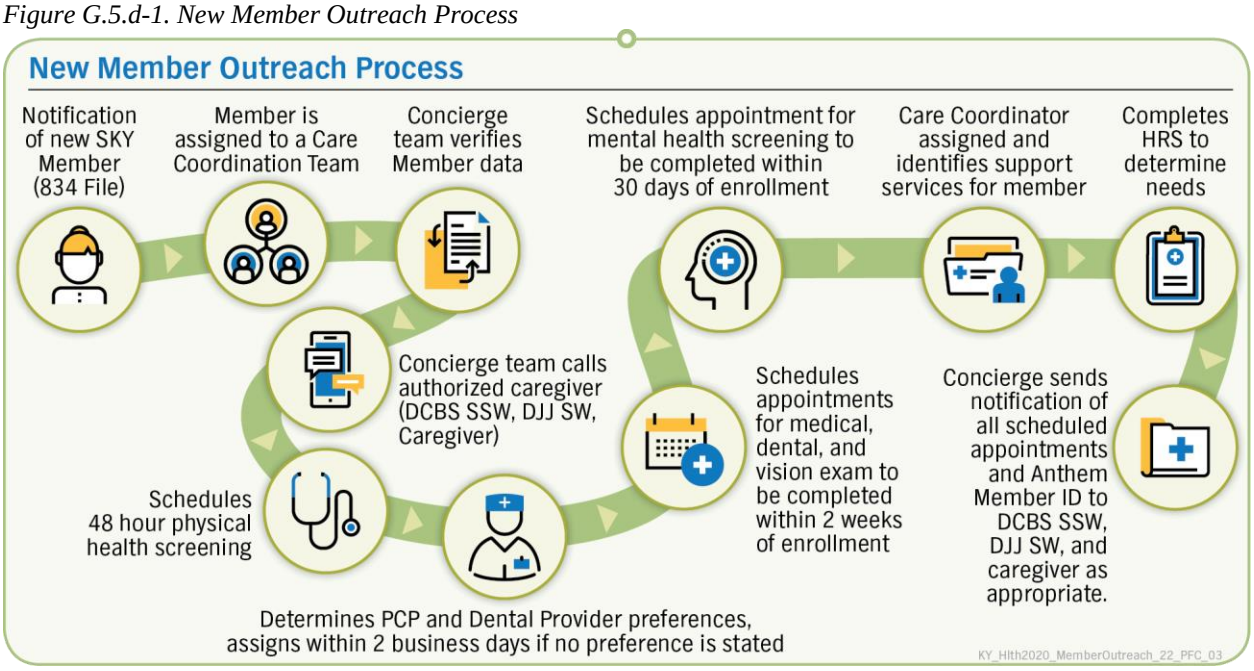
Please see Attachment G.5.c-1, Sample PCP Notification Report.

G.5.d. Process for Communicating With Members About PCPs and Scheduling Appointments

d. Describe the Contractor's proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at DMS, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.

Easily accessible ***preventive care for our Members is a top priority*** of our Care Coordination Team. Initial assessments and regular medical and dental care is vital to the health and well-being of our Kentucky SKY Members. We use ***innovative communication methods***, YouthRAP and HealthCrowd, to collaborate with Members on PCP assignments and upcoming appointments. We also take the time to ***understand the barriers, concerns, and logistical issues around keeping appointments,*** and our team diligently works to resolve them. Lastly, we will ***highlight the unique barriers to dental care***, such as communicating the Dental Provider assignment and how our Care Coordination Team works collaboratively with Members, caregivers, DMS, DCBS, and the DJJ to resolve them. Figure G.5.d-1 New Member Outreach Process walks through our outreach process while also understanding that we must be flexible in our approach and meet Members and caregivers on their terms.

Figure G.5.d-1. New Member Outreach Process



Collaboratively Choosing PCP Assignments

Our approach begins with a welcome call from our Concierge team informing Members and caregivers of their PCP assignment based on their prior or requested PCP, or if none was indicated, then a PCP is assigned based on our auto-assignment process using the best information available from the enrollment file, DCSB, and DJJ. During the welcome call, the Concierge Representative

asks the caregiver if they would prefer a different PCP (for example, a Provider that a Foster Care family is using for other children or one with specific experience in Trauma-informed Care), and verifies that the PCP meets accessibility standards.

The Care Coordination Team will use YouthRAP to communicate with Members and their caregivers about PCP assignments. YouthRAP has functionality to communicate across multiple teams making sure that Anthem, Members, caregivers, and agencies know the Member's current PCP assignment and upcoming appointments. Members and caregivers are also able to access YouthRAP and update their PCPs if a change is needed. Member ID cards are automatically updated and available through our Member portal.

Communicating Dental Provider Assignments

Anthem understands that good dental care plays an integral role in each Member's overall health and will make sure that all Members have a Dental Provider responsible for coordinating their dental care. We have selected DentaQuest to coordinate connecting Members to Dental Providers.

The process for communicating Dental Provider assignments and encouraging Members to schedule and keep appointments will be similar to the process to promote PCP appointment scheduling and adherence. During the new Member welcome call, the Concierge Representative will inform Members or caregivers of their assigned Dental Provider and the opportunity to make a change. Our Concierge Representatives will encourage them to make an appointment and offer assistance with scheduling, transportation, and other requirements, as needed. The Dental Provider will also be identified in a welcome letter and on the Member ID card, which will be available on the secure Member portal and on the Anthem mobile app. In addition, the Member or caregiver can contact the DentaQuest call center for help with selection of a Provider, and they would be soft-transferred to our Concierge team for assistance with other Kentucky SKY inquiries.

VALUE-ADDED SERVICES

Identifying PCP Appointment Barriers

We strive to streamline the process of making and keeping Provider appointments. There are multiple factors which can make it difficult for the caregiver to keep appointments, such as transportation, convenience of appointment times, and multiple children in the home needing care. ***We will work to make it easy and seek opportunities to bring care to where our Members are***, working closely with Providers with mobile clinics and various on-site opportunities such as the multispecialty clinic.

Upon notification that an appointment has been missed, the Care Coordinator will personally reach out to the Member or caregiver, as well as contact the DCBS SSW or DJJ Social Worker to ***understand how we can help***. The CCT will help remove barriers to care, such as coordinating in-home care, using our telehealth options, or just talking with the caregiver about any fears or concerns. We also utilize Community Engagement Navigators who are Certified Community Health Workers, and will continue helping our CCT identify resources that remove barriers to keeping appointment, such as transportation (through our value-added Transportation Assistance service).

Our ***Family and Youth Peer Support Specialists***, who are in a unique position to develop a relationship of trust, will provide assistance to caregivers and Members, especially TAY and Former

Foster Care Youth, in making and keeping appointments. This is particularly helpful for appointment with BH practitioners. They can also help families with challenges keeping up with the health care needs of the children since they have experience managing some of the same challenges.

Identifying Unique Dental Appointment Barriers

While many of the same barriers apply to Members and caregivers making other Providers appointments, there are additional unique barriers to maintaining dental care such as fear of dental pain, lack of understanding of its critical importance to overall health, and only going when "something is wrong." We will provide educational materials to Members and their caregivers to increase understanding about the importance of oral health, and will use Motivational Interviewing techniques during calls triggered by oral health gaps in care.

Assisting with Making and Keeping PCP and Dental Appointments

Anthem's Concierge and Care Coordination teams utilize multiple supportive tools and processes that help Members and caregivers make and keep appointments with Providers and other services. Our comprehensive approach has resulted in successful appointment completions. For example, our Georgia affiliate's team made approximately 14,654 outgoing calls to Georgia Families 360° Members during the first six months regarding scheduling, rescheduling, and confirming the completion of medical or dental preventive appointments. Eighty-eight percent of the scheduled medical appointments and 89% of the scheduled dental preventive appointments were completed. The canceled or no-show appointments were rescheduled and conducted within six weeks of the originally scheduled appointment.

In the Georgia Families 360° program, our affiliate achieved the 90th percentile in Well Child Visit rate in the Third, Fourth, Fifth, and Sixth Years of Life in reporting year 2018.

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Upon notification that an appointment has been missed, our Care team will employ the same techniques as a missed Provider appointment. The Community Engagement Navigators and Family and Youth Peer Support Specialists will play an even more important role here, speaking to Members about their reluctance and educating them on the importance on preventive dental care.

Tools for Scheduling PCP and Dental Appointments

Our Care Coordination model includes regular contacts with Members. During these regular contacts, the Care Coordinator will also check to see if appointments are needed or have been missed, and will discuss any barriers to keeping them. They will help make those appointments and arrange transportation as needed.

The CCT, including Care Coordinators and the Concierge team, will help Members schedule and reschedule appointments with easy and convenient tools, such as the MyHealthDirect online scheduling tool. Members or caregivers can also use the Anthem mobile app to schedule appointments.

Resources to Support Scheduling and Keeping Appointments

- Welcome Call
- New Member Welcome Packet Information
- 24/7 Concierge Line
- Care Coordinators/CCT
- Coordinating with DCBS and DJJ
- Reminder Texts, Calls, and Emails
- Anthem Mobile App
- Coordinating with Caregivers, as Permitted

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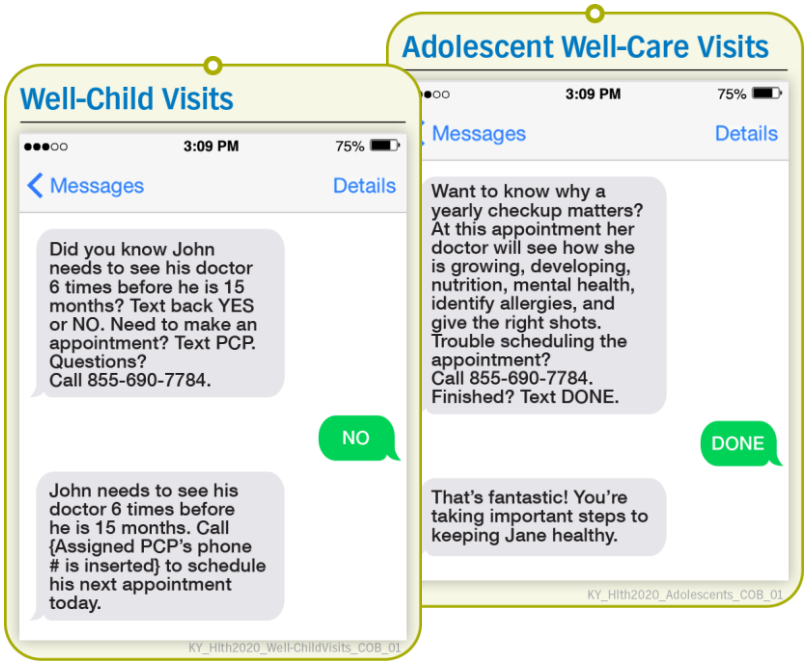
Helping Members Remember Appointments

Members will be reminded about appointments via phone calls and contacts from our CCT and digitally. Anthem will also use HealthCrowd, a text-based application designed to inform Members and caregivers about gaps in care and how they can close them. This will be a vital tool to alert Members to needed appointments and provide reminders to keep them. As shown in Figure G.5.d-2, the HealthCrowd application can reach out to Members to alert them to needed doctor and dental appointments, screenings, and assessments. If the gap has been closed, the Member lets HealthCrowd know. However, when a Member needs assistance in closing the gap, the phone number to call is there.

Figure G.5.d-2. Text Messages in HealthCrowd



Additional Tools for Reminders and Access

Some of these touchpoints include Member mailings and phone calls from the Concierge and Care Coordination teams. As we do for our Kentucky Medicaid program, for Kentucky SKY Members, we will reinforce the importance of preventive care and regular visits to PCPs and Dental Providers in our new Member welcome packet and Member Handbook, on our website, in our welcome calls, through community events, and through social media, including Facebook, Twitter, and YouTube. We will also stress the need for establishing and maintaining good relationships with PCPs through direct interaction with our Concierge team, Care Coordination Team (inclusive of our Family and Youth Peer Support Specialists), and individual Care Coordinators.

All communications will reflect Anthem staff training in Cultural Competency, Trauma-informed Care, and Adverse Childhood Experiences (ACEs). Translation services will be available, and we will be prepared to respond to special communication needs of Members and caregivers who are disabled, blind, deaf, and aged.

Increasing Access to Dental Care. We host health fairs in Kentucky that include Dental Providers for convenient access to our Members and caregivers. We will continue to schedule health fairs that include the vital access to Dental Providers and are exploring mobile dental services. We notify Members about upcoming Health Fairs by direct mailings and call reminders, and the CCT will address any barriers to attending them.

Anthem is exploring additional partners to increase access to dental care. This includes ***Smile Kentucky!,*** administered through the University Of Louisville School Of Dentistry, and a national Orthodontic program for Foster Care Families called ***Smiles Change Lives*** with 18

participating Providers in Kentucky. Families in Eastern Kentucky can be served by Remote Area Medical (RAM) clinics that provide dental support to that region.

Incentivizing Providers for Completing Appointments

We will also encourage Providers to make personalized reminder calls, sending them emails and "blast" messages with information about Members who are due to make or keep an appointment, and encouraging them to contact Members in advance of the scheduled appointment. We engage Providers in helping to verify prompt appointment scheduling and adherence, and monitor compliance through claims data and Provider reports.

Our Foster Care Access Incentive Program (FCAIP) offers Providers an opportunity to earn an enhanced payment rate for each eligible encounter for completion of comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams, including dental, hearing, developmental, and trauma screenings within 30 days of placement in Foster Care. We will pay earned incentives quarterly at enhanced rates for eligible claims for specified CPT® and diagnosis codes. As part of the criteria for participation in many of our Alternative Payment Models (APMs), PCPs must have open panel status and other Provider types must be willing to accept all Kentucky SKY Members.

Working With Kentucky Resources to Communicate With Members

Aligning our Care Coordination Teams across the nine DCBS Service Regions will enhance relationship building and facilitate communication.
KY_Hlth2020_G.5.d_DCBS_COB_01

Anthem commits to interface with our Kentucky partner officials on a regular basis. This includes both Commonwealth-wide and local leadership within DMS, DCBS, DJJ, DBHDID, Administrative Office of the Courts (AOC), the Governor's office, and school systems.

We will align our CCTs across the nine DCBS Service Regions to enhance relationship building and facilitate communication, as the same designated teams will be working together on an ongoing basis. We propose co-locating CCT staff at DCBS field offices in regions with a demonstrated historical need for high collaboration, such as Jefferson, Salt River Trail, and Northern Bluegrass. In more rural areas, we propose working with DCBS with input from key stakeholders to identify locations where CCT staff will maintain a presence in specific field offices, supporting close collaboration and coordination of SKY Members' care. We also propose co-location at child placement agencies with high Member volumes and clinical resources. This co-location will support DCBS SSWs in obtaining necessary medical records and confirmation that health care services are being provided, and help reduce the administrative burden on Kentucky workers.

All county offices will have telephonic access to Care Coordinators and support staff for every region. We will assign Care Coordinators as necessary to provide additional levels of support at high-volume Residential Treatment Facilities, working with the staffs to coordinate care, engage youth in healthy extra-curricular activities, and educate Members about making informed health and life choices.

Accurate Contact Information

When there is a placement transition may impact existing appointments, we will contact and work with the right Providers to cancel or reschedule and close any gaps in care. Because of the

potential for placement changes among Kentucky SKY Members, we expect that limited and inaccurate contact information may present a challenge to making personal contact. We will employ a multi-faceted approach to obtain and verify Member contact information, including phone numbers and email addresses. Based on successful methods used in Kentucky and by our affiliates in other states, our contact efforts will include:

- Outreach to DCBS SSWs, DJJ Social Workers, and other case workers involved with the Member
- Checking our Core Services System to determine if the same Member contact information is listed in DMS' enrollment eligibility system
- Linking our systems to the TWIST system, as permitted by DCBS, to access up-to-date contact information for the Member and caregiver
- Outreach to Members through phone calls (for example, welcome calls and retention calls) and through email addresses on file
- Outreach to Members' last Provider of record according to our claims system
- Checking the Kentucky Health Information Exchange (KHIE) to determine the last Provider that treated the Member and outreach to this Provider to obtain updated information
- Follow-up on returned Member ID cards by phone, email, and reports to DMS
- Outreach to other MCOs that have served the Member

If needed, Community Engagement Navigators will use "locate and engage" strategies to seek out hard-to-reach Members.

G.5.e. Assessing Member Access to PCP and Dental Providers

e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor's proposed process to assess a FC or JJ Enrollee's access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.

Assessing Access to PCP and Dental Providers After a Placement Change

Anthem will receive notification of a change in Member placement through the daily eligibility file provided by the DMS, or written or telephonic notification from DMS, DCBS, or DJJ. The eligibility file will likely show the DCBS office rather than the Member's actual placement location. We also learn of both planned and unplanned placement changes through our involvement with caregivers and Members through care coordination model. As soon as we learn of a placement change, we will immediately update our information system that is available to all appropriate Anthem staff.

Within one Business Day of notification of a placement change, we will assess the Member's access to the currently assigned PCP and Dental Provider by comparing their new address to their current PCP and Dental Provider locations and Network access standards to determine if requirements continue to be met.

Assigning a New PCP and Dental Provider If Prior Provider No Longer Meets Access Standards

If a Member's current PCP or Dental Provider no longer meets access standards after a placement change, or is not convenient to the new placement, our CCT will notify the Member's DCBS SSW, DJJ Social Worker, Private Child Placement Agency Social Worker, caregiver, or Member within the same Business Day and take steps to connect them to a PCP and Dental Provider that meets their needs as well as access standards. Whenever possible, we advocate for continuity of care for the Member as we recognize the importance of continuity of care.

We prefer to use our relationships and communication with the DCBS SSW/DJJ Social Worker to find the best match for the Member. The Care Coordinator will contact the DCBS SSW/DJJ Social Worker regarding impending placement changes and likely locations, provide them with a list of known PCPs in the area, and make reassignments based on their selection. If a specific placement is known prior to the change, the Care Coordinator will determine the caregiver's (or child placement agency's or group home's) preferred Providers, and make reassignments based on that preference.

If neither the DCBS or DJJ social worker nor the caregiver has a preference and does not select a new PCP and Dental Provider within two Business Days of notification, we will auto-assign Members to them as described in Section G.5.c, and in compliance with Draft Contract, Section 42.12.1, completing the full process within three Business Days of the notification of the Member's relocation.

Our CCT will also reach out to the Member's new caregiver to discuss any new needs or issues, update the Member's care plan, provide support, answer any questions the new caregiver may have, and make sure all prior services (beyond PCP and Dental) are reestablished based on the new placement location. We provide the assigned PCP and Dental Provider critical information about the Members' medical history and assessments so they can address any critical care needs and care gaps while not duplicating services. ***When there is a transition in placement that may affect existing appointments, we will contact and work with the right Providers to cancel or reschedule and close any gaps in getting to care. We try to keep Providers within the same health system when possible, so Electronic Health Records are easily accessible. If the Member is established with a specialist, we inquire about the next scheduled appointment and work with the caregiver and DCBS or DJJ worker to keep that appointment. We encourage continuity when possible as the Member likely has a rapport with an established Provider.***

Once an auto-assignment is made, we will notify Members and caregivers, the DCBS SSW, and/or the DJJ Social Worker of the new PCP and Dental Provider within three Business Days of the relocation notification. We will also inform Members, their DCBS SSW/DJJ Social Workers, and Foster Parents, when permitted, of their ability to change their own PCP, based on the Member's needs and subject to access standards. We will collaborate with Commonwealth agencies to share information and establish the best process to address situations when Member representatives choose different Providers.

Dental Provider Assignment

When a Member changes placement and their current Dental Provider does not meet access standards, our CCT will outreach to the DCBS SSW/DJJ Social Worker if applicable and obtain permission to contact the new caregiver. The new caregiver, will be contacted and provided the

opportunity to give preference of Dental Provider and this will be updated and available in the all systems the next business day. If no preference is noted, through our PCP and Dental assignment outreach, Anthem's Subcontractor, DentaQuest, will auto-assign the Member to a new Dental Provider located within 50 minutes or 50 miles for non-urban areas, and 30 miles or 30 minutes in urban areas on the second business day after receiving notification of placement change. Once an auto-assignment is made, DentaQuest will notify Members, their caregivers, and DCBS of the assigned Dental Provider within three Business Days of relocation notification.

Dental Liaison

We will hire a dedicated Dental Liaison who will be a licensed dental hygienist for a case management role, providing necessary coordination with Dental Providers, Care Coordinators, Members, caregivers, and DentaQuest. As Care Coordinators identify dental needs, the Dental Liaison will engage to remove barriers to care, identify Dental Providers, communicate with other Providers as necessary, and advise regarding individual dental needs. They will be responsible for oversight and monitoring of performance on key dental outcomes, including EPSDT preventive dental visits. The SKY dedicated Dental Liaison will identify targeted community outreach needs and will coordinate with DentaQuest on community-based events, including dental clinics and mobile dentistry, to enhance Member access to dental screenings and care, and improve overall dental outcomes. Today, our Network includes more than 1,660 Dental Providers (including pediatric dentists), and nearly 1,300 vision Providers across the Commonwealth. The Dental Liaison is responsible for providing clinical and educational services to meet the oral health care needs of individuals and groups of patients, under the general direction and supervision of a dentist.

Continuity of Care after New Assignment

> We outreach to all Members who are not current on EPSDT visits to assist with scheduling appointments.
> KY_Hlth2019_G.5_SKY-Outreach_COB_03

Once the re-assignment of the PCP is made, our CCT will contact the Member or caregiver to set up an initial visit, and may assist in scheduling and keeping this appointment, including EPSDT visits. Our CCT will track the appointments we schedule, and if the Member does not keep the appointment, we will work with the Member and Provider to reschedule it, remove any possible barriers, and continue to track and follow up until the appointment is completed. Our CCT works with Members, Providers, DCBS SSWs/DJJ Social Workers, and Foster Parents, when permitted, to assure continuity of care.

G.5.f. Engaging Adoptive Parents Requesting to Opt-out

f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:

i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.

ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.

iii. Attempts for periodic re-engagement after Disenrollment.

iv. Include how the Contractor will use results from the survey to improve the program.

For Adoptive Parents who request to opt out of the Kentucky SKY Program, we will use outreach and education methods proven successful by Anthem and our affiliates serving Members receiving Adoption Assistance. Prior to implementation, we will also solicit input from DMS and DCBS to learn if they have developed any best practices to help increase Member retention within the program.

> Our goal is to retain the Adoption Assistance Member in the program so they may continue to receive comprehensive Care Coordination and all of the benefits and services available through the Kentucky SKY program.
> KY_Hlth2019_G.c_SKY-AAMember_COB_02

Adoptive Parents may request to opt out for a variety of reasons — they may prefer to use their own insurance, their preferred Provider is not in our Network, or they do not understand how to use the program. When an opt-out request is received, we will utilize staff trained on Motivational Interviewing to provide outreach to the Adoptive Parents to investigate the reasons for the request, try to resolve any issues, and highlight the benefits of covered and value-added services (VAS). Our goal is to retain the Member receiving Adoption Assistance so they may continue to receive comprehensive Care Coordination and all the benefits and services available through the Kentucky SKY Program.

i. Adoption Assistance Enrollee Outreach and Engagement

i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.

Anthem will collaborate with DMS and DCBS to promote the best means of engaging Adoptive Parents before and after adoption. We educate the DCBS staff working with Adoptive Parents to make sure they understand the benefits of the Kentucky SKY Program and can share this information during adoption planning meetings, and support the Adoptive Parents to maximize their resources and supports post-adoption. Our comprehensive Care Coordination and numerous VAS are among the many advantages that reduce the likelihood of opting out. Members are assigned one Care Coordinator to be with them through the entire process, to serve as a point of continuity across the system. We will offer support, including organizing transportation and interpretation assistance, to help Members receiving Adoption Assistance and their families feel comfortable within the program. A Care Coordinator will conduct outreach and provide clinical support if the Member requires complex care or EPSDT. Our focus is on the safety and well-being of our Members.

We will coordinate with DMS and DCBS to develop Kentucky SKY Adoption Assistance instructions advising Adoptive Parents that they need to speak with an Anthem representative prior to opting out of the program. As described in the Member Handbook, there will be several ways for Adoptive Parents to connect with Anthem, including the Anthem mobile app, email, calling the Fostering Connected Care Concierge team, or direct contact with Care Coordinators. Our Concierge Representatives are friendly, helpful, and informative, sharing details about VAS, Care Coordination, and the support Network that Adoptive Parents can access through the program.

When we receive an opt-out request, and prior to disenrollment, the Member's assigned Care Coordinator will contact the Adoptive Parents to determine what the issue(s) may be and examine ways we can resolve them to retain the Member in our program. We will focus on the program's value to Members receiving Adoption Assistance, including the importance of coordinated PH, BH, and dental care at an early age and the VAS available to Members. In some cases, the opt-out request may be caused by a misunderstanding concerning benefits or available Network Providers. We will offer an in-person or telephonic training on how to use the program

to best meet the Member's needs. If the Adoptive Parents' preferred Provider is not in the Network, our Care Coordinators will work with the family to identify a suitable replacement and arrange for an initial appointment, or if necessary for continuity of care, will reach out to the out-of-Network Provider to secure a single-case agreement until the Member can transition to a Network Provider.

Our efforts to retain Members through outreach, education, and assistance have proven successful. ***Our Georgia affiliate's efforts through this approach resulted in 67% of the Adoption Assistance Parents contacted deciding not to proceed with their opt-out requests.***

Assisting Adoptive Parents With Opt-out Requests

We will assist Members receiving Adoption Assistance and their families who determine that they still wish to opt out after we have answered their questions, offered solutions to issues, and provided them with additional information about the program. We will refer the Member receiving Adoption Assistance or caregiver to DMS or its Agent, who will make disenrollment determinations, and advise them that we will be available to answer any questions, even after opting out. We will also advise them on how they can re-enroll should they wish to access the Kentucky SKY benefits. We will notify DMS that the Adoptive Parents wish to opt out of the program by sending the completed form via the venue preferred by DMS.

Anthem understands that Adoption Assistance families may opt out of the Kentucky SKY Program for any reason up to 90 calendar days from the date that the Member is enrolled, or the date DMS or its Agent sends the Member notice of enrollment, whichever is later. They may request disenrollment without cause every 12 months thereafter. However, Adoption Assistance families may request disenrollment from Kentucky SKY for cause at any time.

If the Adoptive Parent contacts DMS directly with a complaint or opt-out request with cause, we expect that the termination will come through to us on the 834 eligibility file the next day. We will investigate the issue and report results to DMS and DCBS, as appropriate. We will not contact the Member receiving Adoption Assistance and Adoptive Parent directly if an opt-out-for-cause request has been received.

Anthem will review and evaluate opt-out requests regularly to identify and resolve any core issues. We will also review and discuss opt-out requests during routine meetings with DMS, DCBS, and DJJ. This continuing evaluation will enable us to factor Adoptive Parent feedback and concerns into our Continuous Quality Improvement (CQI) efforts.

Adoptive Parents will have the option to re-enroll at any time by contacting DMS. To maintain continuity of care, we will make every effort to assign the Member to the same Care Coordinator, PCP, and Dental Provider upon re-enrollment, unless the Adoptive Parent specifically requests a different Care Coordinator or Provider.

ii. Opt-out Surveys

ii. Conducting surveys with Adoption Assistance Enrollees to determine the reason for opting out of the Kentucky SKY program.

With DMS consent to conduct outreach post-disenrollment, our Concierge team will conduct opt-out surveys for Adoptive Parents who decide to leave the program after our outreach and engagement attempts. With approval from DMS, the opt-out survey will contain questions such as the following:

- Why did you decide to opt out of Kentucky SKY?
- On a scale of one to five, with five being the best, how satisfied are you with our services?
- Did you encounter problems? If yes, did you get a resolution?
- Was your choice of Provider in the Network? If not, who was the Provider?

Feedback opportunities include:
- Surveys
- Outreach calls
- Emails
- Town Hall-style meetings

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We will offer the following ways for disenrolling Members and Adoption Assistance Parents to provide feedback:

- We will email Adoption Assistance Parents a link to the online opt-out survey located on our secure Member website; the survey can remain anonymous to provide the most confidential way for Adoptive Parents to share their opinions.
- Our Member portal will contain a link to the opt-out survey so that Adoptive Parents can access the survey directly from our website at any time.
- Postcard mailing to the home address will encourage Adoptive Parents to contact us via phone if they have any questions or wish to discuss their decision. The postcard also will provide the URL for our opt-out survey and advise them that they can visit our website, which contains a link to the opt-out survey, to provide input concerning their reasons for leaving the program.

iii. Re-engagement after Disenrollment

iii. Attempts for periodic re-engagement after Disenrollment.

When Adoptive Parents complete the opt-out survey, we request their permission to contact them periodically with benefits and services updates. With permission, we will conduct a series of outreach and engagement efforts urging Members and Adoptive Parents to re-enroll. In the case of Members who are younger than 18 years old, we outreach prior to potential disenrollment to explain benefits and options directly to the Member, as well as their Adoptive Parents. Our Concierge team will explain that Members receiving Adoption Assistance who reach 18 years of age may now remain in the Kentucky SKY Program until they are 26 and that we are contacting Members and their families to educate them on their rights, benefits, and VAS. We will also offer assistance with completing any forms required to remain in the program and explore Provider options if the 18+ year-old Member is moving to a new location (for example, college or a new address separate from Adoptive Parents) outside of access standards for their current PCP or Dental Provider.

Prior to conducting outreach, we will examine the Member's and Adoptive Parent's history with Anthem, including any information related to previous challenges and issues. Our re-engagement efforts, which highlight the value of program benefits and services, include:

- Outbound re-engagement phone calls from our Concierge team
- Emails encouraging Members and Adoptive Parents to contact us for important information about benefits and services and highlighting the program's advantages, based on approval by Adoption Assistance parents to receive such communication
- Phone messages urging disenrolled Members and Adoptive Parents to contact Anthem for information and assistance
- Mailing a letter or other informational material to the Member's home address about VAS and Care Coordination
- If unable to verify the Member's home address and contact information, we will work with the Commonwealth, other community partners, and our Community Engagement Navigators to try to re-establish contact and refer the Member and Adoptive Parent to the Concierge team for additional information about the Kentucky SKY Program.

iv. Using Survey Results to Improve the Program

iv. Include how the Contractor will use results from the survey to improve the program.

Anthem has a no wrong door approach to sharing information that will improve our overall program; survey results are one way we obtain suggested program improvements. We will share Member and Adoptive Parent disenrollment survey results with DMS in quarterly reports. Disenrollment rationale will also be discussed at meetings with DMS partner agencies and reviewed internally on a regular basis by our Quality Improvement Committee, which includes representatives from all key departments. This feedback will be an important part of our CQI efforts in all areas, enabling us to enhance services to Members receiving Adoption Assistance and their families. We will analyze survey responses and other feedback about the reasons for disenrollment, and explore and implement changes, such as modifications to operations, communications, Network, or VAS. We will also compare results with those we receive in other states to further identify opportunities for improvement.

Disenrollment reasons will be reviewed and discussed in the SKY Advisory Committee to get input into program improvements, thus limiting opt outs due to dissatisfaction.

Disenrollment survey results will also be part of our Member satisfaction analysis and will be taken into consideration, together with CAHPS® scores, focus group feedback. Health Education Advisory Committee input, and Member Services call reports, as part of our continuous efforts to improve services to Members and their families.

G.5.g. Providing Member ID Cards in Required Time Frames

g. Provide the Contractor's proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:

i. Report of a lost ID card.

ii. A Kentucky SKY Enrollee name change.

iii. A new PCP assignment.

iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee's ID card.

Anthem recognizes the need for timely access to ID cards for Kentucky SKY Members, particularly in instances of crisis, placement, transition between care settings, or name changes, so that they may access needed benefits and services without interruption. Using our process that consistently meets five-day requirements for the Kentucky Medicaid program, we are prepared to issue Member ID cards within five Business Days of receiving the eligibility file or requests for reissue of the card,

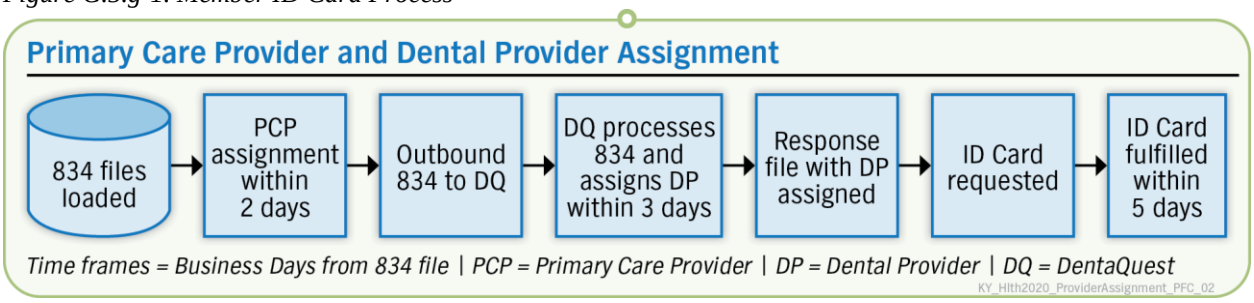
Streamlined Member ID Card Creation Process

The Member ID card process includes an automated program that runs nightly. When a Member comes through on the 834 eligibility file, the information is routed for PCP assignment, sent electronically to DentaQuest for Dental Provider assignment, and the information is relayed to the card Vendor via extracts prior to 7:00 a.m. each day. Electronic ID cards are generated and available to view as an e-card on our secure Member website or via our Anthem mobile app. We recognize that our Members' safety and privacy is of the utmost importance. Therefore, we will take proper precautions to protect information and reset online portals to gain information, especially in the case of name changes. In urgent or emergency situations, we can process cards in less than the five-day period, and will work with DMS and the Member or caregiver to see that services are not delayed. If a Provider needs the card to see the Member for an immediate service, the Concierge Team can email or fax a copy to the Provider's office to remove barriers to access care.

Instructions in the new Member welcome packet, Member Handbook, and website will describe many convenient options for Kentucky SKY Program Members or caregivers to quickly and conveniently obtain electronic ID cards, which can be printed if needed, within appropriate security and privacy rules. Care Coordinators will help Members and caregivers download and print ID cards if requested, educate them about their appropriate use, and review all their features. ID card information will also be on the YouthRAP platform that securely interfaces with DMS, the DCBS, and the DJJ, enabling the Member's DCBS SSW or DJJ Social Worker to verify and provide Member ID card information.

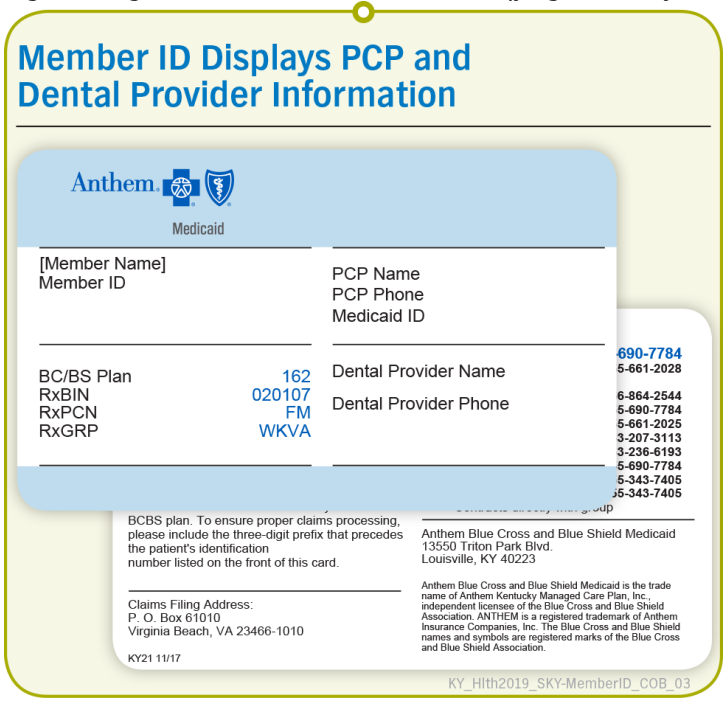
Figure G.5.g-1 illustrates the key steps in generating a Member ID card. Our goal is to provide Members with new cards as quickly and conveniently as possible.

Figure G.5.g-1. Member ID Card Process



Anthem's ID card will provide Members with all the information they require to access benefits and services, including their ID number, the Kentucky SKY name and logo, and contact name and phone number for their PCPs and Dental Providers. Please see Figure G.5.g-2 for a sample Member ID card illustrating the helpful information provided (the logo would be added after being finalized by DMS).

Figure G.5.g-2. Member ID Cards Make Identifying PCP Easy



Member ID Card Reissue Process

Our streamlined Member ID card process is essentially the same whether a new card is being generated or reissued because of loss, name change, new PCP or Dental Provider assignment, new Member placement or location change, or any other necessary change. Members, caregivers, DCBS, or DJJ staff may notify us of the need for a new ID card through the assigned Care Coordinator, the Concierge Line, Anthem's website, email, fax, or letter. The reissue will occur within five Business Days. In urgent or emergency situations, we can expedite the process and will work with DMS, the Member, or caregiver to make sure that services are not delayed.

i. Lost Card Report

i. Report of a lost ID card

If a Member or caregiver reports a lost ID card through our Fostering Connected Care Concierge team, Care Coordinator, or another source, they will be directed to go onto our secure Member website, where they can print a replacement card immediately. They will also be advised that they can access their Member ID card information through our Anthem mobile app. If they do not have these avenues available to immediately access their lost Member ID, they can request that their Care Coordinator print and mail them a replacement. The process is the same when a lost Member ID card is reported by a DCBS SSW or DJJ Social Worker. If a Member, caregiver, DCBS SSW or DJJ Social Worker inform us they are at or have a Provider visit scheduled the same day and cannot locate their ID card, a member of Fostering Connected Care Concierge team or Care Coordinator can securely fax or email the card to the Provider's office upon request.

ii. Member Name Change

ii. A Kentucky SKY Enrollee name change.

Name changes among Kentucky SKY Members may result from adoption, emancipation, or other reasons. We understand the importance of preventing privacy breaches and the potential safety reasons for extreme caution in such situations. However, it is critical that we also assure continuity of care and retention of key health information for the Member despite information changes. Anthem has developed a policy to make sure health information ties appropriately between records while maintaining privacy of our Members.

If we receive a name change through the 834 eligibility file, or if a Member or caregiver reports it through our Concierge Line, Care Coordinator, or another source, our Enrollment department will verify the information through DMS, DCBS, or DJJ to obtain and document the updated information. Once verified, our Enrollment department will enter the updated information into our Core Services System. We will then send these verified records to our ID card Vendor. This information is queued up in our Core Services System's nightly Member ID card program, and a new card is created within five calendar days of the request. Members will be able to access and print their new ID card through our secure Member website or view it on our Anthem mobile app.

iii. New PCP Assignment

iii. A new PCP assignment.

A change in PCP assignment, regardless of the way in which we received it, will automatically trigger generation of a new Member ID card in the system. The Care Coordination Team will update the information in the Member file, and the Enrollment department will verify it, then queue it up in the nightly ID card program run. We will send verified records to our ID card Vendor, and a new Member ID card with the updated information will be issued within five calendar days. Members and caregivers will be able to print the new ID card from our secure website or access the information on our Anthem mobile app.

iv. New Placement

iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee's ID card.

When we are notified of a placement change via the 834 eligibility file, we will enter this information into our system, then our Enrollment department will verify the data and issue a Member ID card within five calendar days of the request.

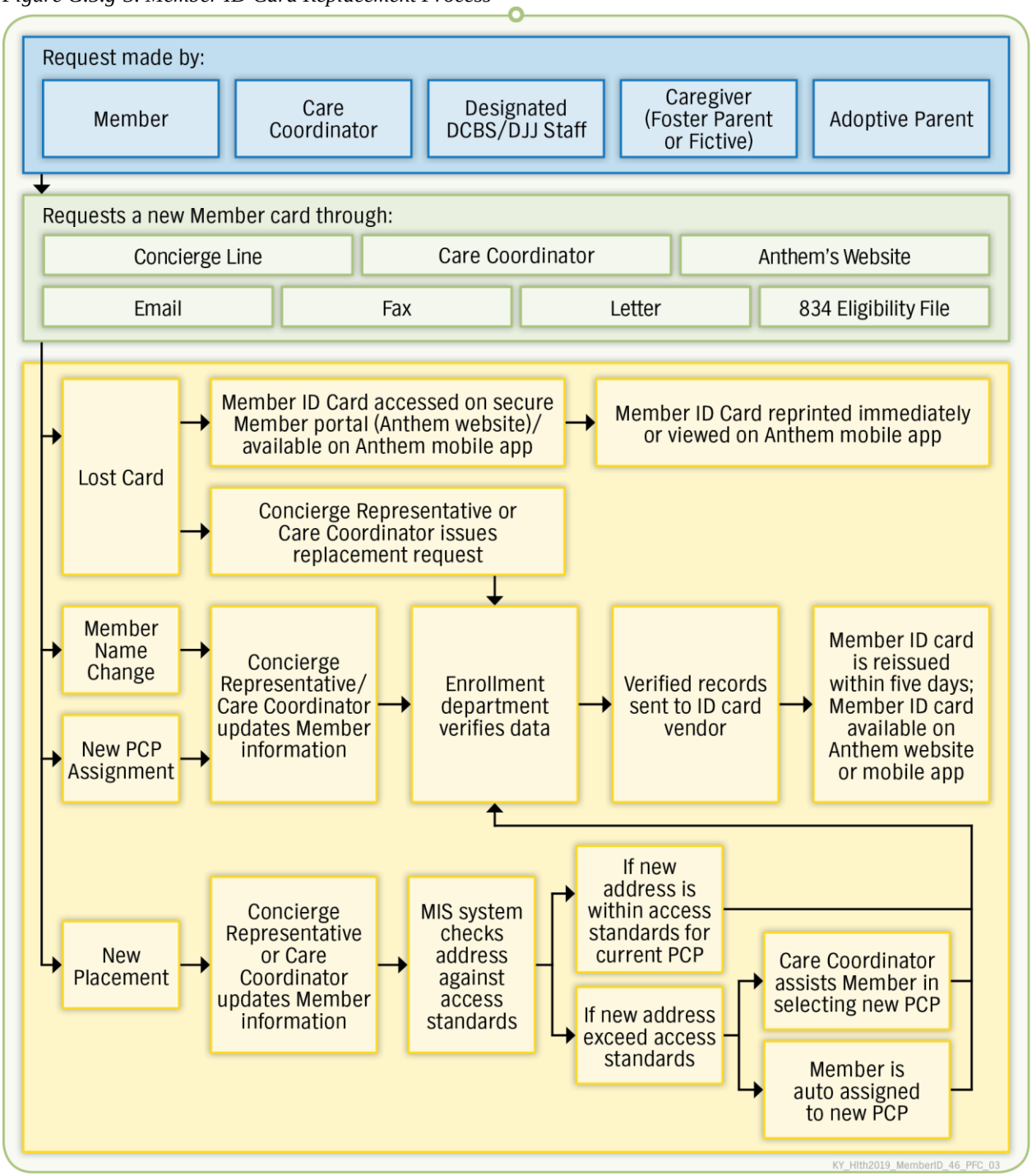
We understand that the address on the 834 eligibility file sent by the DMS for Foster Care or DJJ Members is generally not the accurate residing address; often, it may be the DCBS office from the county that holds custody, or potentially their address before coming into DJJ or DCBS custody. Anthem could be notified verbally by the caregiver, DCBS SSW, or DJJ Social Worker that the Member's address has changed via our Concierge Line, Care Coordinator, or another source. Our Enrollment department will verify the information, working with DMS, DCBS, or DJJ to obtain and document the updated information. If the new address is outside geographic proximity access standards, the Care Coordinator would typically help the Member, Foster Parents, Kinship Caregiver, Adoptive Parents, DCBS SSW, or DJJ Social Worker find a new

PCP and Dental Provider. If the Member or caregiver select their own new PCP who meets access standards, a new ID card will be created following the standard process.

If the Member or caregiver at a new placement does not choose a PCP and Dental Provider, one will be auto-assigned as described in Section G.5.c., Process for Assigning Members to a PCP. When the PCP assignment is completed and data verified, the system will trigger creation of a new Member ID card, sending verified records to our ID card Vendor. The new card, including updated PCP or Dental Provider information, will be issued within five calendar days. Members will be able to print it from our secure website or view it on our Anthem mobile app.

Other changes to information on the Member ID card would follow the standard process of verification, creation of a new ID card, and electronic access on the website and Anthem mobile app. Figure G.5.g-3 illustrates the key steps in replacing a Member ID card. Our process provides Members with new ID cards quickly and conveniently.

Figure G.5.g-3. Member ID Card Replacement Process



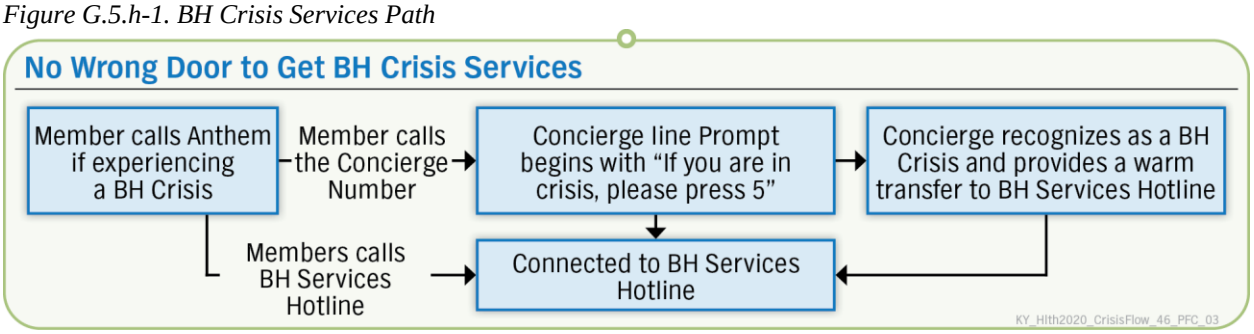
G.5.h. Crisis Calls During Business and After Hours

h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.

Crisis calls are handled by live representatives on our existing toll-free 24/7 BH Services Hotline at any time of the day or night.

We understand the importance of responding to all calls from Members, caregivers, and caseworkers presenting with a crisis, no matter how they reach us. ***There is no wrong way to access crisis care.*** We encourage our Members and caregivers to use the BH Services Hotline in times of crisis, but we anticipate that crises may present through the Fostering Connected Care Concierge Line (Concierge Line) or the Nurse Hotline. Our process is illustrated in Figure G.5.h-1.

Figure G.5.h-1. BH Crisis Services Path



Anthem employs an individualized, holistic approach to Crisis Intervention Services for Kentucky SKY Members that emphasizes making the right services and interventions available at the right time. Our BH Services Hotline, which currently serves our Kentucky Medicaid population, including children within the Child Welfare system, will be leveraged to serve all expanded Kentucky SKY populations upon award.

Accessing Crisis Care Through Our 24/7/365 BH Services Hotline

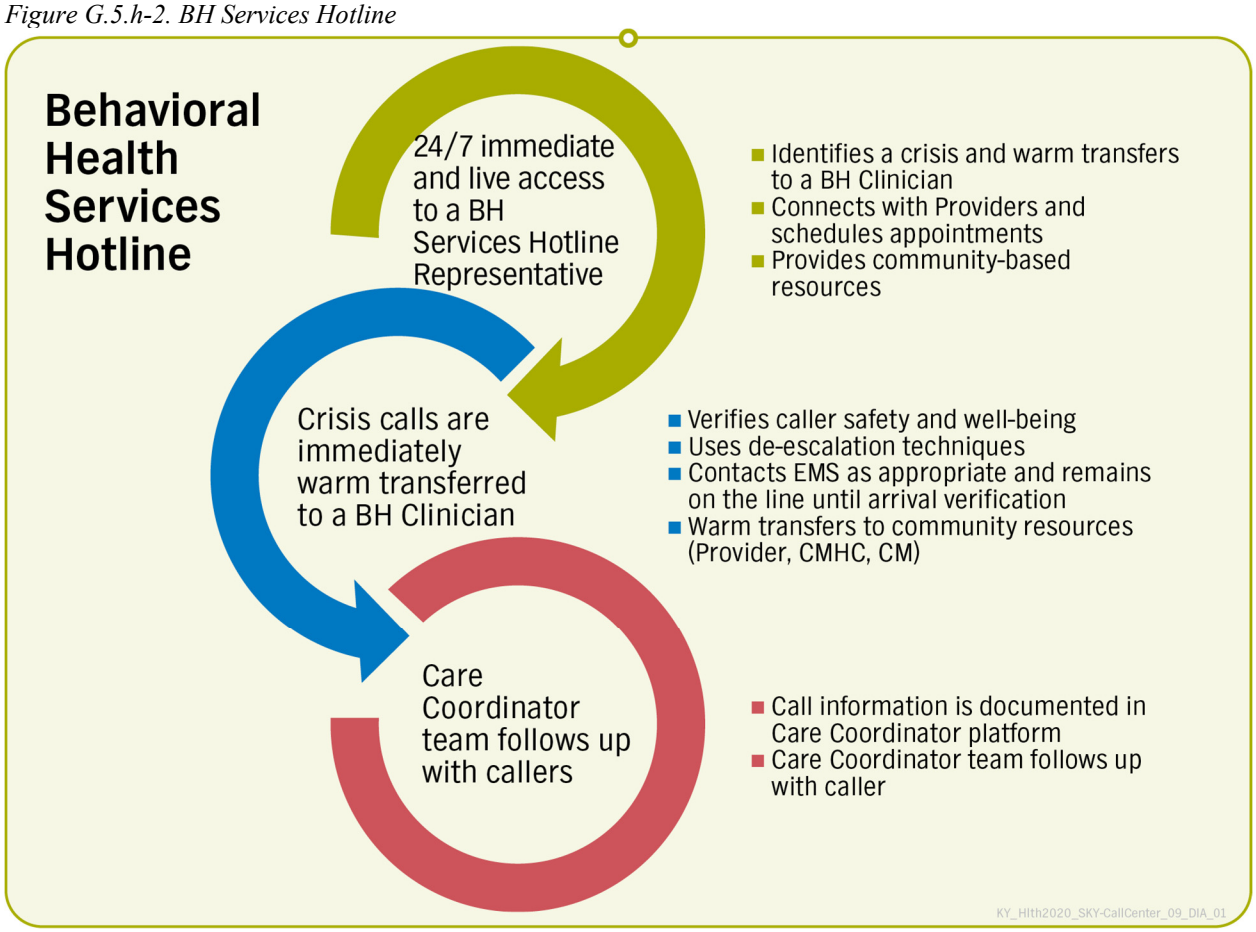
We encourage our Members and their caregivers to use Anthem's dedicated toll-free BH Services Hotline to seek assistance during a BH crisis as noted in Figure G.5.h-2. The toll-free hotline is staffed by live, trained personnel available 24/7/365. ***Calls will never be answered by any automated means and callers will never be placed on hold.*** Our BH Services Hotline Representatives are supported by licensed BH Clinicians who will immediately screen for and assess the risk of danger to self or others and arrange for emergency services, as appropriate.

Members or their caregivers who call the BH Services Hotline will reach a representative trained in recognizing Members in crisis who will screen and triage the situation. Members can be transferred to a BH Clinician for BH situations, to the 24/7 nurse hotline for medical concerns, or to their assigned Care Coordinator for follow-up. We will have an on-call Care Coordinator to assist Members and caregivers as needed.

Anthem is committed to making sure anyone who calls our BH Services Hotline in crisis receives care — ***whether or not they are Members***. It is not uncommon for caregivers, for example, to call for assistance in crisis. For the benefit of the caregiver and the Member, we work closely with non-Members in crisis to establish a plan for crisis resolution and follow-up

that is appropriate to their needs and the services or supports available to them, often connecting them with community resources.

Figure G.5.h-2. BH Services Hotline



Maintaining Continuous Engagement With Callers

BH Services Hotline clinicians will maintain continuous, active engagement with the youth and caregiver to assist in de-escalation and stabilization. Callers will never be put on hold, and we will make every attempt to provide continuous support throughout the resolution of the crisis, including communication with the youth's Care Coordinator, when appropriate. We do this by leveraging our BH support staff who may initiate contact with the Care Coordinator or emergency services and relay needed information. We do not impose maximum call duration limits and will allow calls to be of sufficient length to help assure adequate information is provided to the Member. Consistent with our other Member telephone lines, our BH Services Hotline meets Cultural Competency requirements and provides linguistic access to all Members, including the interpretive services required for effective communication.

If the BH Services Hotline Representative identifies a Member experiencing a BH crisis, the representative will bring a BH Clinician on the call, via warm transfer, to work in real time to address the crisis. The clinician will immediately engage the caller using motivational and active interviewing techniques, and will coordinate the services necessary to evaluate and stabilize the urgent or emergent situation. Through Health Intech, our integrated care management platform,

all of our staff has immediate access to the patient's records; if there is an established crisis plan and history, clinicians can quickly review relevant history. Care Coordinators, if not already involved in the call, are informed via a referral from the clinician, which includes the services the Member received, referrals provided, and notes for follow-up.

Addressing Immediate and Ongoing Crisis Challenges

In some situations for the Kentucky SKY population, the call will be initiated by the Member, but frequently the call is initiated by a caregiver or someone within the Member's support system. When the Member initiates the call, the BH Services Hotline Representative or BH Clinician will typically seek consent or permission from the family, caregiver, support system, or community agency to safely engage with the Member and assist in resolving the crisis. We are sensitive to HIPAA and privacy concerns, sharing only information that is vital to resolution of the crisis at hand and the safety of all involved.

For life-threatening emergencies, the BH Clinician will speak with the Member and frequently the caregiver, arrange for immediate outreach and evaluation of the Member, and alert local emergency services as appropriate. If emergency services are notified, the BH Clinician remains in contact with the caller until they have arrived and indicated to us that our assistance is no longer required, which resolves the crisis. Options available to the BH Clinician include coordinating services with:

- Local emergency services who can work with Members who are a danger to themselves or others or provide welfare checks
- Local crisis response teams, including those operated by CMHCs, for on-site evaluation
- Child/Adult protective services

For other situations, the BH Clinician considers the services, benefits, and options available to the Member specific to their situation. The BH Clinician collaborates with the Member, caregiver, and/or Care Coordinator to connect Members to local Providers or services to establish a plan to address the identified issue. Resolution in this case may mean the Member or caregiver has agreed to a plan for follow-up that may include referrals to local BH Providers, CMHCs, or other community support entities, including pastoral care.

Our team members will stay on the line with Members until the crisis has been resolved. The resolution or the established and agreed upon plan will be fully documented in Health Intech and a referral for follow-up will be made to the Member's Care Coordinator.

Learning from Crisis to Minimize the Risk of Future Concerns

Following a crisis, the Care Coordinator works with the Member, the caregiver, and others involved to learn more about the event that precipitated the crisis and develop strategies to reduce the risk of subsequent emergencies, including the creation or updating of safety plans in case of future crisis. Details are discussed in Section G.5.i.

We appreciate the ability to learn from crises — for our teams that respond, for our individual Members, and for DCBS and DJJ. Rounds may also be conducted by the BH Medical Director, Care Coordinators, BH Clinicians, and other team members to confirm the response was the most effective and appropriate. All information for crisis calls and established response plans is housed in YouthRAP, where we are able to pull reports for individual Members and situations. This information is useful to CCTs working with individual Members, but also to broader post-crisis discussions about the quality of our response and opportunities for continuous

improvement and to potentially leverage additional resources for our Members. We have the ability to present aggregated results and would expect, as part of the implementation plan for this Contract, to identify any reporting needs that would be helpful to DMS, DCBS, or DJJ.

Identifying and Addressing Crisis No Matter Where It Presents

We will make sure those who staff our Concierge Line and Nurse Hotline are well-equipped to make sure Members receive immediate care. We designed our Concierge team to meet the needs of Members and caregivers enrolled in the Kentucky SKY Program. We will train Concierge team members to recognize verbal and para-verbal cues that may indicate a caller is in crisis. Care Coordinators can be connected to Members at any time during a Concierge Line call to assist in identifying critical needs and solutions based on the crisis. Our Nurse Hotline staff are also cross trained in identifying, triaging, and addressing crises in Kentucky and other states (see more details on training topics and titles in Section G.5.j.).

We never place Members in crisis on hold while we complete the transfer; our goal is to place them with a clinician who can address their needs as soon as possible. We know that asking a caller to hold increases the risk of a disconnection, particularly for callers in crisis. Consequently, we train our staff to use a warm transfer anytime it is needed to connect callers with crisis resources. With the Member still connected, Concierge Line and Nurse Hotline Representatives will call the appropriate clinician, introduce the caller, and then complete the warm transfer.

We know if there is not an immediate qualified professional response, a crisis can often result in re-traumatization that escalates behaviors or symptoms and requires a higher level of care, often resulting in a placement change or hospitalization. Our approach aims at maintaining the resources and specialty-trained individuals to respond to calls from caregivers (kinship caregiver, Fictive Kin, family, or Foster Parent) or older Members. Crises are often BH in nature, but may also include medical crises or issues with other life circumstances affecting social determinants of health. We provide our Members, their caregivers, DCBS personnel, and others who may be involved in the care of our Kentucky SKY Members with contact information for our BH Services Hotline, the Concierge Line, and the Nurse Hotline upon enrollment and on our website, along with guidance about which access point is most appropriate to certain situations.

Members are encouraged to call the ***BH Services Hotline*** directly to speak with live representatives, if they, their caregivers, or DCBS personnel know or suspect the Member is in BH crisis. We will provide immediate crisis access through the BH Services Hotline, deploying additional resources based on the Member's need. We will facilitate immediate support and intervention to minimize the impact of crisis events, promote Member safety, permanency, and well-being, and help Members optimize resiliency and recovery.

Our ***Concierge Line*** serves as the primary point-of-contact for all questions and concerns relating to Kentucky SKY Members. Callers to the Concierge Line can follow prompts to access the BH Services Hotline for crises or other non-crisis issues. Concierge Line Representatives and Care Coordinators can also engage the assistance of our BH Clinicians for BH crises and our Nurse Hotline for medical crises. Members or caregivers may call the Concierge Line with a crisis, but our Concierge Line Representatives are also trained to recognize potential crises during calls.

We also provide contact information to Members and caregivers for ***Nurse Hotline*** for a medical crisis, so that intervention or follow-up can be immediately addressed. Callers to the Nurse Hotline can follow prompts to access the BH Services Hotline for crises or other non-crisis issues. Our Nurse Hotline Nurses are also trained in identifying potential BH crises during calls and can warm transfer Members or their caregivers directly to BH Clinicians.

Making Sure Staff Who Accept Member Calls Can Recognize and Triage Crisis

All Anthem staff who accept Member calls in any capacity must successfully complete formal training on recognizing and responding to crisis calls, including how to recognize suicide warning signs, triage situations, and identify appropriate actions to take. We developed specific training in collaboration with the Zero Suicide Institute and the National Action Alliance on Suicide Prevention to implement a best practice for suicide risk prevention. Based on these trainings, staff are equipped to utilize Zero Suicide standards to screen and support Members at risk or in crisis.

Through the Anthem Training Academy, Member Services call center, and BH Services Hotline, employees also have access to a number of trainings that support them in meeting the unique needs of Members in the Child Welfare system. Staff will be trained on key components of the Kentucky SKY Program, including the roles of CCTs, Trauma-informed Care, Crisis Intervention Services, and ACEs. As discussed in more detail in Section G.5.j, we offer staff training pertinent to adolescents, suicide screening and risk, de-escalation, crisis and safety planning, and other topics that are critical to understanding and effectively addressing Member needs during a crisis.

Building on Our Existing Call Center Excellence and Infrastructure

We emphasize communication and make sure to work closely with Providers, families or caregivers, and staff from DCBS and DJJ. Anthem will comply with all Member and Provider call center requirements in RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices” Sections 22 and 42.11.

The Concierge Line will be specifically developed to support the needs of our Members in the Child Welfare system. We feel confident we can meet or exceed the required American Accreditation Health Care Commission/URAC-designed Health Call Center Standard (HCC) for call center abandonment rate, blockage rate, and average speed of answer, based on our proven track record maintaining a call center for the Kentucky Medicaid population and in other states, which are referenced in Section C.23.b of this response.

Members and caregivers can reach our voice-controlled automated system 24/7/365 to access self-help options in both English and Spanish, and additional interpretation services as needed. We have multiple fail safes in place to make sure Member crisis calls are met during times of emergency or disaster.

G.5.i. Achieving Maximum Stability and Best Outcomes for Members in Crisis While Avoiding Inappropriate Emergency Care and Hospital Admissions

i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.

Anthem provides planning, intervention, and follow-up to successfully and safely avoid or resolve BH crisis events. The established practices we use to support our current Kentucky Medicaid Members in the Child Welfare system, along with the experience of our national affiliates, has and will continue to promote ***right care, right place at the right time.*** Our efforts have resulted in reductions in inappropriate Emergency Room (ER) visits and acute care hospitalizations, while promoting safety, permanency, and well-being for our Members and caregivers to optimize resiliency and recovering.

Minimizing Crisis Risk, Inappropriate ER Visits, and Hospitalization

Our primary goal is to achieve the best outcomes for our Members in the right care settings that minimize trauma and disruption by:

- Avoiding BH or other crises, whenever possible, through careful planning
- Identifying Members with significant needs and high risk for crisis, ER usage, and hospitalization
- Educating Members, caregivers, and others in the support system on steps to take in a crisis
- Providing assistance through our BH Services Hotline or any Anthem contact point to identify and resolve the crisis
- Identifying the most appropriate immediate service needs and follow-up
- Preventing future crises with following, planning, and communication
- Working closely with our Providers to see that Members are accessing appropriate care

STABILIZING & STRENGTHENING FAMILIES

Avoiding Crisis and Promoting Stability for Members and Caregivers

At Anthem, we believe the best approach to crisis management is to avoid crisis, whenever possible, and to have a plan for crises if they do happen. The best deterrent to ER utilization or hospitalization as a result of crisis is active condition and medication management, using strong care management practices supported by predictive analytics. As part of our Care Coordination model for SKY Members, a critical component of our crisis management approach will be the development of care plans for every Kentucky SKY Member, along with a safety plan for those with intensive or complex medical and BH needs. Our Care Coordinators will identify upon enrollment, or at any point, the need for a safety plan and develop it in conjunction with the Member, caregivers, family, guardians, and the Assessment Team (AT), as part of the Member's holistic care plan. The safety plan is used to proactively identify situations prone to risk and provide immediate guidance to the BH Services Hotline Representatives, BH Clinician, Care Coordinators, and others responding to crises, to support the Members, caregivers, and their support systems during difficult situations.

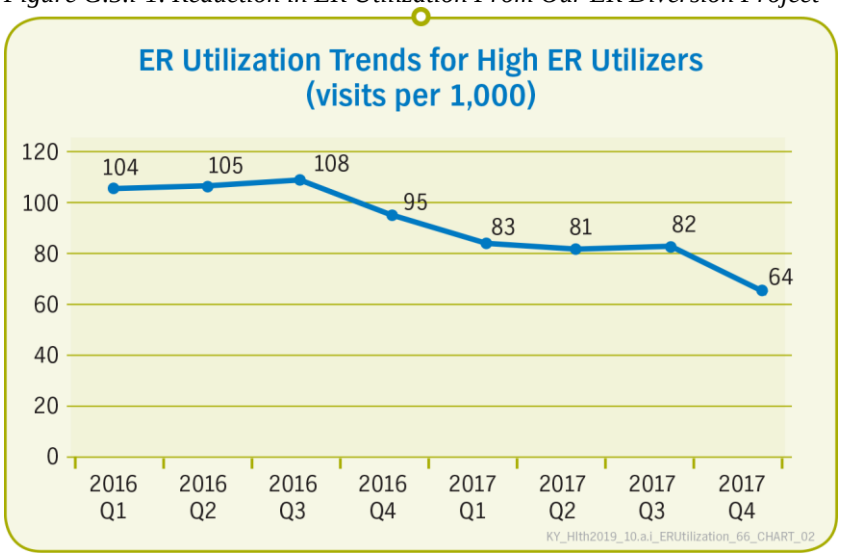
We currently use a number of predictive analytics for our Kentucky Members in Medicaid, which includes Members in the Child Welfare system, and incorporates known medical or BH conditions, utilization data, likelihood of re-admissions, medication adherence, and prescription filling rates. These analytics help us identify potential mitigation strategies to avoid crises. We intend to expand and tailor these to reflect the broader needs of Kentucky SKY Members related to trauma and ACEs. Examples of other factors that may be considered in predictive modeling include the number and duration of placements for the Member within the Child Welfare system, age of the child, and number of children in the household.

Managing Care for Members With High Risk of Frequent ER Use

Anthem's goal is to avoid crisis, whenever possible, and to avoid re-traumatization of Kentucky SKY Members that can occur in high-stress settings such as ERs. Our Care Coordinators will work with Kentucky SKY Members' PCPs to identify those they believe to be at risk, so that strategies can be developed to help them avoid crisis and a trip to the ER. PCPs frequently recognize escalating situations with Members and are the first line of defense in identifying and preventing a BH crisis, particularly in rural areas where BH resources are more limited.

Anthem also proactively uses its predictive modeling capabilities to reduce inappropriate use of the ER or hospitalization. Our existing ER Diversion Project, for example, leverages predictive modeling that assigns a score to identify those Members at high risk for frequent ER utilization. Our ER diversion assistance is available to all Members and their caregivers, and will be tailored to specifically incorporate factors that predict high risk of ER utilization for Kentucky SKY Members. As noted in Figure G.5.i-1, our Kentucky Medicaid program has seen substantial declines in ER utilization trends as a result of our ER Diversion Project, and we anticipate similar results with a focus on predicting and finding alternatives to ER utilization for SKY Members.

Figure G.5.i-1. Reduction in ER Utilization From Our ER Diversion Project



Our Care Coordinators will reach out to those Members, and their caregivers, who have been identified as high risk for frequent ER utilization through predictive modeling or PCPs, with a goal of deploying strategies that will help Members and their caregivers avoid inappropriate ER visits or hospitalization. The Care Coordinator also provides weekly or monthly follow-ups to verify that Members' overall needs are being met. They update each Member's care plan accordingly and engage necessary AT members in monitoring progress and making necessary changes.

Reaching Out to Members, Caregiver, Families, and Guardians

A key way we achieve stability and best outcomes for our Members and their caregivers, while promoting the use of the most appropriate resources and least restrictive resources, is through robust education and awareness:

- ***Welcome calls.*** Upon enrollment, we will place welcome calls to Members and their caregivers, and provide materials that promote the use of our BH Services Hotline as the preferred point-of-contact for crises. Welcome calls will be made to all Kentucky SKY Members and their caregivers, including those currently in Child Welfare under Kentucky Medicaid.
- ***Member materials.*** Materials provided to Members upon enrollment and available at all times will contain information about what do to in a crisis, including:
  - Publishing the direct toll-free 24/7/365 telephone number for the BH Services Hotline on Member ID cards
  - Including crisis information in our Member welcome kits and Member Handbook
  - Featuring the BH Services Hotline contact information on our website and mobile app
- ***Health promotion and Member materials.*** We will provide frequent educational activities so that Members and caregivers are aware of alternatives to using the ER. Our existing communications materials will be tailored to the Kentucky SKY population, and include visuals about what to do in a crisis, including contacting the BH Services Hotline, and when and when not to go to the ER. We are also manufacturing a magnet that we will give to caregivers, families, guardians, placement agencies, and others involved with Kentucky SKY Members that provides the BH Services Hotline number and other information to support crisis management.

Kentucky SKY Members and caregivers will be educated about the importance of contacting Anthem if they have accessed crisis services through their PCP or a Crisis Stabilization Unit (CSU), so that a Care Coordinator may initiate immediate follow-up activities and facilitate any communication needed with the Member's CCT, including DCBS and DJJ.

Continual education through Care Coordination. Care Coordinators will use their regular contact times with Members and caregivers to educate them on services and resources to prevent a crisis. Care Coordinators will also include these recommendations as part of care planning. We educate caregivers during care planning about what to do in a crisis, and more importantly, how to avoid it.

Accessing Assistance During a Crisis Through the BH Services Hotline

We encourage our Members and their caregivers to use Anthem's dedicated toll-free BH Services Hotline to seek assistance during a crisis. The hotline, which exists currently for our Medicaid Members involved in the Child Welfare system, will be extended to Kentucky SKY and staffed by live, trained personnel available 24/7/365. Members or their caregivers who call the BH Services Hotline will reach a representative trained in recognizing Members in crisis who will screen and triage the situation. Members can be transferred to a BH Clinician who can immediately assess the risk of harm to self or others, to the 24/7 nurse hotline for medical concerns, or to a Care Coordinator for follow-up.

We encourage our Members and caregivers to use the 24/7/365 BH Services Hotline in times of crisis, but we fully expect that crises may present through the Concierge Line or the Nurse Hotline. ***There is no wrong way to access crisis care.***

All of our BH Services Hotline Representatives, our BH Clinicians, our Concierge Representatives, and our Nurse Hotline Nurses are fully trained to respond to Kentucky SKY Members, their caregivers, and support teams during crises, following processes, protocols, and guidelines that incorporate evidence-based practices and Person Centered Thinking© by the Learning Community for Person-Centered Practices.

Additional detail regarding calls routing is described in Section G.5.h, while information regarding the training of our BH Services Hotline Representatives and all other teams who may connect with Members and caregivers during crises is contained in Section G.5.j.

Identifying Alternative Crisis Responses to ER Visits and Hospitalization

Anthem's priority in responding to crisis calls is to first make sure our Members and their caregivers are safe. Once we have confirmed that the risk of self-harm or harm to others is limited, our secondary goal is to make sure the crisis is resolved with an established plan that the Member, the caregiver, and the Anthem teams involved agree will provide the right services in the right settings to address the Member's needs.

During a BH crisis, our experienced and trained BH Services Hotline Representatives, our BH Clinicians, Care Coordinators, and all staff involved in crisis response will follow established processes, policies, and procedures, on which they will be extensively trained, as discussed in detail in Section G.5.j. The policies, procedures, processes, and solutions we offer our Members and caregivers during crisis will be modeled on our own experience with Members involved in the Child Welfare system in our existing Kentucky Medicaid population, along with our affiliates' experience providing similar services to similar populations in other states.

Our BH Clinicians follow rigorous assessment protocols to identify when a crisis situation involves risk for Member harm or harm to others. When crisis situations are deemed to be non-life-threating, the BH Clinician considers the services and options available to the Member and caregiver specific to the situation. The BH Clinician collaborates with the Member, caregiver, and Care Coordinator to connect Members to local Providers or services to establish a plan to address the identified issue through an immediate solution or referral for follow-up. The established and agreed upon plan will be fully documented in our YouthRAP platform, and a referral for follow-up will be made to the Member's Care Coordinator. Examples of the potential services available to Members and their caregivers as alternatives to trips to the ER or hospital are covered in detail in Section G.8.c and summarized in Table G.5.i-1.

Table G.5.i-1. Crisis Alternatives to ER Visits and Hospitalization

Alternative	Description
In-home Clinical Services	• Goal is to de-escalate a BH crisis and stabilize placement • Activities include risk assessment and in-home clinical services • Participants include the Member's treating Provider(s) or the treating Provider entity (clinic) that has an after-hours or crisis response team • Currently, Anthem Providers offer this service to Members involved in the Child Welfare system under Kentucky Medicaid • Additional Providers will be recruited to provide this service

Alternative	Description
Family Intervention Treatment Team	• Goal is to identify current health outcomes and their upstream determinants, and use these measures to improve the lives of the Members, caregivers, and families served • Provided in partnership with Omni Community Health, promoting a High Fidelity Wraparound and evidence-based programming effort that can include: o Intensive community and in-home services to prevent out-of-home placements o An alternative to hospitalization o A virtual residential program (60-100 days) o A virtual CSU program (7-10 days)
Telehealth Crisis Support	• Goal is to particularly support immediate interventions in communities that suffer from shortages of BH Providers and facilities • BrightHeart Health provides Medication-Assisted Treatment and addiction services to young adults in Provider offices • LiveHealth Online provides low-acuity on-demand psychiatric and psychological services to pediatric and young adult Members • FasPsych provides high-acuity on-demand psychiatric and psychological services to pediatric and young adult Members
Walk-in Crisis Intervention	• Goal is to provide immediate access to services in a less intensive and potentially re-traumatizing setting than an ER or hospital • Activities include assessment and coordination of follow-up services • Currently, Anthem maintains extensive relationships with CMHCs providing this service
Mobile Crisis Response	• Goal is to provide on-site Crisis Intervention Services to avoid re-traumatizing Members with a trip to the ER or hospital • Services can happen in a home, school, or any safe setting • Activities include: – Immediate evaluation and crisis assessment o Stabilization strategies and safety planning o Short-term intensive crisis intervention o Clinical consultation o Referral to acute BH services, including treatment for stabilization in the most appropriate and integrated environment • Currently, Anthem has established referral relationships for Mobile Crisis services with CMHCs and other entities throughout Kentucky
Crisis Stabilization Units	• Goal is to offer an alternative to inpatient hospitalization, particularly for children and adolescents who have experienced trauma • CSUs provide short-term stabilization services (typically three to 10 days as a community-based alternative to hospitalization) • Activities include assessment of the need for treatment within a CSU and coordinating arrangements with the CSU, if necessary • Currently, Anthem has established partnerships with CSUs operated by CMHCs

Anthem currently maintains established relationships with CMHCs throughout Kentucky (noted in Table G.5.i-2) to provide walk-in crisis intervention, mobile crisis, and CSU services to our Members in Foster Care under Kentucky Medicaid. We nurture these existing relationships and continue to expand them with other CMHCs, Providers, stakeholders, and community resources to meet the needs of our Kentucky SKY Members and their caregivers.

Table G.5.i-2 Crisis Alternatives to ER Visits and Hospitalization

CMHC	Walk-in Crisis Intervention Business Hours	Walk-in Crisis Intervention After Hours	Mobile Crisis Response	Child or Adolescent CSU	Other Residential Crisis Care
Four Rivers	X	X	X		X
Pennyroyal	X	X	X		

CMHC	Walk-in Crisis Intervention Business Hours	Walk-in Crisis Intervention After Hours	Mobile Crisis Response	Child or Adolescent CSU	Other Residential Crisis Care
RiverValley	X	X			X
LifeSkills	X	X	X	X	X
Communicare	X	X	X	X	X
CenterStone	X	X	X	X	X
NorthKey	X	X	X		X
Comprehend	X	X	X	X	X
Pathways	X	X	X	X	X
Mountain	X	X	X	X	X
Kentucky River	X	X	X		X
Cumberland River	X		X	X	
Adanta	X	X	X		
Bluegrass	X	X	X		

Preventing Future Crises With Follow-up, Communication, and Planning

Our primary goal after any Member BH crisis is to make sure the Member receives follow-up care that helps minimize the potential for future crises. Upon call resolution, a referral is completed enabling the Care Coordinator to follow up with the Member and caregiver to make sure the Member receives the appropriate person-centered, post-crisis services, including appointment assistance, if needed, and assuring a follow-up care plan is in place. The Care Coordinator communicates the follow-up plan to DCBS or DJJ in all cases, and may convene an AT meeting to solidify next steps, update the care plan if needed, or adjust the Member's crisis plan. Participants in the AT meeting may include:

- DCBS, DJJ, or other appropriate court system or law enforcement representatives
- The Member's BH, medical, or dental health Providers
- Individuals conducting trauma assessments
- School system representatives
- Caregivers, guardians, Foster Parents, or other Fictive Kin
- Other individuals having relevant information related to the Member

We work closely with caregivers after a crisis to make sure they understand, agree with, and can implement required follow-up. We assist with needs they have identified that may be in addition to those we have identified. We will also add training resources, such as parent-child interaction therapy, that can further support them in caring for the Member.

When Members do present in the ER, our CCT receives an alert, so that a Care Coordinator can follow-up with the Member and caregiver to make sure a discharge plan is in place. While the Member is still in the ER, Care Coordinators can connect with ER clinical teams and Providers to discuss follow-up or referral. Care Coordinators can also potentially visit the Member in the ER.

A Care Coordinator works with the Member to learn more about the event that precipitated the crisis and develop strategies to engage the Member in treatment for BH conditions and individual crisis planning to reduce the risk of subsequent emergencies. Rounds may also be conducted by

the BH Medical Director, Care Coordinators, BH Clinicians, and other team members who review emergency calls and situations from the previous 24 hours. The team confirms the approach was the most effective in resolving the Member's crisis and incorporated into the Member's care plan. The Care Coordinator works collaboratively with the Member and caregiver to create safety plans, and educate caregivers on BH issues and other related strategies to prevent crises. When a Kentucky SKY Member has a crisis, but does not engage Anthem during the crisis, our Care Coordinators will follow up as soon as they become aware of the event to verify that services are active to prevent a recurrence and help caregivers access respite.

Making sure services are available is of primary importance. Our multi-faceted approach to monitoring our Provider Network confirms that we consistently offer Members 24/7 crisis response. We contact the Provider to address availability and capacity to meet time frames for Member assessment and treatment through recurring Provider surveys. We audit availability through random calls to Providers, asking how soon a Member would receive an appointment, assessment, or treatment. We also survey our Members and inquire about satisfaction with Provider availability during Member contacts, and analyze annual CAHPS® metrics. Further, we monitor grievances related to BH access. If a Member complains about not being able to get access in a timely manner, we follow up with both the Member and Provider and take appropriate action to resolve the complaint. If we become aware that a Provider is not meeting access standards for Members engaged in Care Coordination, our Care Coordinator follows up with the Provider to advocate for an appointment, assessment, or treatment within the appropriate time frame. The Care Coordinator also notifies our Provider Solutions department, and makes a referral to our Quality Management (QM) department, if warranted.

Processes, Protocols, and Guidelines That Facilitate the Best Outcomes

Anthem's primary goal is to make sure Kentucky SKY Members receive the care they need at the most appropriate time and in the most effective setting that minimizes the potential for both re-traumatization and harm to themselves or others. The processes, protocols, and guidelines we follow to achieve these goals include:

- Well-established protocols for answering crisis calls live and requiring warm transfers
- Technology that can support our protocols and processes
- Carefully considered prioritization of emergency and crisis calls

Warm Transfers Through Our Excellent Call Center Technology and Infrastructure

Because Anthem currently services Kentucky Medicaid, we already have the call center technology and infrastructure that supports Members, including those in the Child Welfare system, their caregivers, and other support teams. Our BH Services Hotline, our Concierge Line, and our Nurse Hotline have continuously maintained high call efficiency without delay in services to callers during critical times. Our platform is scalable, replicable, and already operational. We will extend and tailor our call center infrastructure to support Kentucky SKY. Anthem's call centers use the online platform Avaya's One Agent-X platform, which fully supports warm transfer capability via the representative's computer screen.

We will direct Members, caregivers, families, guardians, Providers, DCBS, DJJ, law enforcement, stakeholders, judicial staff, and anyone else encountering a Kentucky SKY

Member crisis to use the BH Services Hotline as the primary point-of-contact for Members known or suspected to be in crisis. Calls to the BH Services Hotline are:

- Always answered 24/7/365 by live representatives
- Never answered by automated technology
- Never placed on hold
- Always warm transferred for live clinical intervention
- Able to be connected with emergency or local crisis services

While we direct Members, their caregivers, and others to use the BH Services Hotline in times of crisis, calls do enter through other means. When crisis calls come through our Concierge Line or our Nurse Hotline, the menu prompts the caller in English and Spanish, including a prompt for reporting a crisis, which is directly routed to the BH Services Hotline.

Identifying Crisis Calls Not Originating With the BH Services Hotline

Crisis does not always present through the BH Services Hotline, although we promote it as the primary point-of-contact. In our experience in other state programs similar to Kentucky SKY, we have found caregivers, family, guardians, and Providers often call the Member's Care Coordinator first because of the trusting relationships they develop. We have also found that crises can develop during calls that originated for other purposes.

Regardless of how a crisis or emergency presents, all of our BH Services Hotline Representatives, Concierge Representatives, Nurse Hotline Nurses, and Care Coordinators will be trained to detect verbal and para-verbal cues that indicate a Member or caregiver is in crisis. Our existing Anthem Training Academy curriculum for new hires includes this topic, and it will be updated and tailored to situations that may be specific to the Kentucky SKY population.

If a potential crisis is identified or emerges during the course of an interaction, the Care Coordinator checks first to see if the Member has a safety plan on file. The safety plan identifies triggers and early warning signs that indicate a potential crisis, and outlines interventions that the caregiver, parent, or guardian can initiate to de-escalate the situation. If a crisis event occurs and the Member does not respond to attempts by the caregiver to de-escalate the situation, the Care Coordinator will warm transfer the call to a BH Clinician through the BH Services Hotline for specialized assistance. Care Coordinators, because of the unique role they play with Members and caregivers, will typically remain on the line with the BH Clinician to develop and reinforce the crisis response strategy.

Prioritizing Medical Emergency and BH Crisis Calls

Calls entering our system as a crisis are automatically prioritized for immediate clinical response. If a crisis develops during a call or interaction with an Anthem team member, the call will also be prioritized for immediate clinical response. When representatives hear verbal cues or other indications that suggest a BH crisis situation, they will warm transfer the caller to a BH Clinician who can immediately assist the caller. If the representative identifies that a medical emergency is likely, they can either immediately involve emergency services or warm transfer the Member, caregiver, or other call participant to the Nurse Helpline.

Any indication of potential harm to self or others always immediately classifies the call as a priority call. Other situations that classify the call as a priority include:

- Situations where the Member or caregiver is distraught and does not appear capable of establishing a plan for follow-up

- Individuals who are trying to detoxify at home without the appropriate medical support

Our Anthem technology enables priority calls to be first for a warm transfer to a live BH Clinician. Priority calls also generate a screen whisper that alerts the BH Clinician or Care Coordinator that an incoming call is a crisis call, so that they can access the Member's safety plan in preparation.

Confirming Linguistic and Cultural Access

For callers with limited English proficiency or who are hard of hearing, we provide interpreters, 711 Telecommunications Relay Service (TRS), a professional language line service able to interpret in more than 200 languages, and other assistance. We require our BH Services Hotline Representatives, Concierge Representatives, and Nurse Hotline Nurses to successfully complete Cultural Competency training initially and annually thereafter, and receive instruction on securing real-time interpretation assistance through our bilingual employees or our language Vendor. We also provide communication to Members who are deaf about the availability of teletypewriter (TTY) services to promote effective communication with Providers, Care Coordination Teams, and others involved in their care.

G.5.j. Training and Resources for Call Center Staff

j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.

Anthem staff who take calls from Members will be trained through our Anthem Training Academy on helping Members in crisis, or participate in crisis response for Kentucky SKY Members, their caregivers, or other support teams with a formal curriculum that we have successfully refined over many years in 24 markets and expect to tailor to the specifics of the Kentucky SKY Program and population.

Our curriculum for all Anthem Concierge, BH Crisis, and Nurse Hotline staff specifically includes training in recognizing and managing crisis calls, with resources to reduce risk and promote optimal outcomes. This curriculum is based on the developed crisis training for our BH Services Hotline staff, specifically tailored to assist representatives respond to crisis calls. We will tailor the training curriculum to the specifics of the Kentucky SKY Program and its population.

Through the Anthem Training Academy, BH Services Hotline Representatives, BH Clinicians, and Care Coordinators participating in crisis management and resolution, Concierge Line Representatives, and Nurse Hotline Nurses will be trained at the time of hire with annual refresher trainings on topics that support their meeting the unique needs of Members in the Child Welfare system:

- Person-Centered Thinking© (training by internal certified trainers or mentors)
- Trauma-informed Care
- Crisis Intervention Services
- ACEs
- Suicide Prevention and Zero Suicide Standards
- Columbia-Suicide Severity Rating Scale (CS-SRS)
- Principles of recovery and resiliency

- The roles of Care Coordination Teams
- Cultural sensitivity
- Kentucky's child-serving agencies
- The Kentucky Provider community

Training for Kentucky SKY call center teams, BH Clinicians, and Care Coordinators further emphasizes skills and techniques useful for providing care for children and adolescents, including suicide screening and risk; de-escalation; crisis and safety planning; and other topics that are critical to understanding and effectively addressing Member needs during a crisis.

Emphasizing Crisis Recognition and Management in Our Curriculum

Our training curriculum includes formal training on recognizing and responding to Member crisis calls. ***Concierge, BH Services Hotline, and Nurse Hotline staffs must successfully complete a two- to three-week introductory classroom training, followed by our Mentor-Assisted Orientation Program, where they pair with experienced mentors for at least 30 days.*** All staff who are involved in handling or responding to crisis calls have access to the Anthem Training Academy and to specialized curriculum that has been developed for our existing Kentucky Medicaid Members and will be enhanced for the Kentucky SKY Program.

Minimizing Risk of Self Harm

Crisis training is a fundamental component of the training for Concierge, BH Crisis, and Nurse Hotline staffs and clinicians responding to crises. Skills focus on recognizing callers in crisis and managing triage, including recognizing suicide warning signs and reiterating appropriate actions to take. ***We developed training on best practices in suicide risk prevention in collaboration with the Zero Suicide Institute and the National Action Alliance on Suicide Prevention.*** Based on these trainings, staff are equipped to use Zero Suicide standards to screen and support Members at risk for suicide who make contact through any of our call centers.

Leveraging the Best of Our Collective Knowledge

Based on our affiliates' extensive experience serving Medicaid Members nationally and our experience with current Kentucky Medicaid Members, we have developed comprehensive training through our Anthem Training Academy that is relevant to the crisis management needs of the Kentucky SKY population. We will build on this curriculum to incorporate information and targeted training relevant to Kentucky SKY population and child-serving agencies.

Highlights of some of the training that is currently or soon to be available are included as examples in Table G.5.j-1.

Table G.5.j-1 Training for 24/7 Crisis Intervention Readiness

Training Topic	Description of Application to Kentucky SKY
Crisis Call Management	• Foundational training in crisis management techniques and Kentucky SKY policies and procedures around warm transfers, scripts, and protocols • Classroom-based over two to three weeks • Supported with 30 days of mentoring through our Mentor-Assisted Orientation Program
Crisis Intervention Services	• Web-based training available to all staff • Incorporate nationally-recognized BH screening tools and de-escalation techniques to resolve crises

Training Topic	Description of Application to Kentucky SKY
	• Includes awareness and sensitivity techniques related to the Member's and family's personal experiences and preferences • Includes Anthem Training Academy modules on: –Suicide Screening and Risk Factors –Zero Suicide Prevention Techniques –Mental Health First Aid –Overview of local resources (CMHCs and Providers) who can offer crisis stabilization and intervention services
Trauma-informed Care	• Web-based foundational knowledge available to all staff • Developed by Community Technical Assistance Center in NY (CTAC) and OMNI Behavioral Health • Includes National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit, which is specifically designed for Trauma-informed Care focused on Child Welfare
Adverse Childhood Experiences	• Web-based foundational knowledge available to all staff • Understanding ACEs and impact
BH Disorders in Children and Adolescents	• Web-based training available to all staff • Anthem Training Academy modules that include: –Adolescent Suicide –Externalizing Disorders: Disruptive Behaviors in Children and Adolescents –Internalizing Disorders: A Focus on Anxiety and Related Disorders in Children and Adolescents –Communication Skills and Conflict Management for Paraprofessionals –Family Assessment and Intervention –Consultations with Child Protective Services
Mental Illness And Co-occurring SUD Diagnoses	• Web-based training available to all staff • Anthem Training Academy modules that include: –Adolescent Substance Use Disorder Clinical Pathways –Fundamentals of Fetal Alcohol Spectrum Disorders –Substance Use in the Family –The Impact of Parental Substance Use Disorders

Making Sure Our Training is Timely and Effective

All of our trainings include time frames for completion and tests for individual and organizational comprehension. Depending on the particular training and mode of delivery, our monitoring mechanisms to verify completion include completed training schedules from managers and system records of web-based trainings. We also have various methods and tools for monitoring and assessing comprehension after a particular training or course of training. These may include:

- Pre- and post-test scores: examples include our web-based compliance and Cultural Competency trainings
- In-process audits during and after training: for example, ongoing audits of newly trained BH Services Hotline Representatives to measure the frequency of errors made with the goal of correcting issues early
- Audio call quality monitoring of all representatives through formal processes
- System edits, such as claims and authorizations
- Member and Provider complaints, Appeals, and Grievances
- Member and Provider satisfaction surveys

Preparing our employees for success is part of what we do every day to make sure each Member receives the right care, in the right place, at the right time.

Understanding Internal and External Crisis Referral Resources

Crises are never considered resolved until the Member or caregiver has agreed to an established plan for follow-up or until emergency services or other mobile crisis response teams have been engaged and have arrived. Our BH Services Hotline Representatives and others engaged in crisis calls are trained to recognize the difference in situations and to reach out, as needed, to BH Clinicians and Care Coordinators for input.

Our experience shows us that Members or their caregivers call with crises that can often be resolved through referral and follow-up and do not require the intervention of emergency services. Therefore, it is vital that our BH Services Hotline Representatives and others who respond to Member crises are aware of internal and community resources available, how to access those services, and which may be appropriate to the situation. Our BH Services Hotline Representatives and BH Clinicians recognize that each situation is unique and deploy Person-Centered Thinking balanced with knowledge of what referrals have been useful in similar situations.

Our Model is Guided by Person-Centered Principles

Our integrated model is founded on person-centered principles and practices to make sure health and support services are tailored to the individual preferences, strengths, and needs of all Members. We believe Person-Centered Thinking (PCT) skill development is the key to improving Member experience, fostering positive health and social outcomes, and facilitating self-direction and self-management. **We are the only health plan with the certification and program-specific PCT in place.** Our staff will be specifically trained on this by our own internal PCT-certified trainers.

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We will conduct initial training for Kentucky SKY call center teams around referrals for follow-up that will emphasize both solutions and procedures. Members may be referred for BH, medical, or SDOH concerns, so understanding the internal protocols around connecting them to the appropriate resources will be vital. Teams will be trained on policies, procedures, and protocols related to internal referrals to and communication with BH Clinicians, Care Coordinators, Community Engagement Navigators, and other Anthem resources.

Teams will also be trained on available community resources, including BH Provider types, CMHCs, and mobile crisis response teams. Training on Anthem's Community Resource Link (discussed subsequently) will help representatives identify appropriate external follow-up options and the services offered by community resources. For example, they will learn when it is appropriate to refer Members or their support system to:

- ***Local CMHCs*** who have crisis stabilization services for children
- ***UniteUs*** **—** a community resource collaborative available in the Greater Louisville area
- ***State Suicide Prevention Resources, Kentucky Suicide Prevention Group*** **—** a grassroots organization dedicated to supporting prevention, intervention, and post-intervention services throughout Kentucky
- ***University of Kentucky, Lexington Survivors of Suicide Loss Support Group*** **—** an open group for those who have lost a family member or friend by suicide

As new connections with external community resources are made, the BH Services Hotline Representatives, BH Clinicians, Care Coordinators, and other call center staff will be provided updated resources and training, as necessary, so that information remains relevant and up-to-date.

Making Sure Kentucky SKY Members Are Safe From Abuse and Neglect

Many Kentucky SKY Members will already have experienced significant trauma during their lives, and Anthem's goal is to avoid re-traumatization related to potential abuse or neglect. Therefore, our training emphasizes identifying situations involving suspected abuse and neglect, along with the appropriate follow-up and referral procedures. If we suspect abuse or neglect during a crisis call, we initiate relevant procedures for reporting this information through the Child Protection Hotline 1-877-KYSAFE-1, or by calling the Protection and Permanency office of the county where the alleged abuse or neglect may have taken place. Additionally, we will use the Kentucky Child Protective Services Reporting system for non-emergency situations not requiring immediate staff response.

We train our BH Services Hotline Representatives, BH Clinicians, Care Coordinators, Concierge Line Representatives, Nurse Hotline Nurses, and all staff who may be involved in crisis management to refer all suspected cases of abuse and neglect to our CCT for follow-up with the relevant protective agency to see that the Member's needs are met. In addition, Anthem's Abuse Neglect and Exploitation (ANE) and BH Emergency Services Policy requires clinical staff who suspect that a Member is or has been the object of abuse or neglect, or suspect an adult of abusing, neglecting, or exploiting a child or another adult, immediately report the situation to the appropriate agency or authority and notify their manager of actions taken. These referrals will also be documented in our internal system and referred to the CCT since many of our Members are already in the system, and the Care Coordinator will interface with the DCBS and JJ.

Both new hire and annual refresher ANE training are offered every four weeks for all staff responsible for responding to Members in crisis. Our Anthem Training Academy also offers on-demand training related to recognizing and responding to suspected cases of abuse and neglect. Anthem provides ANE, Child Protective Services, and Adult Protective Services referral training to all staff who have direct contact with Members no later than 30 days from the date of hire. This includes a signed acknowledgement of the understanding of their duty to report ANE and retention of the ANE training records.

Resources Available to Assist Staff Who Respond to Member Crisis

In addition to comprehensive training, Anthem will provide call center staff with resources to make sure they can address crises promptly and effectively. First and foremost, employees will be supported if they need a break or to talk to someone after a difficult call. We support them through a number of trainings, but will encourage our staff to talk about difficult calls and practice self-care when they are overwhelmed.

System Linkages. Trained to recognize emergency and BH crisis calls and to respond appropriately, BH Services Hotline Representatives and clinicians will have access to Anthem's Nurse Hotline and the Concierge Line with direct connections to Crisis Intervention Services.

Community Resource Link. Our Community Resource Link, offered as a value-added service, will provide a reliable source of information about the wide range of programs and services available for Members. Much more than a simple search engine, this proprietary model uses dedicated resources to make sure that information is always up-to-date. This easy-to-use online tool promotes increased personal responsibility and self-management by educating Members about locally available supplemental supports and services. Additionally, our web-based system includes an internal component that links directly to our Care Coordination system, which enables our teams to track the resources Members search for and use most. This helps our Care Coordinators recommend resources that our Members will find the most useful, such as supports for bullying and suicide prevention, back to school resources, drug and alcohol resources, and resources to help Members quit vaping or smoking. Our unique model enables us to monitor and measure Care Coordination in conjunction with community resources, so that we can continually make sure we are addressing Members' needs, including unmet SDOH.

Mental Health First Aid USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices. NREPP is a searchable database of mental health and substance abuse interventions to help the public find programs and practices that may best meet their needs and learn how to implement them in their communities. All interventions in the registry have been independently assessed and rated for quality of research and readiness for dissemination.

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Mental Health First Aid. MHFA training teaches participants how to recognize and respond to mental illness and SUDs, including related crisis situations. Anthem's certified MHFA trainers offer this training, including "train-the-trainer" sessions to Provider practices and stakeholders in the community, increasing the capability of Providers and communities to respond effectively to individuals in BH crisis. We offer training to a wide variety of audiences throughout the Commonwealth, including families and caregivers, Community Health Workers (CHWs), Providers, and support agencies and their staffs. This training includes Youth MHFA, which will specifically support crisis response in the community for our Members in Foster Care, the vast majority of whom are children and youth.

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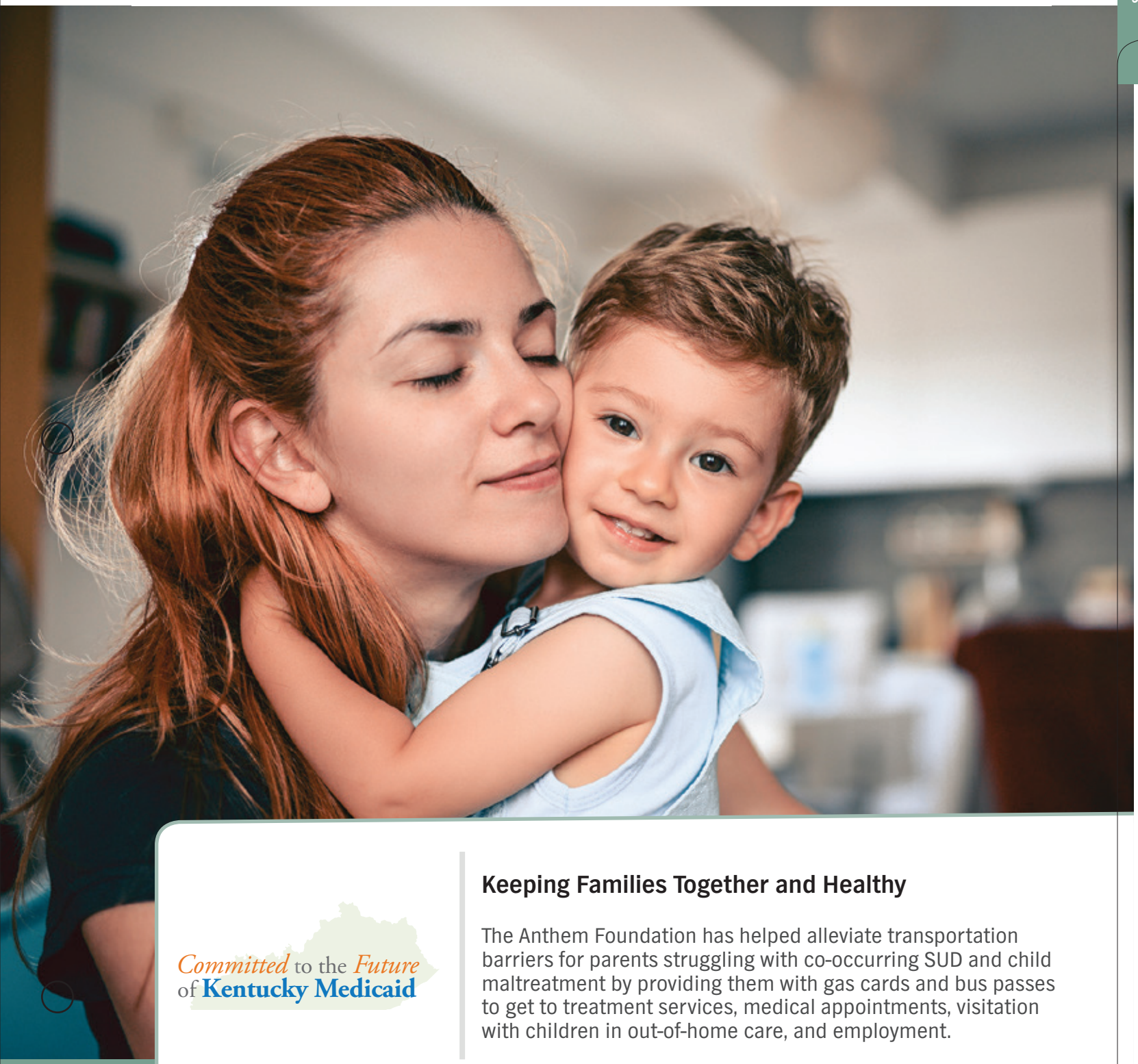
G.5. Kentucky SKY Enrollee Services Required Attachments



Committed to the Future of Kentucky Medicaid

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

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Attachment G.5.c-1. Sample PCP Notification Report

Attachment G.5.c-1.
Sample PCP Notification Report

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

Kentucky SKY Members Added Since Last Report

Provider ID 99988777
NPI 1232457890
Name John Provider

	Enrollee ID	Medicaid ID	ENROLLEE NAME	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	PHONE	DOB	SEX	AGE	Effective Date	Term Date
1	123456789	1112223333	Member, Robert	999 Healthy Road		Bowling Green	KY	42101	2708675309	08/15/16	M	2	07/01/18	12/31/99
2	123456789	1112223333	Member, Robert	123 Healthy Road		Bowling Green	KY	42101	2701234567	11/15/13	M	5	07/01/18	12/31/99
3	123456789	1112223333	Member, Mary	600 Healthy Lane		Smiths Grove	KY	42171	2703435677	03/11/03	F	16	07/01/18	12/31/99
4	123456789	1112223333	Member, Mary	2 Health Court	Apt. 4	Bowling Green	KY	42101	2703334444	12/04/17	F	1	03/01/19	12/31/99
5	123456789	1112223333	Member, Mary	44 Strong Road		Hopkinsville	KY	42240	2709472345	05/22/19	F	0	05/22/19	12/31/99
6	123456789	1112223333	Member, Robert	5321 Mockingbird Lane		Hopkinsville	KY	42240	2702229898	05/14/12	M	7	04/01/19	12/31/99
7	123456789	1112223333	Member, Mary	77 Wisteria Lane		Alvaton	KY	42122	2703003597	03/09/11	F	8	02/01/19	12/31/99
8	123456789	1112223333	Member, Robert	900 Hunters Ridge		Bowling Green	KY	42104	2705678395	04/16/14	M	5	07/01/18	12/31/99
9	123456789	1112223333	Member, Robert	23 Main Street		Bowling Green	KY	42104	2701240987	04/16/14	M	5	07/01/18	12/31/99
10	123456789	1112223333	Member, Robert	5553 Pleasant Street		Bowling Green	KY	42104	2703474567	11/16/16	M	2	07/01/18	12/31/99
11	123456789	1112223333	Member, Mary	977 Lake Road		Bowling Green	KY	42103	2704335522	11/06/12	F	6	07/01/18	12/31/99
12	123456789	1112223333	Member, Mary	9887 Route 80		Bowling Green	KY	42103	2703432311	08/05/02	F	16	07/01/18	12/31/99
13	123456789	1112223333	Member, Robert	1233 South Main Street	Apt. 9	Bowling Green	KY	42104	2702912388	04/20/04	M	15	03/01/19	12/31/99
14	123456789	1112223333	Member, Mary	34 Cedar Road		Summer Shade	KY	42166	2709849876	09/02/14	F	4	05/01/19	12/31/99
15	123456789	1112223333	Member, Robert	9 Milk Road		Summer Shade	KY	42166	2707235111	11/12/09	M	9	05/01/19	12/31/99
16	123456789	1112223333	Member, Mary	765 Chestnut Hill		Summer Shade	KY	42166	2703339287	08/03/12	F	6	05/01/19	12/31/99
17	123456789	1112223333	Member, Robert	40 Cow Hill Road		Bowling Green	KY	42104	2705024398	12/19/08	M	10	03/01/19	12/31/99
18	123456789	1112223333	Member, Mary	1 Mountain Court	Apt. 6	Cave City	KY	42127	2707274500	02/26/19	F	0	02/26/19	12/31/99
19	123456789	1112223333	Member, Robert	76 Green Hill Road		Bowling Green	KY	42104	2703855233	12/22/14	M	4	07/01/18	12/31/99
20	123456789	1112223333	Member, Mary	13 West Main Street	Apt. 26	Bowling Green	KY	42104	2704938767	06/28/18	F	0	07/01/18	12/31/99
21	123456789	1112223333	Member, Mary	9993 Ridge Road		Bowling Green	KY	42101	2703341034	03/19/19	F	0	03/19/19	12/31/99
22	123456789	1112223333	Member, Mary	452 School House Lane		Auburn	KY	42206	2704063099	06/07/13	F	5	05/01/19	12/31/99

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Committed to the *Future* of **Kentucky Medicaid**

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

G.6. Provider Network

G.6.a. Provider Network Development

a. Explain the Contractor's plan to develop a comprehensive Provider Network that meets the unique needs of Kentucky SKY Enrollees. The plan must address the following:

i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance.

ii. Recruitment strategy, including processes for identifying network gaps, developing recruitment work plans, and carrying out recruitment efforts. iii. Strategy for contracting and retaining specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider network and how the Contractor will provide access to specialists not included in the Provider Network.

iv. Process for continuous network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.

Anthem understands the unique needs of the Kentucky SKY Enrollees (Members). These children and youth often have a higher rate of physical health (PH) and Behavioral Health (BH) diagnoses compared to children not involved in the child welfare system. Many have experienced abuse or neglect and have been exposed to trauma, thereby necessitating a strong Network of committed and passionate pediatricians, PCPs, and BH Providers, who deliver Trauma-informed Care (TIC).

The most current analysis of utilization by Anthem Members in the child welfare system reinforces the need for certain specialties addressing care for this population. For instance, 77% of the population is under the age of 14, which supports the need for a robust pediatric presence in the Network. Additionally, almost 30% of this population has BH diagnoses, which demonstrates a strong need for child and adolescent psychiatrists and BH clinicians. Analysis of utilization information as well as input from Commonwealth staff, Providers, caregivers, and other stakeholders informs our Network recruitment, training, and contracting strategy. In order to assure we have a Network that can best address the needs of children, youth, and young adults in child welfare, including Providers with experience in treating individuals exposed to sexual assault, physical or emotional abuse, and trauma we engage in the following processes:

- Identifying non-traditional Providers that offer best practices
- Working with Providers to develop specialized programs and support expansion throughout the Commonwealth in collaboration with the local Provider Relations Liaisons
- Developing Provider skill sets through training via the Training and Education Team
- Working with Providers to enhance crisis services and support diversion or transition from higher levels of care

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

As an incumbent Managed Care Organization (MCO) in Kentucky since 2014, we collaborate with traditional and non-traditional, urban, and rural Providers to improve timely access to care, promote healthy lifestyles, and effectively manage costs. Our well-established, comprehensive, statewide Medicaid Network includes more than 28,000 unique Providers at over 8,500 locations currently serving 132,000 Kentucky Medicaid Members, including more than 1,600 youth who will be eligible for Kentucky SKY, across more than 44,000 square miles, and significantly exceeding Network adequacy standards. In 2018, we added more than 1,400 credentialed Providers to our Kentucky Network, and in 2019, we added more than 1,300 credentialed Providers. Figure G.6.a-1 highlights the strength of our Provider Network, focusing on key Provider types needed to serve our SKY Members.

Figure G.6.a-1. Key SKY Provider Types to Serve Kentucky Members

Our Provider Network currently meets and exceeds Network access and availability contract requirements and includes **more than 5,000** unique PCPs as well as **110 hospitals, more than 19,000** unique specialists including Behavioral Health professionals and ancillary Providers, **more than 1,660** dental Providers and **more than 1,300** vision Providers.

Provider Network 2019	
Pediatricians	3,200
Pediatric Surgery	134
PPEC	10
EPSDT Special Services	20
Behavioral Health Service Organizations	64
Dental Professionals	1,660
Vision Professionals	1,300
Urgent Care Centers	387
Commission for Children with Special Health Care Needs	20
Community Mental Health Centers	14 (265 Access Points)
Psychiatric Residential	7
Specialized Children's Services Clinic	10

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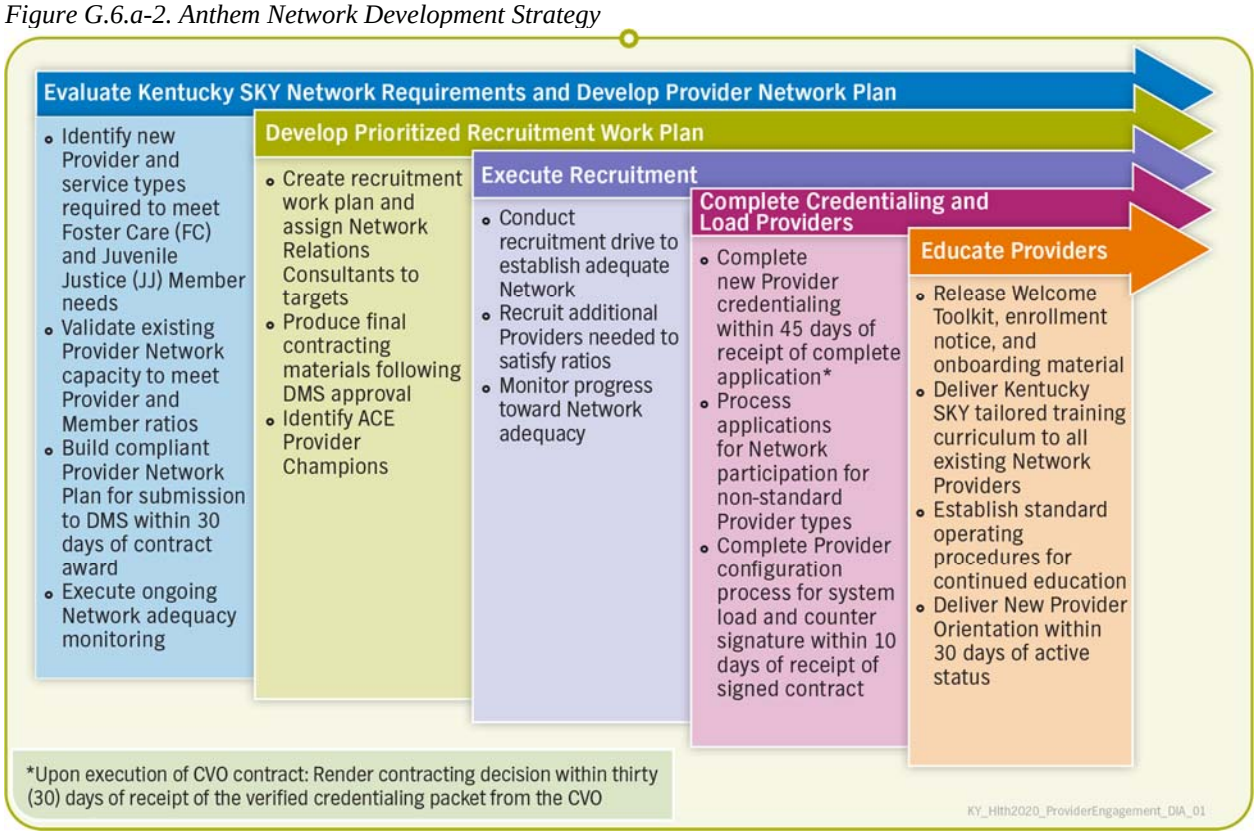
We will continuously monitor our Network, assess needs, and initiate recruitment efforts as appropriate. We recognize that child welfare reforms may occur in the Commonwealth as a result of State efforts as well as the Family First Prevention Services Act, and we are prepared to support Providers in enrolling with Medicaid through training and engagement. This is part of our commitment to help these Providers have a comfortable understanding Medicaid benefits, billing, and programmatic requirements to preserve quality care options. ***Our established relationships with Kentucky Providers and the innovative Provider training, support, and recognition programs we employ, as well as our experience in other child welfare markets, and deep understanding of Kentucky's health care landscape will enable us to deliver and maintain a robust Provider Network that meets or exceeds the needs of our Fostering Connected Care Members.***

Using Our Provider Promise to Maintain Our Comprehensive Provider Network

Our Provider Network development strategy is an ongoing process strategy that continually helps to assure we maintain or exceed adequacy requirements. An overview of our Network development process is provided in Figure G.6.a-2. Our Network management strategy complements DMS goals for Member access to high-value care, innovation, a culture of continuous quality improvement, and service excellence by assuring Members are cared for by high-performing, engaged Providers that collaborate with us in a consistent and ongoing basis.

We are committed to deploying an ongoing effort of support and collaboration with our Fostering Connected Care partners through our Provider Promise: to deliver a best-in-class experience by simplifying health care so our Providers can focus on Member health.

Figure G.6.a-2. Anthem Network Development Strategy



We bring this commitment to life through the following distinct pillars that align our suite of Provider programs and solutions:

- ***Capacity for Efficient Care.*** Compiling an appropriate mix of high-quality Providers and resources, capable of delivering whole-person, culturally sensitive care to our Commonwealth neighbors as demonstrated by our Network adequacy statistics and online Provider Directory resource.
- ***Accountable Reimbursement.*** Serving as responsible financial stewards for Kentucky by contracting at appropriate reimbursement levels; incenting outcomes; preventing fraud, waste, and abuse through concentrated efforts; and conducting ongoing Provider oversight. Quality and access to care is encouraged through a variety of quality based incentive programs and will be addressed in later paragraphs of this section.
- ***Administrative Simplification.*** Improving Provider efficiency through administrative simplification, standardized processes, and technical supports that reduce administrative burdens through enhanced online portal functionality, such as claims disputes and medical record submission. For example, Anthem has developed a best-in-class Smart Utilization Management (UM) process that uses proprietary support tools to create efficiencies for Providers and reduce administrative burden related to UM and Prior Authorization. Using historical Member, Provider, and clinical data, Anthem automates decision-support rules for

PA of inpatient and outpatient services in many cases. Smart UM improves the review and authorization process and will be implemented in Kentucky later this year.

- ***Health Advocacy.*** Connecting Members with the highest performing and most appropriate Providers equipped with the resources needed to deliver integrated care that addresses Kentucky's most critical health challenges (for example, opioid addiction, diabetes, social determinants of health [SDOH], etc.) in partnership with DMS and other MCOs.

Our Network development efforts are led by our Provider Solutions department, which is overseen by the Provider Network Director, Kentucky-based Jennifer Ecleberry who will be ultimately responsible for educating Network Providers and assuring access to and availability of Provider services to meet the needs of the Kentucky SKY program.

MY WHY

Jennifer Ecleberry
Provider Network Director

MY WHY is connecting our Members to the Providers they need. My entire health care career has been in managed care on the payer side, with the last 14 years focused on Medicaid in Kentucky. I was initially drawn to Medicaid for the mission of helping those who need it most, by specifically building and maintaining a Provider Network to provide access to Members. I have had the opportunity to be intimately involved in securing arrangements with very specialized Providers across the United States to provide services — some life-saving — to our Members with very complex medical needs. It is always very impactful to me to learn the Members' stories and hear the positive outcomes attributed to the many dedicated associates at Anthem.

KY_Hlth2019_MyWhy-Jennifer_COB_01

The Provider Solutions department is organized into designated Network Development and Provider Relations teams.

The Network Development team identifies Network gaps, deploys strategies to increase capacity and address gaps, monitors Network compliance with Contract requirements, and recruits and retains Providers. The Provider Relations teams, comprised of Network Relations Consultants, live and work in their local communities, establish relationships with Providers to monitor the Network and key access measures, and educate Providers.

To enhance the efforts of the Provider Solutions department and assure the Network for SKY Members is tailored to their unique needs, our Fostering Connected Care model for SKY Members includes additional dedicated support from two Provider Relations Liaisons as well as the Training and Education Team, which includes a Trauma Specialist responsible for the SKY program's trauma strategy.

i. Approach to Contracting

i. Approach to contract with PCPs and specialty Providers who are trained or experienced in Trauma-informed Care and in treating individuals with complex special needs, and who have knowledge and experience in working with children in Foster Care and those children receiving Adoption Assistance

Our recruitment efforts recognize that the children, youth, and young adults have unique, diverse, and in many cases, complex needs that must be met through a variety of services and supports provided at varying levels of intensity, including traditional and non-traditional interventions. Our Network includes Providers trained in Trauma-informed Care and evidence-based practices, such as TF-CBT (Trauma-Focused Cognitive Behavioral Therapy) and Parent-Child Interaction Therapy (PCIT); Providers who have experience in trauma responsive care and treating individuals with complex special needs; Providers with experience identifying child abuse and neglect; and Providers who render core services. We have identified 105 certified TF-CBT Providers, 57 of whom are already in our Kentucky Network. Of the four certified PCIT Providers in Kentucky,

three are in our Kentucky Network. We will conduct focused outreach and recruitment efforts to engage non-participating TF-CBT and PCIT certified Providers in our Network.

Recognizing the prevalence of BH conditions in children and youth in child welfare and the Department of Juvenile Justice (DJJ), we have a robust Network of BH Providers, as shown in Table G.6.a-1.

Table G.6.a.-1. Anthem's Strong Network of Behavioral Health Providers

BH Facility or Provider Type	Statewide Number
Psychiatric Hospital	11
Psychiatric Residential Treatment Facility (PRTF)	7
Health Access Nurturing Development Services (HANDS)	1
Community Mental Health Center	14
Licensed Clinical Social Worker	1,099
Licensed Psychologist	239
Psychiatrist	379

Our Network includes specialists with a focus on children, adolescents, and families, including psychologists, psychiatrists, therapists, and counselors. Our dedicated SKY Provider Relations Liaisons, responsible for addressing access and availability issues for SKY, as well as building capacity in Providers to engage in Trauma-informed Care, will conduct targeted outreach to identify Providers with experience addressing the needs of victims of sexual assault, abuse, intimate partner violence, neglect, human trafficking, and trauma. Our experience providing services for this population has also shown us that many of these children need access to dental and vision services. We contract with DentaQuest and EyeQuest to provide dental and vision services to our Members. Our dedicated SKY Dental Liaison will work with DentaQuest on special programs like mobile dentistry or other initiatives to increase access to much needed dental care for our Members. Today, our Network includes more than 1,660 dental Providers (including pediatric dentists), and nearly 1,300 vision Providers across the Commonwealth.

Enhancing Our Network Through Trauma-informed Care Education and Training

Our Network development approach includes improving our Providers' ability to provide evidence-based practices and Trauma-informed Care. For example, we will implement a pilot to increase the number of Providers who are certified in PCIT. PCIT is a behavioral parent-training model that uses live coaching and provides immediate prompts to parents while they interact with their children. During this hands-on treatment, parents are guided to demonstrate specific relationship-building and discipline skills. Currently, there are only four certified PCIT therapists who actively see Members and one Level 1 PCIT Therapist/Trainer in the entire Commonwealth. ***To expand access to this treatment modality and facilitate the implementation of the multi-family treatment format for the SKY population, we will implement a pilot to support the training of three therapists in three BH centers who are geographically dispersed.*** We will base identification of pilot sites upon Provider performance, readiness, and investment as well as identification of need based on analysis of eligible Member case management tier, diagnoses, utilization, placement stability, and location. We have already identified trainers in Kentucky and West Virginia who are interested in supporting this expansion effort. Program expansion will be determined based on the pilot's performance.

In addition to extensive training in Adverse Childhood Experiences (ACEs), trauma, and toxic stress, we will actively promote increased Provider capacity to provide Trauma-informed Care through direct involvement by our Provider Relations Liaisons with Providers using our *Guide for Provider Support in Adopting Trauma-informed Care*. Anthem will dedicate a Trauma Specialist responsible for developing a comprehensive strategy for addressing trauma, including increasing Member access to Trauma-informed Care through Provider related strategies. We will also have two SKY dedicated Provider Relations Liaisons focusing on ACEs and trauma work identifying Providers with specific relative expertise to build trauma capabilities and support Providers in adopting evidence-based practices. The Guide offers several different tools to suit Providers' specific needs and goals to implement Trauma-informed Care into their practice. Providers can work with their Provider Relations Liaison to choose the most appropriate tool for their practice. The Guide offers evidence-based assessments, learning modules, and models to help assure the best outcomes for Members. We will also offer the ***ACEs Provider Champion*** program, which facilitates communication among Providers and the sharing of best practices by allowing Providers to hear from other Trauma-informed Care Providers about how they can incorporate trauma in their practice.

ii. Anthem's Continuous Provider Recruitment Enhances Our Comprehensive Statewide Network

ii. Recruitment strategy, including processes for identifying Network gaps, developing recruitment work plans, and carrying out recruitment efforts.

Anthem's Continuous Provider Recruitment Strategy Enhances Our Comprehensive Statewide Network

If we identify any gaps in our SKY Network, our Network Development team will implement a Network enhancement and targeted recruitment work plan focused on Providers already serving children, youth, and young adults in Foster Care (FC), Juvenile Justice (JJ), and Adoption Assistance (AA). This plan will be driven by various components including ongoing analysis of a Member's health status and membership compositions (such as age groups), which will help us focus our identification of Providers to recruit and contract. For example, according to our specialized FC analytics showing the top health conditions for our current Anthem Members in child welfare, we know we need to focus on recruitment efforts to target developmental specialists, and Providers with Autism Spectrum Disorder and Neonatal Abstinence Syndrome (NAS) specialties beyond meeting standard access and availability requirements. We will also work to make sure our SKY Members have access to pediatric endocrinologists, allergists, and ENTs, according to the percentages of children in child welfare in the top driving medical categories.

Anthem's innovative approach to address health care workforce shortages across the Commonwealth includes targeted investments across the Commonwealth. We will:

- Invest $92,000 to fund tuition and training costs for three Rural Health Family Nurse Practitioners (MSN) at Eastern Kentucky University in exchange for their commitment to serve as PCPs in Appalachia for a minimum of five years post-graduation.

Workforce Investment

Anthem is **investing $292,000** in targeted strategies to bring more health care Providers to the Commonwealth.

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- Fund $100,000 to establish a scholarship fund at Hazard Community and Technical College that could include tuition assistance or loan forgiveness for individuals seeking to become Medical Assistants or certified Medicaid Nurse Aides.
- To further grow the mental health workforce, we will invest $100,000 to implement Motivo's HIPAA-compliant clinical supervision program, offering prospective Psychologists, Clinical Social Workers, Professional Counselors, Marriage and Family Therapists, and Certified Addictions Counselors an efficient, accessible, online solution to fulfill their clinical supervision requirements and bring additional mental health professionals quickly to Kentucky.

Our Network Development team will expand upon our recruitment work plan to address any gaps identified, and design targeted recruitment efforts to resolve those gaps. The work plan identifies responsibilities, resources, and a timeline to correct the situation. Upon recruitment, through our tightly monitored workflow, we contract, credential, and configure all Providers in our Management Information System (MIS) in an average of 45 days.

Our existing relationships with key Providers and associations contribute to our understanding of community and Provider needs while providing Anthem access to forums to further develop and expand our Network and assure access to a high-performing Network for our Fostering Connected Care Members. These include, but are not limited to:

- The Children's Alliance
- Behavioral Health Technical Advisory Committee
- Alliance of Pediatric Behavioral and Mental Health
- Kentucky Council on Autism
- Kentucky Association of Regional Providers (KARP), which represents the 14 Community Mental Health Centers (CMHC) in Kentucky

Phoenix Preferred Care is a Behavioral Health Provider and we have worked closely with Anthem Medicaid. We are pleased to work with an organization that delivers such helpful support to its Providers and look forward to our future business partnership.
— **Kalee West**
Phoenix Preferred Care
KY_Hlth2019_Kalee_TST_02

Identifying Network Gaps and Specific SKY Network Needs

Anthem monitors Network adequacy, anticipates future needs, and promptly identifies gaps to verify that Members have access to care from Providers with expertise in areas that are required to serve Kentucky SKY Members, such as trauma, sexual and physical abuse, and attachment issues. Our Provider Relations Liaisons will support targeted identification of these specialties. We also monitor to make sure we continue to meet access standards. We use our proven techniques to monitor and evaluate our Network and seek input from various sources (Members, Providers, stakeholders, DMS, Care Coordinators, internal data, and others) to make sure our Network meets the needs of all our Members in child welfare.

On a quarterly basis, we generate and evaluate geographic access reports for Network adequacy for physical and geographic access to identify Network gaps and make sure Members have ample choice of contracted Providers. Our tools allow us to conduct address-based geocoding. The system assigns geographic coordinates to locations based on the street address of Providers and Members. Geographic access reporting has features to evaluate Network adequacy for physical and geographic access including the following:

- ***Geographic Overview Maps.*** Displays PCP and specialty Provider locations by geographic area.
- ***Provider and Member Location Maps.*** Plots Members and Providers of any or all specialty — or combinations of both; these maps overlay the Provider Network against the membership

base with the appropriate radius encompassing each Provider to identify geographic coverage in a particular area.

- ***Member Accessibility Summary.*** Provides an overview of the entire analysis displayed in a given report. It details the number and percentage of Members with and without access to a PCP, as well as key specialists.
- ***Access Comparison.*** Provides a graph that demonstrates the point at which the percentage of Members attain compliant status with the specified Provider type and defined access standard.
- ***Accessibility Detail.*** Presents counts of Members with and without access to care under the defined access standards. It provides the total number of Members, Providers, and a Member-to-Provider ratio for the demographic or geographic area analyzed.

Building on and tailoring our regular gap identification process for the Kentucky SKY program, we will focus on other efforts to identify more specific gaps for the SKY population. We will continually analyze our Member-level data and identify composition, health status, and needs. Based on this information, we will identify any necessary enhancements to our Network. For example, we have already analyzed our current child welfare membership composition, including health status information, and identified the following as focused areas to assure they are part of our Network composition:

- Pediatricians
- BH Specialists with a focus on children, adolescents and families, including psychologists, psychiatrists, therapists, and counselors, and those who serve FC children
- Private Child Caring (PCC) agencies
- Comprehensive Community Providers
- Substance use disorder (SUD) Providers
- Dental Providers
- Vision Providers
- Developmental specialists
- Early Intervention programs
- Providers with autism specialty
- Providers with NAS expertise
- High-risk OB/GYN Providers
- Endocrinologists
- Pulmonologists, Respiratory Therapists, Ear, Nose, and Throat specialists

We will continuously and proactively monitor our Network to assure gaps do not arise. We will accomplish this by gathering information through:

- Regular communications and meetings with Commonwealth partners at the State and regional level, such as DCBS, DMS, and DJJ. This includes analysis and response to documents provided by our partners, such as the county-based Provider assessment recently provided by DMS
- Regular community and Provider interactions through our regional Training and Education Team and Provider Relations staff
- Provider Relations staff regular communication with our Foster Connected Care Concierge team and our Care Coordination Team
- Advisory Committee meetings, which we engage to provide input into any Network development gap identification
- Annual Member and Provider satisfaction surveys

- Weekly review of all Network additions, deletions, and PCP capacity changes by Provider type and location
- Quarterly Joint Operations Committee meetings for Providers who participate in our value-based payment (VBP) programs
- Analysis of Member Grievance information

Anthem's Network Recruitment Plan

We maintain and manage our Network according to our detailed, comprehensive Provider Network Development and Management Plan for monitoring our Network, identifying Network gaps, and expeditiously resolving those gaps, with prioritization on recruiting high-performing Providers, as detailed above. We will work with the Commonwealth to assure our Network Development Plan is flexible and responsive to child welfare reform activities springing from State and federal law. If we identify a gap in health care services in geographical areas where SKY Members reside, Anthem will identify Providers for recruitment and initiate outreach. Recruitment efforts include targeting non-traditional Providers like therapeutic group homes, PCC Providers, and placement Providers. As part of our recruitment strategy and work, we solicit and respond to input from a variety of stakeholders including:

- ***Members, Foster Parents, Guardians, and Caregivers.*** Input from a parent, guardian, or caregiver often requests access for a Provider that is not included in our Network. Very often, these are non-traditional Medicaid Providers, from whom the Member is already receiving services. Additionally we seek input from caregivers regarding the gaps they have identified when seeking services for the children for whom they care
- ***Commonwealth Agencies.*** Through regular meetings with DCBS and DJJ, we will solicit input regarding Network gaps they have identified
- ***Judicial System.*** Through our Court and Justice Liaison's monitoring of our court mailbox as well as meetings with judges and child advocates, we will identify Network gaps that impede their ability to advocate for and adjudicate cases brought before the court
- ***Advocacy Groups.*** We will solicit input from key advocacy groups such as NAMI, Mental Health America, and Children's Advocacy Centers to identify Network gaps they have identified when assisting families they support

Additionally, we use other methods to identify Providers, including:

- ***Accessing External Data.*** We regularly query NCQA's list of Kentucky-based Patient-Centered Medical Homes (PCMHs), Patient-centered Specialty Practice (PCSPs), and certification sites, such as TF-CBT Therapist Certification Program and PCIT International, to identify suitable practices.
- ***Accessing Trade Sites.*** We routinely monitor trade sites, such as the Therapist Certification Program of the Trauma-focused Cognitive Behavioral Therapy and the Substance Abuse and Mental Health Association's (SAMHSA) Provider database to identify new Providers.
- ***Targeting Providers Who Traditionally Serve the Population.*** Through analysis of historical claims data, we identify Providers who are currently serving the population to offer our Members continuity of care. These Providers have also earned the trust of individuals, offer the appropriate services, maintain close geographic presence, are keenly aware of the diverse needs of that population, and have access to key local resources in their communities.
- ***Identifying Providers Who Are Not Enrolled in Kentucky Medicaid.*** We identify Providers who are not enrolled as a Medicaid Provider through various methods, including State licensing boards and our affiliate commercial health plans, and extend an invitation for

participation. ***For example, we identified a certified PCIT trainer who had recently relocated to Kentucky. In conversations with her regarding training therapists in PCIT, she indicated that she is not a Medicaid enrolled Provider in Kentucky. We quickly connected her with our Network Development team to help her enroll.***

Provider Recruitment Strategies

Once we have identified Providers for recruitment, we develop Provider-specific recruitment strategies. Because Providers have varying needs, circumstances, and knowledge of managed care, we tailor our approach to address each Provider's specific needs. We then assign specialized staff resources and design and produce communications. For example, we use Network Relations Consultants with BH experience to recruit BH Providers. During the recruitment process, single-case agreements or Letters of Agreements (LOAs) will be used to help assure continuity of care for our Members.

- ***Initiate Recruitment.*** Once we finalize our plans, we begin recruitment. We offer a multitude of ways for Providers to interact with us during the contracting process to maximize access and availability. Our outreach includes mailings, telephone calls, electronic media (website, emails), face-to-face meetings, and Town Hall meetings. We track and monitor our progress using a Network development tracking tool. Each week, we provide reports on all our Provider Network contracting efforts and meet with DMS, as indicated, to provide updates.
- ***Execute Provider Contracts.*** We execute signed contracts and configure all Providers in our MIS.
- ***Conduct Initial and Continuing Outreach and Education.*** We continually educate and train our Providers. Regardless of Contract award, our Providers will be educated on elements of the SKY program, underlining our commitment to success of the program and assuring the best care for our existing Members in child welfare. In addition, all SKY Network Providers will be required to attend training in Trauma-informed Care. Through our Anthem Training Academy, we offer Providers free access to continuing medical education (CME)-credit eligible online course offerings.

iii. Contracting with and Retaining Specialists

iii. Strategy for contracting and retaining Specialists unique to the Kentucky SKY populations and perhaps different from those in the Medicaid managed care Provider Network and how the Contractor will provide access to Specialists not included in the Provider Network.

Providers who serve the child welfare population must address a variety of medical and SDOH concerns, including complex Members who have limited to no health history, significant gaps in care, and many touch points in the health care system. Our Network currently meets and exceeds adequacy standards for the Kentucky SKY population. For SKY, we will use the enhanced process, identified in the input described in Section ii above, in addition to adequacy standards to identify gaps for recruitment. If we identify gaps, we initiate our Provider recruitment plan, also detailed above.

Our strategy for retaining specialists is anchored by our local, hands-on approach. Our efforts are led by our Provider Relations team, which lives and works in their local communities and builds trusting and collaborative relationships with Providers through a "boots-on-the-ground" approach. They monitor the Network, as well as key access measures, and educate and service Providers using an enhanced, one-to-one methodology. The team is led by Kentucky-based

Jennifer Ecleberry, who will be responsible for assuring access to and availability of Provider services to meet the needs of the Kentucky SKY program.

We also employ a variety of strategies for retaining specialists, including:

- Offering proactive, comprehensive Provider education in a variety of venues and methods, including CME and CEU (continuing education unit) opportunities.
- Implementing Provider incentive programs that reward Providers who deliver measurably better care and achieve improved Member health outcomes.
- Working with selected specialty care Providers to assist them in transforming their practices into NCQA PCSPs.
- Delivering sound reimbursement practices, including prompt and accurate claims payment. In calendar year 2018, we processed 99.4% of clean claims in 30 days, exceeding the requirement of 90% of just clean claims in that same period. Our average turnaround time is less than 9 days.
- Streamlining practices, and simplifying and minimizing the Provider's administrative burden through initiatives such as our online claims dispute process and fewer Prior Authorization requirements.

> *We have a longstanding relationship with Anthem, and we have found them to be collaborative and responsive to our needs as a Provider as they arise. We have built a partnership in which creativity and innovation are central to meeting the needs of the consumers that we serve. We are thrilled to be able to take part in their ACEs Champions program. The ACEs Champions program is a primary example of our shared partnership to implement innovative programming to address Adverse Childhood Experiences and build resiliency in the Commonwealth. Again, we are happy to support Anthem in their pursuit of their bid to continue as a Kentucky MCO and serve the SKY population.*
> — **Gina Klyachkin,** MSW, LCSW, LICSW
> President, KVC Kentucky
> KY_Hlth2019_Gina_56_TST_02

We will continue these practices to maintain the adequacy of our Network and our high level of Provider retention and satisfaction.

Using Value-based Programs to Retain and Support Providers

Anthem's VBP portfolio details our VBP programs available and proposed for our contracted Medicaid Providers in the Commonwealth that will treat SKY Members. At a high level, our VBP strategy includes an array of programs and other Provider incentive programs focused on expanding access and wellness and incentivizing improvements in Population Health Management. These programs will help drive integration of PH and BH, incentivizing increased engagement of specialists and facilities in meeting Members' needs, and increased focus and engagement with the SDOH that influence Members' health and well-being. We also promote innovation and expansion of evidence-based best practices through Provider incentives and recognition programs that recognize Provider expertise and achievement in key areas important to our Members in child welfare. Our portfolio of VBP programs and incentives assures the delivery of evidence-based practices rooted in the foundation of Trauma-informed Care. Our VBPs are described in Figure G.6.a-3.

Figure G.6.a-3. Anthem Value-based Programs

Improving Health Outcomes and Quality with Accountable Reimbursement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness ∘ *Pay for Quality HEDIS (P4Q HEDIS)** ∘ *Foster Care Access Incentive Program (FCAIP)**	**Focus on enhancing quality, efficiency and total cost of care savings** ∘ Provider Quality Incentive Program (PQIP) ∘ PQIP Essentials ∘ Provider Incentives • Toxicology screening in first trimester of pregnancy • Tobacco screening • Colorectal cancer screening • Hemoglobin A1c (HbA1c) testing	**Focus on specialized services and PH/BH integration** ∘ Behavioral Health Quality Incentive Program (BHQIP) ∘ Behavioral Health Facility Incentive Program (BHFIP) ∘ *Integrated Care Quality Incentive Program (ICQIP)** ∘ *Obstetrical Care Quality Incentive Program (OBQIP)** ∘ *Pediatric Residential Treatment Quality Incentive Program (PRTQIP)**	**Focus on social determinants of health and socially necessary services and supports** ∘ Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** ∘ Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) ∘ Trauma-informed Care Blue Ribbon Providers (Blue Ribbon Providers)

* *Indicates proposed programming subject to approval from DMS.*

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In addition, Anthem will offer Provider Recognition incentives, which recognize those Providers who demonstrate innovation and best practices.

Foster Care Access Incentive Program

Our Foster Care Access Incentive Program **(**FCAIP) offers Providers an opportunity to earn an enhanced payment rate for each eligible encounter for completion of Commonwealth required PH screening with the required 48 hours, medical exam within two weeks, including comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams as well as a mental health screening within 30 days. We will pay earned incentives quarterly at an enhanced fee for eligible claims for specified CPT® and diagnosis codes. As part of the criteria for participation in many of our APMs, PCPs must have open panel status and other Provider types must be willing to accept all Members within the required time frames.

Pediatric Residential Treatment Quality Incentive Program

PRTQIP incents eligible PRTFs to provide quality care and service to our pediatric Members, and for collaborating to support effective discharge and post discharge management of both BH and PH services. PRTQIP Providers who meet specified quality and utilization performance targets receive incentive payments twice annually. In addition, PRTFs receive a bonus for each occurrence of a successful transition of a Member from the PRTF to the in-state community setting when the Member remains in the setting for at least six months following the PRTF discharge.

In addition, Anthem will offer Provider Recognition incentives, which recognize Providers who demonstrate innovation and best practices. These include ACEs Provider Champions, and ***Trauma-informed Care Blue Ribbon Providers*** (Blue Ribbon Providers) recognition.

ACEs Provider Champions

ACEs Provider Champion*	Region
Maryhurst	3
KVC Kentucky	5, 7, & 8

*Signed LOIs

KY_Hlth2020_ACEs_COB_03

Helping assure Providers who interact with Members in child welfare are properly equipped to provide Trauma-informed Care is a significant challenge for MCOs. In order to address this, Anthem has identified local ***ACEs Provider Champions*** — organizations already delivering great care to our Members in Medicaid who are ready and willing to address ACEs, disparities in care, and SDOH, and increase the resiliency of our communities. ACEs Provider Champions will receive small grants from Anthem to help offset one-time startup or other costs to expand their reach and Member impact. They will serve as role models and mentors for other Network Providers, and share their experiences and lessons learned at our annual Anthem Provider Education Workshops held in each region, and in Anthem Provider communications. We expect ACEs Provider Champions will be available to give informal guidance and answer questions from other Providers in their region who want to implement similar initiatives.

Blue Ribbon Provider

Anthem's Trauma-responsive Care Provider Recognition program identifies Providers who complete a specified series of Anthem Training Academy Trauma-informed Care and System of Care trainings by placing them in a ***Blue Ribbon status*** and on a trained Provider list for reference by staff and stakeholders. Additionally, we will grant a small financial incentive upon completion of training.

By obtaining Blue Ribbon status, Providers demonstrate a greater comprehension of the effects of trauma and approaches for treatment and services that meet the complex needs of children, families, and caregivers who have experienced a traumatic event. Our affiliate in Georgia developed this incentive and recognition, and we are excited to strengthen our supports for our Members with this initiative.

Providing Access When Specialists Are Not in the Network

We understand that some Members of the SKY population, especially those who may have highly specialized needs, medically complex conditions, autism, or other pervasive developmental or

intellectual disabilities, may benefit from services from Providers not in the Anthem Network. In these instances, our team will work diligently to bring those Providers in Network, but in the meantime, we will work to secure a single-case agreement to be able to provide continuous medically necessary services for the Member. In all cases, our primary goal is to make sure the Member receives needed services. We process routine single-case agreements (non-urgent) within five Business Days and urgent sing-case agreements within one Business Day.

We cover out-of-network Covered Services when emergency services are needed by a Member, regardless of whether the Provider participates in our Network. No pre- or post-authorization is required for emergency services, and we will not allow a Member to be held accountable for payment. In an out-of-network emergency, it is not necessary for the Member or out-of-network Provider to contact us prior to treatment. While we will not deny claims based on failure to receive notification of Emergency Room (ER) services, we encourage Members and Providers to contact us within 24-hours of treatment. This step enables us to facilitate any necessary authorizations for continued service or transfers to Network Providers.

Our Comprehensive Telehealth Solution

Anthem has developed a Network of telehealth Providers by collaborating with Providers such as Clean Slate, Bright Heart Health, LiveHealth Online (LHO), and Project ECHO® who have had a positive impact on access to care and quality of care in affiliate markets. ***Anthem's telehealth access has grown more than 259,000% between 2016 and 2019. In 2016, we received only two telehealth claims, in comparison to the 5,185 claims received in 2019.*** Our approach offers options that increase access to PH, BH, and SUD treatment services, recognizing that Kentucky SKY Members and their caregivers may find it especially difficult to access care because of frequent moves and difficulty scheduling and getting to appointments when caring for multiple children. Further, we know that many of the SKY Members live outside metropolitan areas and telehealth offers a solution to the access issues confronted by families living in rural areas with few Providers. In addition, the greater likelihood of BH problems and more intensive health care needs among SKY Members compared to other children compound access challenges. Finally, with more than 68 Commonwealth counties having a ratio of mental health practitioners to residents greater than 1,000:1, there is a need to deploy more Providers to increase accessibility and alleviate the potential for burnout of existing mental health Providers. We will use telehealth to support Members' access to care by meeting them where they are, whether that is their home, school, primary care clinic, BH or SUD Provider office, or other location. We propose to use the telehealth solutions displayed in Figure G.6.a-4 for the SKY population ***subject to appropriate consent of the legal guardian for Members under 16 years of age***.

Figure G.6.a-4. Anthem's Comprehensive Telehealth Solution

MEMBER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
PHYSICAL HEALTH			
LiveHealth Online	General Physical Health/ Preventable ER Visit(s)	Pediatrics* Young Adult	Consumer On Demand
TytoCare	General Physical Health/ Preventable ER Visit(s)	Pediatrics* Young Adult	Schools
Care Innovations	Remote health monitoring for chronic conditions	Young Adult	Home
BEHAVIORAL HEALTH			
Bright Heart Health	Medication Assisted Treatment/ Addiction Services	Young Adult	Provider Offices
LiveHealth Online – Psychology & Psychiatry	Low Acuity Behavioral Health	Pediatrics* Young Adult	Consumer on Demand
FasPsych	High Acuity Behavioral Health	Pediatrics* Young Adult	Consumer on Demand

PROVIDER RESOURCES	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
ConferMED	Peer to Peer Consult	Pediatrics Young Adult	Provider Offices
FasPsych	Psychiatric Consultation	Pediatrics* Young Adult	Emergency Room
Project ECHO	Provider Enablement	Young Adult	Provider Offices
Practice Edition	Provider owned/managed telehealth solutions	Pediatrics* Young Adult	Provider Offices

**Subject to parental consent/supervised visits*

KY_Hlth2019_SKY-TelemedicineTable_COB_09

Bright Heart Health

We are aware that Kentucky's opioid crisis has led to a sharp increase in the number of children and youth entering the Foster Care system. We have developed our telehealth solution to address this crisis with the goals of reducing the number of children coming into care, facilitating reunification of families (when appropriate) for children already in care, and addressing substance use issues among youth in care. Access to SUD treatment is currently a challenge in the Commonwealth due to limited availability, rural transportation issues, and because those in need of treatment may be reluctant to seek treatment due to stigma. Bright Heart Health is a contracted, Kentucky-licensed Anthem telepsychiatry Provider who connects Anthem Members to expert Providers through telehealth to treat a full spectrum of BH disorders. Bright Heart Health is the first nationwide opioid use disorder (OUD) treatment program available via telehealth. Members can meet with medical staff and counselors via video conferencing.

Anthem contracts with Bright Heart Health for their SUD Intensive Outpatient Program and Medication-Assisted Treatment (MAT). Bright Heart Health prescribes and monitors medications that allow Anthem Members to stop abusing opioids without experiencing powerful drug withdrawal symptoms. To develop a comprehensive treatment plan, Anthem Members will meet with a Bright Heart Health physician in-person for a medical evaluation and continue their treatment with a licensed therapist via telehealth for a clinical assessment. Counselors will meet with Anthem Members online via telehealth and help identify and develop strategies to deal with the issues and disorders that may have contributed to or been impacted by opioid abuse in collaboration with the Member's treating physician. Young adult SKY Members may meet with a Bright Heart Health physician in-person for a medical evaluation and to develop a treatment plan, then continue their treatment with a licensed therapist via telehealth.

FasPsych

We will use direct-to-consumer telehealth solutions and FasPsych to provide telepsych services (including crisis assessments) across the Commonwealth. This approach best serves communities that struggle with a lack of Providers and workforce shortages, have transportation challenges, or cannot get to centers of care.

FasPsych expands care and treatment through remote psychiatric services and is a pioneer in telepsychiatry, currently operating in 17 states with approximately 12,000 virtual visits per month. Direct-to-consumer telehealth Providers offer a convenient way to have live video visits with a board-certified doctor, psychologist, or psychiatrist through live video on a mobile device or computer for non-emergency health conditions.

FasPsych provides access to telehealth services from more than 4,000 qualified psychiatrists and psychiatric Advanced Practice Registered Nurses (APRNs). Services will be accessible in CMHC, Federally Qualified Health Centers (FQHCs), psychiatric hospitals; medical and surgical hospitals; counseling practices; primary care clinics; correctional and detention facilities; universities and schools; SUD treatment Providers; Tribal Health Services; critical access hospitals; Rural Health Centers; and residential treatment centers.

FasPsych Providers are available to provide the following:

- ***Provider Consult.*** The Provider and psychiatrist discuss the Member's presenting symptoms and possible treatment options telephonically. A summary of the consultation will be provided in writing to the requesting physician within 15 minutes of consult completion.
- ***Patient Consult.*** Both routine and emergent patient consults are available. The Provider requests a video consultation between the psychiatrist and a patient requiring further evaluation. Routine consults occur within 24 hours of the request and typically involve patients who have been admitted to the hospital. The requesting physician receives a written evaluation within 120 minutes of consult completion. Emergent consults occur within three hours of the request and typically involve patients who present in the ER. The psychiatrists convey their findings and recommendations in writing to the requesting physician within 30 minutes of consult completion.

Caregivers with their child or youth, and SKY Members ages 18 and older will be able to access FasPsych when a psychiatrist is not readily available while in their Provider's office, clinic, or facility.

Project ECHO® (Extension for Community Healthcare Outcomes)

We promote the use of Project ECHO as a collaborative model of medical education and Care Coordination that supports clinicians with evidence-based guidelines and tools to provide better care to more people where they live. The ECHO model increases access to specialty treatment in rural and underserved areas. In our partnership with the Project ECHO Opioid Addiction Treatment program, we provide no-cost training for identification and treatment of opioid addiction to Providers and their primary care teams. The training covers management of naloxone, buprenorphine (such as Suboxone), and injectable naltrexone (such as Vivitrol) as well as provides access to a virtual learning community for treatment guidelines, tools, and Member resources.

ConferMED

ConferMED expands PCPs' scope via inter-professional internet consultation services (e-consults). We will work with ConferMED, a telehealth company with special expertise in asynchronous telehealth and experience with primary care and FQHC deployment across the country. ConferMED's Provider-to-Provider consultation improves access to specialty care by substituting immediate specialist referrals with Provider e-consults. PCPs benefit by being able to provide efficient and effective care to Members with timely guidance and answers to questions. They also benefit from increased knowledge and confidence gained from consultations with trusted specialists. SKY Members will have the advantage of enhanced PCP capabilities regarding necessary specialty care and better coordination of care with specialists in far-reaching areas, increasing the ability to meet complex needs in areas that are hard to access.

Expanding Services at Schools

In Kentucky, the ratio of students to full-time school nurses is 1,877:1. With only 54% of Kentucky high schools employing a full-time school nurse and more than 39% of students in Kentucky not having a physical exam completed in the 2017 – 2018 school year, it is evident that innovative solutions to address the health needs of our children are critical. Anthem proposes deploying telehealth services to school districts in need of on-demand health services and options for telehealth services for students while at school to help the State address this shortage.

We will collaborate with Norton Healthcare to identify school districts in need of urgent care solutions for acute issues, physicals, and health screenings; support for BH evaluations; and treatment accessible during the school day. We will work together to create a model that assures the right combination of Providers, establishes protocol for parental consent, and allows for the management of certain chronic conditions and distribution of over-the-counter prescriptions.

We propose deploying the ***TytoCare*** solution in small rural schools without a full-time school nurse who are in need of consultative medical services for students during the school day. TytoCare will allow video visits directly with licensed physicians from small rural school settings facilitated by a presenter at the school location. Details can be provided to the student's PCP via the cloud or the school nurse can connect the student to a clinician for immediate treatment on demand.

Supporting Providers' Use of Telehealth

We identify PCPs, including pediatricians, and BH Providers ready to adopt telehealth in their practices to enhance the capacity of our telehealth Network. To do this, we facilitate the deployment of telehealth technology and create connections with specialty Providers. We are

also exploring additional ways to expand Providers' telehealth capabilities, particularly focusing on continuity of care and follow-up treatment. Implementation of Anthem telehealth programs are slated for 2020 to include remote patient monitoring and direct Provider engagement in telehealth in their clinics.

Using Provider Education to Increase Telehealth Adoption

Anthem knows that as Providers increase their comfort with and adoption of telehealth both Members and Providers benefit. Patients place an enormous amount of trust in their treating Providers and as such, Providers are key partners in increasing utilization of telehealth. We are reimagining specialty referrals by expanding PCPs' scope through distance learning via Project ECHO and e-consults. In addition, our Anthem Training Academy will offer PCPs free access to CME-credit eligible online offerings, including mental health and SUD topics with information on how telehealth can support their treatment of Members with these conditions.

iv. Process for Continuous Network Improvement

iv. Process for continuous Network improvement, including the approach for monitoring and evaluating Provider compliance with availability and scheduling appointment requirements and ensuring Kentucky SKY Enrollees have access to care if the Contractor lacks an agreement with a key Provider type in a given DCBS Service Region or DJJ Community District.

Anthem continually seeks to improve our Provider Network and the services we deliver. We require all Providers to offer Members adequate, timely access to care and monitor Providers' adherence to standards through annual appointment availability studies and after-hours surveys. We educate Providers on availability and appointment scheduling requirements through initial and continual Provider training. Anthem's Provider Newsletters and Provider Manual supplement initial orientation training and serve as reminders for timely scheduling of routine appointments and triage requirement standards.

We use various mechanisms to monitor compliance with availability and appointment standards. The method and frequency are presented in Table G.6.a-2.

Table G.6.a-2. Provider Compliance Monitoring

Mechanism	Description
Audits of Appointment Availability	Annual audits of a random, statistically valid sampling of PCPs, designated specialists (including OB/GYN), BH Providers, dental Providers, and vision Providers to assess appointment availability and after-hours coverage.
Review of Member Grievances	Member Grievances are routed to our Network Management and Provider Relations departments for review, investigation, and follow-up.
Member Satisfaction Surveys	Each year, our Quality Management department engages a qualified vendor to administer the most current version of the CAHPS® survey to query Members on access to care and other key questions.
On-site Visits to Provider Offices	Network Relations Consultants conduct site visits to Network Providers based on established visit frequency standards.
Review of Panel (Roster) Reports	We review Provider panel status to confirm an adequate number of practices are open to new Members. Network Relations Consultants monitor practices with closed panels to identify opportunities for re-opening.
Input from External Partners	We will incorporate input from our SKY Advisory Committee; DMS, DCBJ and DJJ; community partners such as CASA; and our own staff, such as the Concierge Team and Care Coordinators to identify any access and appointment availability issues.

Making Sure Our Members Have Access to Care

If we lack an agreement with a specialist or key Provider type in a given geographic area, we will coordinate care for the Member with an out-of-network Provider. In these instances, as described above, our Care Coordinators and team of UM Reviewers will monitor and administer the case from the time we request the out-of-network authorization through visit completion. Care Coordinators will make sure to incorporate the rendering Provider's notes into the Member's health record.

Improving Provider Performance with Data

Our continuous Network improvement centers on increasing the efficiency, satisfaction, and performance of our Providers. Our SKY dedicated Provider Relations Liaisons will support and engage Providers by offering them valuable information and tools to better care for our Members, as well as improve Provider satisfaction. They will support our Providers in delivering Trauma-informed Care and evidence-based practices, and develop unique partnerships like ACEs Provider Champions.

v. Verifying Appointment Standards are Met

v. How the Contractor will ensure appointment access standards are met when Kentucky SKY Enrollees cannot access care within the Provider Network.

Anthem will assign every Kentucky SKY Member to a regionally based Care Coordinator to identifies gaps in care and connect each Members to needed services. Care Coordinators will coordinate care and services for Members in collaboration with DMS, DCBS, DJJ, and will share information within this system of care. The Care Coordinator leads the Member's multidisciplinary team (MDT) to engage other staff in supporting the Member's needs, with the understanding needs may change over time, and modifying the team to address those changing needs. This includes assisting Members with appointments, education, and linkage to identified services and supports.

Among other responsibilities, Care Coordinators will work with the Member to help assure appointment access standards are met, whether the servicing Provider is in-network or not. If the Care Coordinator identifies an issue with Member access to out-of-network care, the Care Coordinators will engage the Provider Relations Liaison to work with identified Providers to help assure that appointment availability and out-of-network arrangements, such as single-case agreements, are established and compliant. In addition, as noted above, we will work with the Provider to bring them into the Anthem Network.

Members can also access our Fostering Connected Care Concierge Line 24/7 with any concerns, including appointment availability. The Fostering Connected Care Concierge team enhances Member access to care at all hours of the day while encouraging appropriate use of health care services. The team can also assist the Member in identifying other Network Providers and community resources, scheduling appointments, connecting with the Member's Care Coordinator, and, if necessary, escalating any access issue to the Provider Relations team for further evaluation.

G.6.b. Experience Serving the Foster Care Population

b. Provide an example of how the Contractor has contracted for similar networks for similar populations in other programs. Provide a workplan to contract with Kentucky SKY Network Providers, with accountabilities and timelines.

Example of Network with a Similar Population — Contracting for the Georgia Families 360°SM Network

Our experience in Georgia is one of many Network implementations that will inform our Kentucky approach due to the similarities in the population served, as illustrated in Table G.6.b-1. In 2013, our Georgia affiliate was selected as the single plan to manage the Georgia Families 360° program, the state's program for coordinating care for children in Foster Care, receiving Adoption Assistance, and select youth in the Juvenile Justice system. Our affiliate met the opportunity with a full appreciation of the challenges faced by Georgia's child welfare children, youth, and young adults.

Table G.6.b-1. Anthem Affiliates' Extensive Experience Contracting for Similar Networks and Populations

Example	Similar Network	Similar Population
Georgia Families 360° Network	• Medicaid Providers who traditionally serve low-income, underserved populations and are trained or experienced in Trauma-informed Care, child abuse, and neglect • Providers who deliver comprehensive Child and Family Assessment (CCFA), wraparound, and CORE services	• **Foster Care**. Children and young adults under 26 years of age • **Adoption Assistance**. Children and youth under 21 years of age • **Interstate Compact for the Placement of Children**. Children under 18 years of age • **Juvenile Justice System**. Children and youth under 19 years of age

When our Georgia affiliate was selected as the sole MCO for Foster Care and related populations, they were able to automatically engage their existing Georgia Families Network to serve this newly covered population. Like Kentucky, the existing Provider Network was already contracted and credentialed to serve all Georgia Member Medicaid categories of eligibility. Our affiliate then expanded the Georgia Families 360° Network to meet the specific needs of the child welfare population by designing and implementing a development and recruitment work plan that focused on PCPs, BH Providers, and dental Providers already serving children and youth in Foster Care, Juvenile Justice, and Adoption Assistance, as well as the current Medicaid Providers. Our affiliate's efforts included:

- ***Identifying Providers who traditionally serve the child welfare population by:***
  - Analyzing state claims files to identify Providers currently serving the population and ranking them by Member volume
  - Reviewing state agency (such as the Georgia Division of Family and Children Services) listings of non-Medicaid Providers (for example, those offering wraparound services) who provide services to the Foster Care population
  - Gathering and reviewing Providers' referral patterns during visits to their offices
  - Soliciting input from advocacy and Provider groups, such as Together Georgia, the American Academy of Pediatrics, the Georgia Dental Association, and the Georgia Obstetrics and Gynecological Society
- ***Reviewing the list of traditional Foster Care Providers provided by the state and:***
  - Stratifying the list by Providers who traditionally provided the highest volume of services to the child welfare population

- ***Prioritizing recruitment based on highest volume Providers and those needed to fill potential Network gaps, specifically:***
  - Georgia CCFA Providers
  - IFI Providers
  - Professional BH Providers, such as psychiatrists, psychologists, Licensed Clinical Social Workers (LCSWs), and Licensed Professional Counselors (LPCs)
  - PCPs (specifically pediatricians and family practice)
  - Dental Providers
  - Psychiatric Residential Treatment Facilities (PRTFs)
- ***Assigning regionally based Provider Solutions Representatives to recruit identified Providers and monitoring progress by:***
  - Monitoring leads through a Provider Recruitment Tracker
  - Documenting outreach and all supporting information through the Recruitment Tracker for credentialing
- ***Expediting processing of applications for Providers who already served the FC population to quickly build the Network.***

Our Georgia affiliate tracked Provider recruitment efforts on a weekly basis. They took special care to outreach fee-for-service (FFS) Providers, often one-on-one, about the managed care program and how it would benefit both them and their patients. Our Network development approach also included enhancing our Providers' ability to employ evidence-based practices and Trauma-informed Care, as detailed in Section G.6.a, Provider Network.

The result was that our affiliate successfully developed a comprehensive Provider Network for the Georgia Families 360° program and met all Georgia Department of Community Health (DCH) requirements for readiness review. ***Their recruitment efforts added 138 PCPs, 268 BH Providers (including 77 Comprehensive Community Providers and 24 IFI Providers), and 83 dental Providers to the Network.*** This exceeded the 90% requirement for Member access pre-implementation. Today, more than 95% of the state's Medicaid FFS Providers participate in both our Georgia Families and Georgia Families 360° Networks.

Our affiliate continually seeks to improve its Provider Networks and implement various strategies to expand Member access. For example, when they noticed that independently licensed master's-level social workers were excluded from Medicaid participation, they approached DCH, the state's lead agency for Medicaid. DCH agreed to include these licensed independent practitioners, and today, LCSWs and LPCs are part of the expanded Georgia Families and Georgia Families 360°SM Provider Networks and a valuable resource in the successful care and treatment of their Members.

In 2016, our affiliate's contract with Georgia Families 360° was renewed following a competitive procurement. We are proud of our affiliate's accomplishments implementing and advancing this program. We bring to Kentucky our same collaborative approach for maintaining a comprehensive Provider Network that will meet the needs of SKY Members. Anthem will draw upon the proven processes, policies, procedures, and learned experiences of our affiliate health plan.

A key difference in our affiliate's efforts in Georgia was existing Network gaps for the child welfare population upon Contract award and the transition from a FFS delivery system to

managed care. Below, we speak to our Kentucky experience building a Network in a managed care environment, which to date has served this population well.

Contracting for a Kentucky Medicaid Network

In Kentucky, we are experienced in contracting a Medicaid Network, including assuring coverage for Members in the child welfare population. Our first experience dates to 2014, when we implemented our Network development campaign for Kentucky Medicaid Members. ***We built a comprehensive, statewide Provider Network that was based on our strong and long-standing commercial Provider relationships.***

While we have a strong existing Network, we understand that the SKY population has unique needs and will require additional recruitment of certain Provider types. Our efforts are informed by using our analytics to identify SKY Member conditions; regular communications with our State partners and Providers; analyzing geographic access reports for Network adequacy; and closely monitoring Member Grievances, out-of-network utilization, and single-case agreement reports. If specific gaps are identified, we will implement targeted Provider recruitment plans (Section G.6.a, Provider Network).

In response to the RFP question and subsequent answers to vendor questions released by the State, we have provided our work plan for establishing a Provider Network. This represents the steps we would take in a new market. ***As an incumbent MCO in Kentucky, and as detailed throughout this response, we are confident our robust Network will be prepared to serve the needs of the Kentucky SKY program.*** Please refer to Attachment G.6.b-1: Provider Work Plan.

Anthem Medicaid

G.6. Provider Network Required Attachments

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

Anthem Medicaid

Attachment G.6.b-1. Provider Workplan

Committed to the *Future* of **Kentucky Medicaid**

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

Anthem. BlueCross BlueShield

Kentucky SKY Network Contracting Work Plan

Task	Status	Start Date	Anticipated Completion Date
Prepare for Network Build			
Analyze current Anthem provider network capacity/adequacy	✓	January 2020	January 2020
Identify new required provider specialties	✓	January 2020	January 2020
Early engagement with key stakeholders in provider community, associations and community groups to develop trust and gain understanding of Foster Care population needs	✓	May 2019	Ongoing
Identify new providers for contracting		February 2020	April 2020
Develop recruitment and contracting packets for new providers		February 2020	June 2020
Prepare provider Welcome Packet Foster Care Invitations		February 2020	July 2020
Execute Network Build			
Develop Provider Network Plan and submit to the Department		Post-award	Within 30 days of Contract Execution
Develop and prioritize target providers for contracting		Post-award	May 2020
Recruit new providers needed for network adequacy		May 2020	September 2020
Obtain provider application, signed contracts and credentialing information		May 2020	Upon satisfactory network adequacy
Complete credentialing process for new providers		May 2020	Within 90 days of receipt of provider application and credentialing information for

Kentucky SKY Network Contracting Work Plan

		approved providers; Within 45 days for SUD providers
Complete provider configuration process for system load	May 2020	Within 30 days of completed credentialing/contracting decision *(10 days post CVO implementation)*
Execute provider contract	May 2020	Ongoing
Release executed contract citing effective date, provider Welcome Packet, Quick Reference Card and New Provider Orientation registration detail to new providers	September 2020	October 2020
Monitor progress and compliance against milestones and target dates through ongoing GeoAccess analysis	September 2020	October 2020
Achieve contracted and approved network that fully complies with RFP requirements	September 2020	October 2020
Onboarding		
Execute New Provider Orientation	November 2020; Within 30 days of active status	Ongoing
Commence VBP programming *(as appropriate)*		
Prepare for Readiness Review		
Collaborate with the Department, DCBS, and DJJ to identify other management reports required by the Commonwealth and to establish detailed reporting specifications and consistent data definitions for all required reports.	Post-award	Ongoing post-award
Compile final required materials, information and documents for Readiness review	August 2020	September 2020

Anthem BlueCross BlueShield

Kentucky SKY Network Contracting Work Plan

Complete final network analysis and prepare final Network Adequacy submission	September 2020	September 2020
Submit network adequacy files, provider materials, information, required policies and documents to the Department	September 2020	September 2020 • Within thirty (30) days of Readiness Review for standard submissions • Within five (5) days for expedited submissions
Complete Readiness Review		
Participate in all readiness review meetings and onsite reviews	October 2020	Until notice of satisfactory completion of Readiness Review; Annual Compliance Review
Respond to Department questions, summary of findings and remediate identified areas requiring remedial attention or corrective action.	October 2020	Until notice of satisfactory completion of Readiness Review
Operational Phase		
Begin Operations		January 1, 2021
Post-implementation evaluation		*Ongoing*
Ongoing network management and maintenance		*Ongoing*

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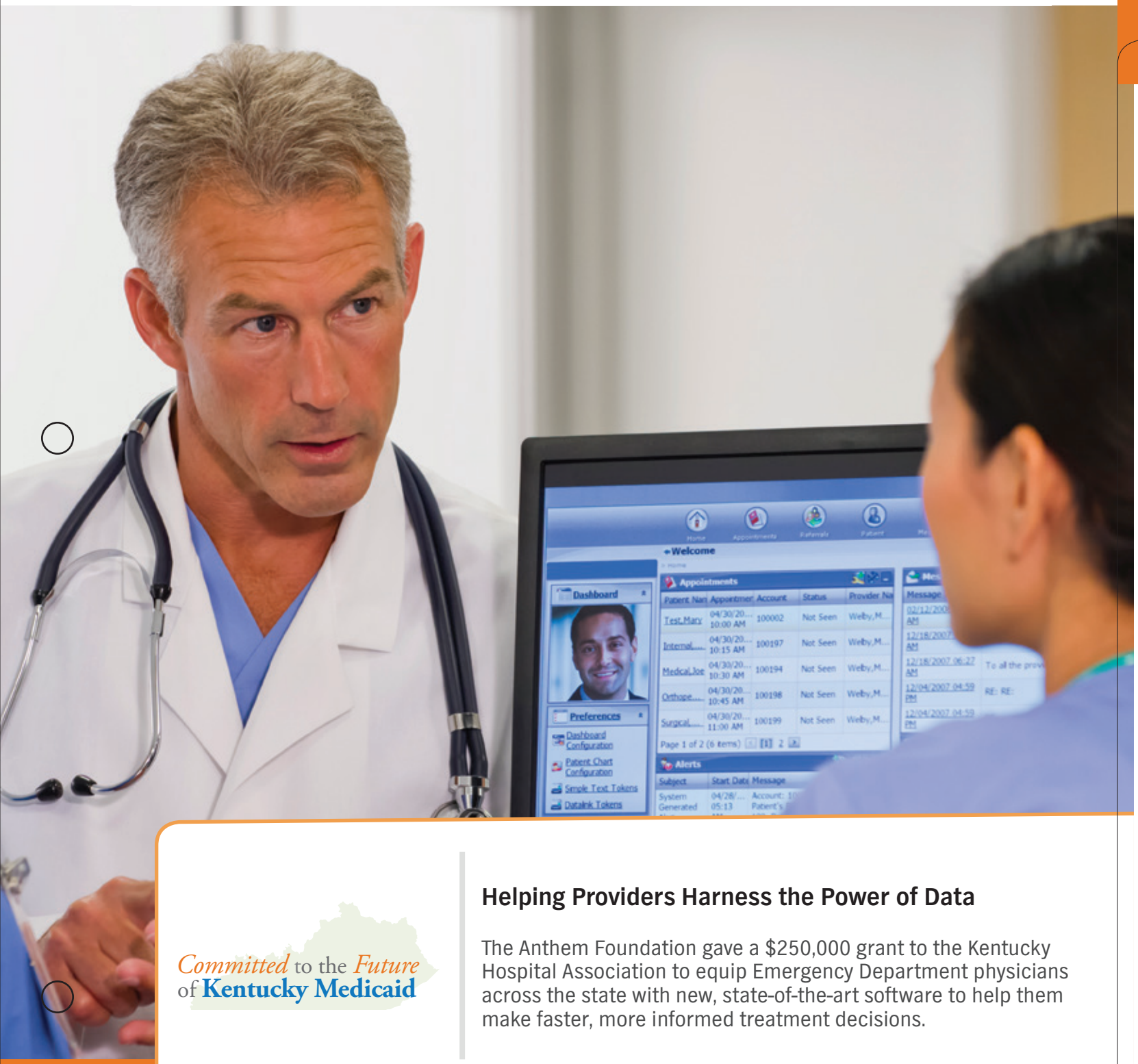
7. Provider Services



Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

G.7. Provider Services

Provide the Contractor's proposed approach to Provider outreach and education. Include a description of how initial training will differ from ongoing training. Describe proposed training materials including but not limited to:

a. Coordinating services;
b. Care Coordination Teams;
c. Training in Trauma-informed Care (include sample materials);
d. Crisis services;
e. Child and Adolescent Needs and Strengths (CANS);
f. High Fidelity Wraparound approach;
g. Impact of ACEs;
h. Neonatal Abstinence Syndrome (NAS);
i. Six Seconds Emotional Intelligence (SEI); and
j. Screening for and identification of Behavioral Health needs.

Anthem's approach to Provider outreach and education reflects our understanding that child welfare programs — delivered through a system comprised of many stakeholders — can work collaboratively to positively impact the health and social outcomes for Enrollees (Members) and their families. We know that meeting the unique needs of children, youth, and young adults in the child welfare system requires specialized knowledge on topics including Trauma-informed Care, evidence-based practices, and health issues prevalent in this population. Our training courses will provide expert-developed, clinically appropriate, population-specific, and culturally competent education targeting the Kentucky SKY population's health and social needs. Provider training will form the foundation for long-term, collaborative relationships, and our programs will reflect lessons learned and best practices both in Kentucky and nationally.

Anthem Training Academy

Anthem's comprehensive Provider training is through the Anthem Training Academy (Academy). We launched the Academy to build the critical capabilities of our Network Providers and meet their evolving training needs to optimize care and support for the Kentucky SKY population. The Academy facilitates the delivery of a consistent and comprehensive approach to training. It streamlines the development, delivery, and reporting of training.

In keeping with our *Provider Promise*, and to make it easy and convenient for Providers to access training, our Academy will offer multi-modal options including in-person group trainings, live interactive webinars where participants can actively engage and ask questions, and pre-recorded webinars available on demand. Our training is supported by training platforms that house extensive web-based training modules and support tracking and completion of required trainings.

Our Unique Staffing for Provider Training and Education

Our unique staffing for training and education includes a dedicated Training and Education Team (Team), two SKY-dedicated Provider Relations Liaisons, and support from a Provider Training Coordinator, Provider Relations staff, and our Foster Care Collaboration team.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Led by our Training and Education Specialist, our team will include a Court and Justice Liaison, a Trauma Specialist, and five regionally focused Training and Education Representatives. This team will communicate regularly with staff responsible for other health plan functions — Provider Relations, Quality, and Clinical Services — to assure alignment of messaging and community educational programming.

The **Training and Education Specialist** will have primary responsibility for the establishment, ongoing development, and implementation of the SKY training strategy and its components using our dynamic approach to training based on the ADDIE model of training development, which is described later in this section.

The **Trauma Specialist** will specifically focus on the trauma-informed strategy for the Fostering Connected Care program, including training and implementation of trauma-focused initiatives.

The **Court and Justice Liaison** will focus on training and engagement of the judicial system, including system stakeholder like Court Appointed Special Advocate (CASA), as well as law enforcement. They will engage the judicial system by providing program and resource information.

We will require our Liaison to have a clinical background in order to facilitate quick responses to judge's questions regarding Member diagnoses and treatment, and to facilitate more meaningful linkage with the Member's Care Coordinator.

In addition to these tasks, our Court and Justice Liaison will manage a dedicated mailbox through which judges can ask questions, request trainings, and submit other communications. This mailbox is a best practice developed in our affiliate's Georgia Families 360°SM program. We use this information to determine further outreach and training. The mailbox may be used to contact the Court and Justice Liaison to request clinical consultation on health care subjects such as diagnoses, best practices, and medications.

The **Training and Education Representatives** will be strategically positioned statewide to identify local opportunities for engagement and partnerships, identify training needs, collaborate with local subject matter experts, and provide trainings in local forums.

The team's three primary training responsibilities include:

- To develop and provide program-specific training, including orientations related to SKY or plan-specific functions and training on topics to address the unique needs of Kentucky's children, youth, and young adults in the child welfare system
- To foster relationships with subject matter experts and organizations across the Commonwealth to develop, support, or enhance training efforts and identify opportunities to disseminate training in the community. These partnerships may include collaborating to support related trainings identified as needed. It can include identifying local trainers, organizations, and educational institutions, such as universities to develop and provide instructor led-training
- To evaluate training and gather input from system partners, which will help identify training needs and improve training

To support their role, the team will have the Professional Certification in Trauma and Resilience from Florida State University. Team staff will also be certified trainers for the Be Strong Families Trauma Stewardship Program and Mental Health First Aid.

SKY-Dedicated Provider Relations Liaisons

Our two SKY-dedicated Provider Relations Liaisons will address access and availability concerns for SKY, focus on working with Providers to build their ability and capacity to implement trauma-informed and evidence-based practices, and engage in unique SKY focused Provider collaborations.

Dedicated training and engagement staff will be supported by:

Foster Care Collaboration Team

Launched in 2015 by our Ultimate Parent Company, Anthem, Inc., the Foster Care Collaboration team works closely with Anthem and our affiliates who serve individuals in the child welfare system. As part of their role in driving innovation, this dedicated team of child welfare experts supports training and education by incorporating lessons learned, evidence-based practices, State and national policy information, and State goals into training strategy. The team cultivates collaborative partnerships with organizations nationwide to identify and support the needs of children, youth, young adults, caregivers, and case workers involved in child welfare. For instance, to bring the expertise of national partners to training, the team has collaborated with Be Strong Families to implement the Trauma Stewardship train-the-trainer program in our affiliate in Texas and will be training the SKY team to be trainers on this model. This team has also collaborated with the Alliance for Freedom, Restoration, and Justice to support the development of a training series on health care and human trafficking that will be offered to Kentucky SKY Providers.

Provider Training Coordinator

The Anthem Provider Training Coordinator will support SKY training by working closely with the dedicated SKY training staff, including tracking SKY required training for Providers.

Provider Relations Staff

As part of their regular Provider Relations work, Anthem's Provider Relations staff will support SKY Providers by collaborating with SKY-dedicated Training and Education staff in delivering coordinated training when appropriate, and identifying training needs.

Our Dynamic Approach to Training

We use a process based on the ADDIE model of "Analysis, Design, Development, Implementation, and Evaluation" to continually refine our training. The ADDIE process assumes no training has been developed and begins with analysis. However, since required Provider training must take place prior to go-live in order to prepare our Providers for serving SKY Members, our dynamic approach begins with the evaluation process of that training. Our approach is illustrated in *Figure G.7.a-1*.

Figure G.7.a-1 Our Approach to Training Assure Continuous Improvement

We will ***evaluate*** the initial required SKY specific Provider training, through collection of information from various sources, including training evaluations from training recipients and input from internal staff and external stakeholders, inclusive of DMS, Department for Community Based Services (DCBS), DJJ and other experts. Our Kentucky SKY-dedicated Team, led by our Training and Education Specialist, will ***analyze*** this information to identify Provider training effectiveness, topics that require reinforcement, and training needs. The Team, in collaboration with other internal staff such as Provider Relations, Quality, and Clinical Services as well as input from external stakeholders, will ***design*** a plan to address Provider training needs and gaps. Based on the plan, the team may ***develop*** Provider training internally, or engage in partnerships and collaborations with others that have appropriate training or can develop it so as to not duplicate. Finally, training will be ***implemented*** either in person, through interactive or pre-recorded webinars, or through other training tools such as toolkits. This is a continuous process as we are aware that additional training needs will be identified as the program and best practices evolve.

Our Comprehensive Provider Training Curriculum

All new Anthem Providers receive New Provider Orientation Training by registering for mandatory sessions to learn about Medicaid program requirements, Anthem resources and processes for Providers, and Anthem Provider support.

In addition, we will offer SKY specific Provider training to all our SKY Providers, both new and existing. Our SKY training topics for Providers fall into one of two focused tracks. The first is comprised of all SKY required training topics as shown in *Figure G.7-2. Kentucky SKY Required Provider Training Topics.*

All Providers will be required to complete an assessment at the end of Kentucky SKY required training including an assessment of their comprehension of Trauma-informed Care, their obligations as a Network Provider, and the needs of SKY Members.

Figure G.7-2. Kentucky SKY Required Provider Training Topics

Kentucky SKY Required Provider Training Topics

Program Components, Roles and Responsibilities	▪ SKY program goals ▪ Roles and responsibilities of DMS, DCBS, DJJ, and Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), how these agencies will coordinate and collaborate with Anthem ▪ The Family First Prevention Services Act and any other federally mandated services or programs impacting Kentucky SKY Members	▪ The aging out process and support from Anthem in this process ▪ BH and PH needs of the Kentucky SKY populations
MCO Components and Process	▪ Organization and staffing ▪ Utilization Management and authorizations ▪ Quality, performance improvement, compliance ▪ Member benefits and Value-added service/s (VAS)	▪ Access to care and continuity of care ▪ Care Coordination teams and how to access the Care Coordinator ▪ Performance measures and health outcomes
Provider Information and Responsibilities	▪ Covered Services and the Provider's responsibilities for providing and coordinating such services ▪ Preserving and supporting continuity of care	▪ Coordinating with Foster Parents, Caregivers, Fictive Kin, DCBS and DJJ professional personnel, Adoptive Parents, CASAs, judges, law enforcement officials, and other sister agencies
Requirements for Providing Services to Kentucky SKY	▪ Medical consent requirements ▪ Required timelines for services and assessments ▪ Specific medical information required for court requests and judicial review of medical care ▪ Appropriate utilization of psychotropic medications; ▪ Evidence-based Behavioral Health treatment interventions	▪ The impact of ACEs ▪ Trauma-informed Care ▪ CANS ▪ Crisis Intervention Services ▪ High Fidelity Wraparound Approach ▪ Neonatal Abstinence Syndrome ▪ Substance Exposed Infants ▪ Screening for and identification of Behavioral Health disorders
Resources and Support	▪ Website, Handbook, FAQs and contact information ▪ Special Provider programs (Alternative Payment Models, ACE Provider Champions and Others)	▪ Training, education and advisory groups

KY_Hlth2020_SKY-Orientation_DIA_07

The second track is optional and is comprised of topics that go beyond required training and enable Providers to increase their learning in areas that will enhance services to Members of the SKY program. If Providers complete these trainings and demonstrate competency with the material, they can earn a Blue Ribbon Provider designation. These topics are described in Figure G.7-3. Kentucky SKY Additional Child Welfare Focused Training Topics Areas.

Figure G.7-3. Kentucky SKY Additional Child Welfare Focused Training Topics Areas

Kentucky SKY Additional Child Welfare Focused Training Topic Areas

Unique Needs of Children in Child Welfare	Trauma and Trauma Informed Care	Approaches to Service Delivery	Special Populations	Cultural Considerations
• Understanding Behavioral and Physical Health Conditions • Substance Use and Substance Exposure • Behavior Management • Crisis and Crisis Support	• Trauma, Adverse Childhood Experiences and Toxic Stress • Trauma-informed Care • Evidence-based Trauma Treatment	• Engagement, Collaboration • Confidentiality • Integrated Health Care Delivery • Evidence-based Practices • Caregiver Skills and Caregiver Support	• Special Health Care Needs and Disabilities • Dual Diagnosis • Issues for Transition Age Youth • Human Trafficking • Addressing the needs of LGBTQ Youth	• Culturally Competent Care • Culturally Responsive Treatment

KY_Hlth2020_SKY-TrainingAreas_DIA_01

Provider Toolkits

Toolkits, available to Providers and stakeholders on demand on the Academy platform, are supplemental resources to reinforce learning objectives and to facilitate adoption and application of the principles and best practices presented to Providers during formal training. The Academy will host a robust array of Provider Toolkits on various topics critical to caring for the Kentucky SKY population, several of which are outlined in the sections that follow. These Provider Toolkits include topics such as Coordinating Services, Crisis Services, Neonatal Abstinence Syndrome, Screening for and Identification of Behavioral Health Disorders, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and others.

Initial and Ongoing Training

We recognize that preparing Providers for the transition of all children and youth in child welfare to a single managed care plan will require significant training and outreach to our Providers. Initial training will help prepare Providers in their transition to participating in the Kentucky SKY program, while ongoing training will focus on transforming systems and building Provider capacity.

Our initial and ongoing SKY Provider training delivery mechanisms are shown in Figure G.7-4. Kentucky SKY Initial and Ongoing SKY Provider Training Delivery.

Figure G.7-4. Kentucky SKY Initial and Ongoing SKY Provider Training Delivery

Initial SKY Provider Training Delivery

Mandatory onboarding training for all Anthem SKY Providers beginning in November 2020 delivered through:

- Live, in-person training at central locations throughout each region prior to effective date
- Virtual, instructor-led webinar for Providers delivered monthly
- Self-guided training modules available on-demand
- In-person targeted training for large Provider groups and health systems

Ongoing SKY Provider Training Delivery

Ongoing Provider education delivered to providers through:

- Live, in person trainings on required SKY topics at central locations throughout each region as needed and requested
- Self-guided modules available on demand
- In-person training as requested
- Toolkits on targeted topics
- Live, targeted topic trainings provided by Training and Education Team and in partnership with local training experts
- On-demand web-based training on extensive child welfare related topics
- Provider support and capacity building for trauma and Evidence Based Practices from our Provider Relationship Liaisons and Trauma Specialist
- Mentoring via ACE Provider Champions

KY_Hlth2020_SKY-ProviderTraining_COB_03

Kentucky SKY Initial Training Prepares Providers for the Transition

In preparation for the start of the SKY Program, Anthem will provide initial Provider training, focused on SKY required training topics shown in *Figure G.7-1. KY SKY Required Provider Training Topics*, starting in November 2020. ***All Providers, including our subcontracted Providers, will complete required SKY training within 30 days of joining our Network. Existing Anthem Providers will complete this training, at minimum, 30 days prior to program effective date.***

While the initial focus will be on SKY required training topics, initially, we will offer training modules on topics that support Network Providers in incorporating evidence-based best practices and interventions including those shown in Figure G.7-2. KY SKY Additional Child Welfare Focused Training Topics Areas.

Ongoing Training Transforms the System of Care

Ongoing Provider training will continue to offer SKY required training topics for new Providers and those who need refresher training. Through our dynamic approach to training described above, we will identify areas that need more focus to reinforce SKY program components, and training will be modified to address those topics.

While training Providers on SKY requirements is a continuous process, after initial onboarding and implementation, our ongoing training will be focused on building Provider capacity to transform the system of care. We will place greater emphasis on system improvement, delivering Trauma-informed Care and implementing evidence-based practices.

Our dedicated team, as well as our Provider Relations Liaisons will be focused on improving Provider capabilities to deliver Trauma-informed Care and engage in evidence-based practices. For example, our team will be trained trainers on Mental Health First Aid, giving them the ability to offering this training to Providers. In addition, we have partnered with Be Strong Families, a national organization focused on family strengthening, to bring their Trauma Stewardship train-the-trainer program to our Texas affiliate's staff. Our SKY-dedicated Training and Education Team will also be trained trainers and will offer Trauma Stewardship training in KY. Our team will also receive professional certification in Florida State University's Trauma and Resiliency curriculum to support their ability to offer Trauma-informed Care training in the community.

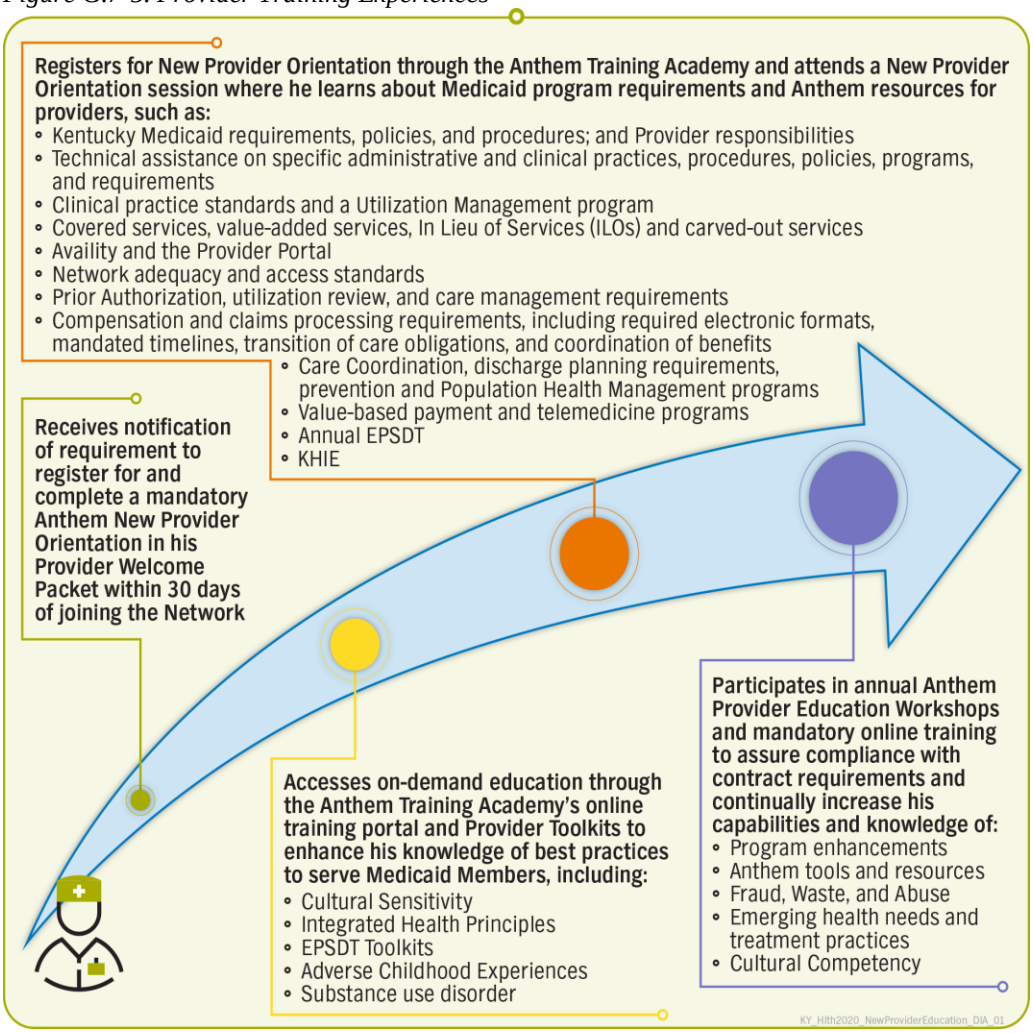
Beyond training, our two Provider Relations Liaisons will be dedicated to working with Providers using Anthem's *Guide for Provider Support in Adopting Trauma-informed Care* to help them assess their ability to provide Trauma-informed Care and work towards becoming more trauma-informed. They will also support Providers in adopting evidence-based practices, especially those recognized by the Family First Prevention Services Act.

Provider Experience of the Training Continuum

Based on Anthem Inc.'s experience supporting Medicaid Managed Care programs in 24 states, we know Providers expect frequent outreach and communication, including a comprehensive orientation training; on-demand educational opportunities to complete at their convenience; opportunities for local, expert professional development with free CME/CEU credits; and technical assistance where and when they need it from our field staff. Figure G.7-5 Provider Training Experiences depicts an example of a Provider's experience with our training continuum.

Coordination of services is a central component of Anthem's Fostering Connected Care model and we recognize that the appropriate sharing of information with DMS, DCBS, and DJJ is vital to the operation of a system of care. Our trainings will be focused on how to coordinate care within a system approach, using High Fidelity Wraparound principles. Trainings will emphasize that a system of care for Members in child welfare includes various people involved in the care, including DCBS, DJJ, caregivers, and others. Our trainings include information about appropriate sharing of information with DMS, DCBS, and DJJ, the Care Coordination Team (CCT), caregivers, and others. We will also explain some of the challenges of coordinating care for Members when there may be limited information about prior care and health histories. Since information sharing is central to the coordination of care, we will emphasize the importance of sharing accurate and timely information, including care plan updates, through use of electronic health records (EHR) and Kentucky Health Information Exchange (KHIE), as required in our Provider contracts going forward, and changes in medications and hospitalizations. Anthem will assign every Kentucky SKY Member to a regionally-based CCT; they will use our Health Intech platform for a full picture of the Member's health, services, treatment plan, and utilization history to support the holistic management of Member's health care and service needs.

Figure G.7-5. Provider Training Experiences



G.7.a. Training on Coordinating Services

a. Coordinating services;

Training Opportunities for Providers

Providers will be trained to understand Anthem's Fostering Connected Care model of Care Coordination initially in Kentucky SKY 101 training. Our Training and Education Team will also develop more focused training, as needed, on targeted topics related to coordinating services such as confidentiality, participation in care planning meetings, consultations, and others. Kentucky SKY program-specific training will be enhanced by trainings such as an e-Learning module entitled *Care Coordination for Child Welfare Using a System of Care Approach*, Anthem's training on how mental health professionals can work with child protective services and pediatricians in addressing needs of Members within a trauma-informed context. Provider training is supported by ongoing connections to Care Coordinators, Training and Education Representatives, and Network Relations Consultants. Due to the importance of ensuring services are coordinated, we have developed a Provider toolkit specific to the coordination of services.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Describe Anthem's Fostering Connected Care model's Care Coordination approach using System of Care principles in the context of child welfare
- Distinguish the roles and responsibilities of the Anthem Care Coordinator, DCBS Social Service Worker, and community supports
- Describe the role and expectations of Providers in coordinating services, inclusive of Covered Services, and the Provider's responsibilities for delivering or coordinating such services
- Coordinate with Foster Parents, Caregivers, Fictive Kin, DCBS and DJJ professional personnel, Adoptive Parents, CASAs, judges, law enforcement officials, and other sister agencies

Provider Toolkit for Coordinating Services

Coordinating Services Toolkit

- Relevant Kentucky SKY 101 Training information
- Confidentiality Laws Tip Sheet
- User Guide for Health Intech Platform (Anthem's care management information system)
- Resource page with Fostering Care Coordination relevant contact information
- Additional resource links to related information

G.7.b. Training on Care Coordination Teams

b. Care Coordination Teams;

Anthem's CCTs are a central component of our Fostering Connected Care model. Anthem's CCTs will focus on Members' safety, continuity, and permanency. These regionally deployed teams will engage Members, caregivers, DCBS, DJJ Social Workers, Providers, and others in meeting the Member's evolving needs. All Care Coordination staff are grounded in program requirements, trained in the fundamental tenets of Care Coordination in the context of High Fidelity Wraparound principles, trauma, evidence-based practices, and use of value-added services to supplement covered benefits.

Training Opportunities for Providers

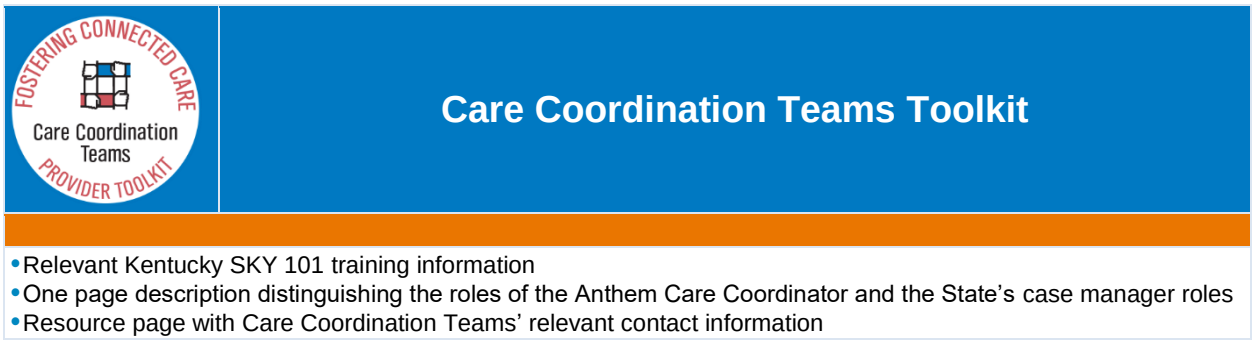
Providers will initially learn about CCTs in Kentucky SKY 101 training conducted by local Training and Education Representatives. Through ongoing collaboration between Providers and field staff including Care Coordinators, Training and Education Representatives, and Network Relations Consultants, we will reinforce the role of the Care Coordinator and expectations of two-way communication.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Describe the role and function of the Anthem CCTs and how to access the Member's Care Coordinator
- Use Health Intech to identify and access regional Care Coordination team
- Describe expectations for two-way communication and information sharing between Providers and CCTs, such as treatment plans and assessments to assist in making residential service determinations
- Describe how the CCT:
  - Supports Member transition into the Kentucky SKY program
  - Coordinates services for Medically Complex Children and youth
  - Supports the aging out process

Provider Toolkit for Care Coordination Team Information



G.7.c. Training in Trauma-informed Care

c. Training in Trauma-informed Care (include sample materials);

Anthem's Fostering Connected Care model is founded on the principle of Trauma-informed Care and a shared understanding of the impact of trauma across the system of care. Anthem provides training in Trauma-informed Care and evidence-based interventions to make sure Providers support early identification and treatment for children and youth who have experienced trauma.

Training Opportunities for Providers

Anthem will provide several different types of training on this foundational principle starting with an introduction to trauma and Trauma-informed Care in Kentucky SKY required training. We will offer further training opportunities and support in competency development in TIC as follows:

- Using Anthem's Training Platform, we will provide access to web-based trauma and trauma-related trainings including content purchased from The Community Technical Assistance Center of New York (CTAC) and Omni Behavioral Health as well as trainings from the National Child Traumatic Stress Network and cutting-edge information about toxic stress from Harvard University's Center for the Developing Child. These courses offer foundational training on trauma as well as trauma training on more in-depth topics.
- Our Training and Education Team will engage Anthem's national experts and identify local experts to collaborate with for training such as those identified through the National Child Traumatic Stress Network as well as the University of Kentucky Center on Trauma and Children.

- As described earlier, we will enhance our partnership with Be Strong Families and certify our SKY-dedicated Training and Education as trainers on their Trauma Stewardship program.
- Anthem is implementing a pilot to support the certification of therapists in Parent-Child Interaction Therapy (PCIT) (an evidence-based practice). We already have four PCIT therapists in our Network currently, and will train an additional three to practice in Behavioral Health (BH) centers geographically dispersed throughout the Commonwealth. Recognizing the need for trauma-trained PCPs, we will work with our association partners, such as the Kentucky Medical Association and the Kentucky Chapter of the American Academy of Pediatrics, to collaborate on best practices for training and implementing Trauma-informed Care.
- To supplement training, a Trauma-informed Care, Trauma-focused Cognitive Behavioral Therapy, and PCIT Toolkits will be available on demand.

In addition, our SKY-dedicated Provider Relations Liaisons will engage with interested Providers to support them in assessing their current ability to provide Trauma-informed Care. They will also work with those Providers to enhance their trauma approaches to serving Members. Anthem has developed a *Guide for Provider Support in Adopting Trauma-informed Care*, which includes assessment and implementation tools and will be used by our Provider Relations Liaisons in working with Providers on these efforts.

Provider Learning Objectives

Provider learning objectives for training in this domain:

- Describe the basic tenets of trauma and the effects of exposure to traumatic events
- Incorporate the principles of Trauma-informed Care in all Provider services
- Identify opportunities for referral to evidence-based trauma treatment such as Trauma-focused Cognitive Behavioral Therapy (TF-CBT) and PCIT

Sample Materials

Refer to Attachment G.7.c-1 for examples of foundational modules in Trauma-informed Care developed by Omni Inventive Care, and NYU's McSilver Institute for Poverty Policy and Research and materials from Center on the Developing Child at Harvard University. Anthem will collaborate with DMS to make sure all training programs are tailored to meet the needs of Kentucky.

Provider Toolkit for Trauma-informed Care Toolkit

Trauma-informed Care Toolkit

- A listing of available trauma-related training through our Training Academy
- Guide for Provider Support in Adopting Trauma-informed Care
- Links to sites that provide information on trauma:
  - SAMHSA
  - National Child Traumatic Stress Network (NCTSN)
  - Child Welfare Information Gateway
  - The Annie E Casey Foundation
  - Child Welfare League of America (CWLA)
- Links to resources on Evidence-based Practices:
  - The California Evidence-Based Clearinghouse for Child Welfare
  - Trauma-Focused Cognitive Behavioral Therapy
  - PCIT
  - Functional Family Therapy
  - Eye Movement Desensitization and Reprocessing
  - Multisystemic Therapy for Juveniles (MST)

G.7.d. Training Related to Crisis Services

d. Crisis services;

Anthem's Fostering Connected Care model will have a robust set of BH Providers and other resources designed to prevent, identify, and stabilize crises among Members. Anthem Care Coordinators will work with Providers to make sure crisis plans are developed for Members who need them, and accessible when needed. Through a variety of training venues, newsletters, and information bulletins, we will inform Providers of telephonic and mobile crisis services available locally to support Members.

Training Opportunities for Providers

Anthem will provide BH crisis services information to Providers in Kentucky SKY 101 training, regional trainings, specialized trainings such as Mental Health First Aid (MHFA), and on our website. We will train PCPs and other stakeholders in MHFA, an evidence-based program gives participants the key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Our certified MHFA trainers conduct this training in Provider practices and for stakeholders in the community, including train-the-trainer sessions, building the capability of Providers and communities to respond effectively to individuals in BH crisis. MHFA is a live training course, which uses role-playing and simulations. We also offer a version of this program on our Provider and Member websites to introduce risk factors and warning signs of mental health problems, build understanding of their impact, and outline common treatments. Our Training Academy will also include trainings that address the issue of crisis such as De-escalation and Crisis Cycle Module; Safety Planning; Mental Health Treatments: Services and Supports.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Mental Health First Aid
- Describe how to identify and assess a mental health crisis and safely intervene
- Identify referral processes for BH Network Providers (professional and peer), social and self-help supports and resources

Resources to Assist Members in Crisis:

- Identify two BH Services lines available 24/7 (Anthem toll-free BH Services Hotline and the Statewide BH Hotline) and how to access them
- Identify a local Community Mental Health Center with whom Anthem partners to deploy 24/7 mobile crisis teams to intervene, de-escalate, stabilize, and determine needed services. They will assist Members in receiving the least restrictive, most effective treatment available.
- Describe where Member crisis plans are located and accessible to Providers in Health Intech

Provider Toolkit for Crisis Services

FOSTERING CONNECTED CARE
Crisis services
PROVIDER TOOLKIT

Crisis Services Toolkit

- Strategies for Crisis Prevention
- Information on crisis services available to Kentucky SKY Members
- National hotline information on youth crisis services
- Current research on crisis center alternatives
- Best practices for de-escalation of crises in youths

G.7.e. Training on CANS Administration

e. Child and Adolescent Needs and Strengths (CANS);

As part of Project Safe Space, the State of Kentucky moved to consolidate assessment tools for trauma and BH needs of children and youth in the child welfare system and included the CANS in its Assessment Toolkit. The CANS is a multi-purpose tool that facilitates the linkage between the assessment process and the design of person-centered care plans, including the application of evidence-based practices. The results of the CANS may be informative to Network Providers and CCTs in collaborative care planning and residential placement determinations.

Training Opportunities for Providers

Anthem will incorporate information about the CANS in Kentucky SKY 101 training and regional training throughout the Commonwealth. We will collaborate with Kentucky Children's Alliance to access CANS training and certification for our staff. To supplement training, a CANS Toolkit is maintained on the Academy platform.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Identify the CANS as an instrument to support treatment planning, collaborative care planning, and residential placement determinations
- Identify who is responsible for conducting the CANS for their patients and identify how to obtain and use assessment results

Provider Toolkit for CANS

FOSTERING CONNECTED CARE
Child and Adolescent Needs and Strengths (CANS)
PROVIDER TOOLKIT

CANS Toolkit

- Background on the development of the CANS
- Best practices for using the CANS in different Provider settings
  - FAQ for using the CANS with children in different settings
  - Interpreting the CANS
  - Referrals from the CANS
- Kentucky-specific CANS assessments, tools and manuals, and interpretation information
- Online links to access CANS assessment and tools

G.7.f. Training on High Fidelity Wraparound

f. High Fidelity Wraparound approach;

Anthem is very familiar with the HFWA as it is grounded in system of care principles that form the basis of our Fostering Connected Care model. In addition, our affiliate in Georgia brought the principles of the HFWA model to their state partners as a best practice for meeting the needs of Members with complex BH needs, and integrated that training for their staff.

We are supportive of the State's efforts to educate Providers on this process to best address the needs of Members with complex conditions and will work in partnership with DCBS, Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), and Community Mental Health Centers to continue to promote this model.

Additionally, we will engage with KVC Health Systems as a source of HFWA certification and training for our staff and will work to identify four or five agencies for such training in other regions of the Commonwealth.

Our Affiliate's Partnership with Foster Care Bridge Clinic in Indianapolis

Our Indiana Affiliate served on the planning committee for a Foster Care Bridge Clinic in Indianapolis and provided a 12 month catalyst grant for planning and initial operations. Based at Riley Children's Hospital, this transitional, multi-disciplinary, comprehensive medical clinic works in collaboration with expert care coordinators from Choices Coordination Care Solutions, a trusted local non-profit organization providing High Fidelity Wraparound services. The clinic is bridging the gap in medical care for children entering into and making transitions within the foster care system, improving holistic healthcare delivery and connection to appropriate resources. We anticipate initiating these types of partnerships in Kentucky.

KY_Hlth2019_SKY-Indianapolis_COB_03

Training Opportunities for Providers

In Kentucky SKY required training and regional trainings throughout the Commonwealth, we will inform Providers about the HFWA model. In addition, our Training and Education Team will work to identify any available resources in the community, such as HFWA facilitators and

trainers in agencies such as KVC who provide HFWA, to partner with in promoting this approach.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Define the HFWA approach including the 10 principles of the process: family voice and choice, team-based, natural supports, collaboration, community-based, culturally competent, individualized, strengths-based, unconditional, outcomes based
- Describe the profile of Members who most benefit from a High Fidelity Wraparound approach
- Describe respective roles and communication between the PCP, BH Provider, and Anthem Care Coordinator to optimize success for the Member and their family

Provider Toolkit for High Fidelity Wraparound Approach

FOSTERING CONNECTED CARE High Fidelity Wraparound PROVIDER TOOLKIT	**HFWA Toolkit**

- Description of HFWA
- Strengths-based language and how to use strength based approaches in providing care
- Explanation of family centered practice
- Wraparound as an evidence-based practice
- Improving the youth and family's ability to manage their own services and supports
- Developing and strengthening the youth and family's natural social support system over time
- Integrate all care plans from multiple agencies and doctors into one care plan
- Online Tools and Links
  - Explanation of HFWA
  - AAP Strength Based Approaches Implementation Guide
  - Child Welfare Information Gateway portal on Family Centered Practice
  - National Wraparound Initiative
  - National Wraparound Implementation Center

G.7.g. Training on the Impact of ACEs

g. Impact of ACEs;

The Fostering Connected Care model will help build a trauma-informed community where all children and families, Providers of health care and social services, and the community at large can identify, understand, and act upon Adverse Childhood Experiences (ACEs) and other traumatic stress. The Anthem Training Academy will facilitate the use of the best available science to facilitate and support the recovery and resiliency of our Members and their families.

Training Opportunities for Providers

ACEs Provider Champion*	Region
Maryhurst	3
KVC Kentucky	5, 7, & 8

*Signed LOIs

KY_Hlth2020_ACEs_COB_03

Trauma-informed Care modules addressing ACEs are available on demand on the Academy platform. Courses cover topics such as The ACE Study, Prevalence and Consequences of ACEs, ACEs and Brain Development, and toxic stress. In addition, Anthem has already identified three local ACEs Provider Champions that are ready and willing to improve Network Providers' capability to address ACEs for the Kentucky SKY program population. Anthem will provide grants to ACEs Provider Champions to help offset costs to support this partnership. They will serve as mentors for Network Providers and will present at our regional Anthem Provider Education Workshops held annually and in Anthem Provider communications.

Provider Learning Objectives

Provider learning objectives for training in this domain:

- Define ACEs and their implications on the health of their patient population
- Identify Members with ACEs and describe approaches you will use to manage patient care without re-traumatizing the individuals
- Identify resources and supports available to the Member and caregiver, such as:
  - The Mountain Comprehensive Care Center, Inc., which operates a Child Traumatic Stress Initiative (Hope Initiative) targeting youth
  - The Center on Trauma and Children at the University of Kentucky
  - Louisville's ACEs initiative, BOUNCE – Building Resilient Children and Families – is a trauma resiliency coalition model for Jefferson County

Provider Toolkit for Adverse Childhood Experiences

FOSTERING CONNECTED CARE
Impact of ACEs
PROVIDER TOOLKIT

ACEs Provider Toolkit

- Background on ACEs study objective, goals, and findings
- Definition of ACEs
- Lasting impact of ACEs, including injury, mental health, maternal health, infectious disease, chronic disease, risky behavior, and opportunities
- Assessment tools to identify ACEs
- Current work on ACEs, trauma assessments, and research
- Online Links
  - CDC ACE page and resources
  - AAP ACEs and toxic stress, The Resilience Project
  - Childwelfare.org ACEs portal

G.7.h. Training on Neonatal Abstinence Syndrome

h. Neonatal Abstinence Syndrome (NAS);

Kentucky has among the highest incidence of Neonatal Abstinence Syndrome (NAS) in the nation. Annual increases from 1999 through 2013 tracked by the Centers for Disease Control and

Prevention have steadily increased year after year from 0.4 in 2000 to 15.0 in 2013; only three other states had higher rate increases. Our comprehensive NAS program aims to address the impact of substance use before and during pregnancy and reduce the risk and impact of NAS-related complications among newborns.

Training Opportunities for Providers

Anthem is fortunate to have two nationally recognized experts in NAS, Medical Directors Tamika Lasege, MD, and Jorge Cortina, MD, who will be available to support Provider training in Kentucky.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Identify screening and treatment options for pregnant and non-pregnant women of reproductive age who are suspected opioid users
- Identify Anthem's NAS Toolkit's recommendations for PCPs in improving outcomes of women and infants including supporting the use of Medication-Assisted Treatment (MAT) to stabilize women who seek treatment for OUD, especially during pregnancy
- Help make sure birthing facilities create plans of safe care prior to discharge
- Describe Anthem's partnership with StrongWell™ — a proven, field-based program to reduce OUD in mothers and NAS — including the Provider referral process

Provider Toolkit on Neonatal Abstinence Syndrome

FOSTERING CONNECTED CARE
Neonatal Abstinence Syndrome (NAS)
PROVIDER TOOLKIT

NAS Provider Toolkit

- General information on NAS, its history and prevalence today
- Screening for substance use in pregnancy including Screening, Brief Intervention, and Referral to Treatment (SBIRT) and screening tools
- Current information on screening for and diagnosing NAS (Clinical presentation and toxicology)
- Science-driven solutions for treatment in pregnancy, including Buprenorphine and Methadone
- Working with parents of NAS infants – providing information on how to support a baby with NAS
- Online Links
  - CDC Grand Rounds on Public Health Strategies to Prevent NAS
  - SAMHSA Substance Use Disorder and Pregnancy Recommendation for Screening and Referral
  - NIDA Treating Opioid Use Disorder During Pregnancy
  - American Academy of Pediatrics NAS
  - Vanderbilt University Guide for Parents of Babies with NAS

G.7.i. Training on Six Seconds Emotional Intelligence

i. Six Seconds Emotional Intelligence (SEI); and

Anthem supports education on the application and use of the Six Seconds Emotional Intelligence (SEI®) assessment process. The youth assessment is a tool to aid in gauging a youth's aptitude for putting emotional intelligence into their daily actions. The SEI-Youth Version assessment provides a detailed profile report of a youth's capacity of emotional intelligence and key talents. Providers can use the completed assessment as a complimentary tool to other assessments to help create a composite of the youth's emotional intelligence and how it impacts overall well-being. Our Training and Education Team will make sure Providers are aware of the value the SEI assessment tool has in the delivery of Trauma-informed Care. The following response is prepared based on the Draft Contract language defining "SEI" as Substance Exposed Infants (SEI). Notations found in: Attachment C, Draft Medicaid Managed Care Contract and Appendices, pg 37; 42.14.1 Education and Training of Network Providers G.12. Substance Exposed Infants pg 236. Infant exposure to legal or illegal substances creates an environment that places the child at risk of serious harm, for example, Fetal Alcohol Spectrum Disorders. Our Fostering Connected Care model interrupts potential exposure through screening, identification, and treatment. For infants identified as being affected by SEI, we will make sure a Plan of Safe Care is developed. These plans will help promote safety and well-being of the infant and address the health and SUD treatment needs of the infant and affected family member or caregiver.

Training Opportunities for Providers

In addition to the NAS training described previously in Section G.7.h above, the Academy platform will link Providers to training developed by nationally recognized experts such as the National Organization on Fetal Alcohol Syndrome, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention. In addition, subject matter experts will present on SEI in our regional Provider trainings.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Identify screening and treatment options for pregnant and non-pregnant women of reproductive age who are suspected substance users
- Identify evidence-based pharmacologic and other therapeutic treatments
- Identify treatment referral sources and referral processes
- Make sure birthing facilities create plans of safe care prior to discharge

Provider Toolkit on Substance Exposed Infants

FOSTERING CONNECTED CARE
Substance Exposed Infants (SEI)
PROVIDER TOOLKIT

Substance Exposed Infants Toolkit

- Background information on different types of substance-exposed infants
  - NAS (opioid addiction)
  - Fetal Alcohol Syndrome (recognition and caring for children with FAS)
  - Impacts of smoking exposure

- Assessments used to identify different substance-exposed infants
- Current research into supportive treatments for infants
  - Support treatments (Care Coordination model, parental drug treatment, SDOH connection)
  - Pharmacologic treatment options
- Working with parents of NAS infants; referrals and motivational interviewing techniques, including links to our toolkits on both topics
- Online Links
  - Current Research into NAS
  - Care Coordination models: National Organization of Fetal Alcohol Syndrome

G.7.j. Training Materials on Screening/Identification of BH Needs

j. Screening for and identification of Behavioral Health needs.

All Fostering Connected Care Providers will screen Members for BH needs and identify those with positive screening for a more definitive diagnosis. Our BH Toolkit includes all recommended screening tools for mental health and substance use disorders with best practices on their administration and referral processes.

Training Opportunities for Providers

In regional Provider trainings throughout the Commonwealth, we will review screening instruments in the BH toolkit, referral processes for requesting BH services, including authorization for psychological testing to more definitively identify BH needs. SBIRT training materials and Provider notices are also included on the Provider website.

Provider Learning Objectives

Provider learning objectives for training in this domain include:

- Describe most prevalent BH conditions in children, youth, and young adults
- Identify validated BH screening assessment tools
- Identify best practices for screening administration and talking with youth and caregivers about BH conditions
- For selected Providers of youth and young adults, obtain certification in SBIRT program

Provider Toolkit on Screening and Identification of BH Needs

Screening and Identification of BH Needs Toolkit

- Why screen children and adolescents for BH conditions; the importance of early identification in long-term prognosis
- For non-BH Providers, introduction to most prevalent BH conditions in youths
- Best practices when administering screening assessments
- Best practices for talking to caregivers about BH conditions
- Best practices for talking to youths about BH conditions
- Validated assessments for SUD identification in adolescents
- SAMHSA approved screeners for SUD in adults
- List of appropriate screening tools available online for a variety of Provider types (PCP, BH specialty, OB-GYN, dentist)
- Online Links
  - Mental Health America

Anthem Medicaid

G.7. Provider Services Required Attachments

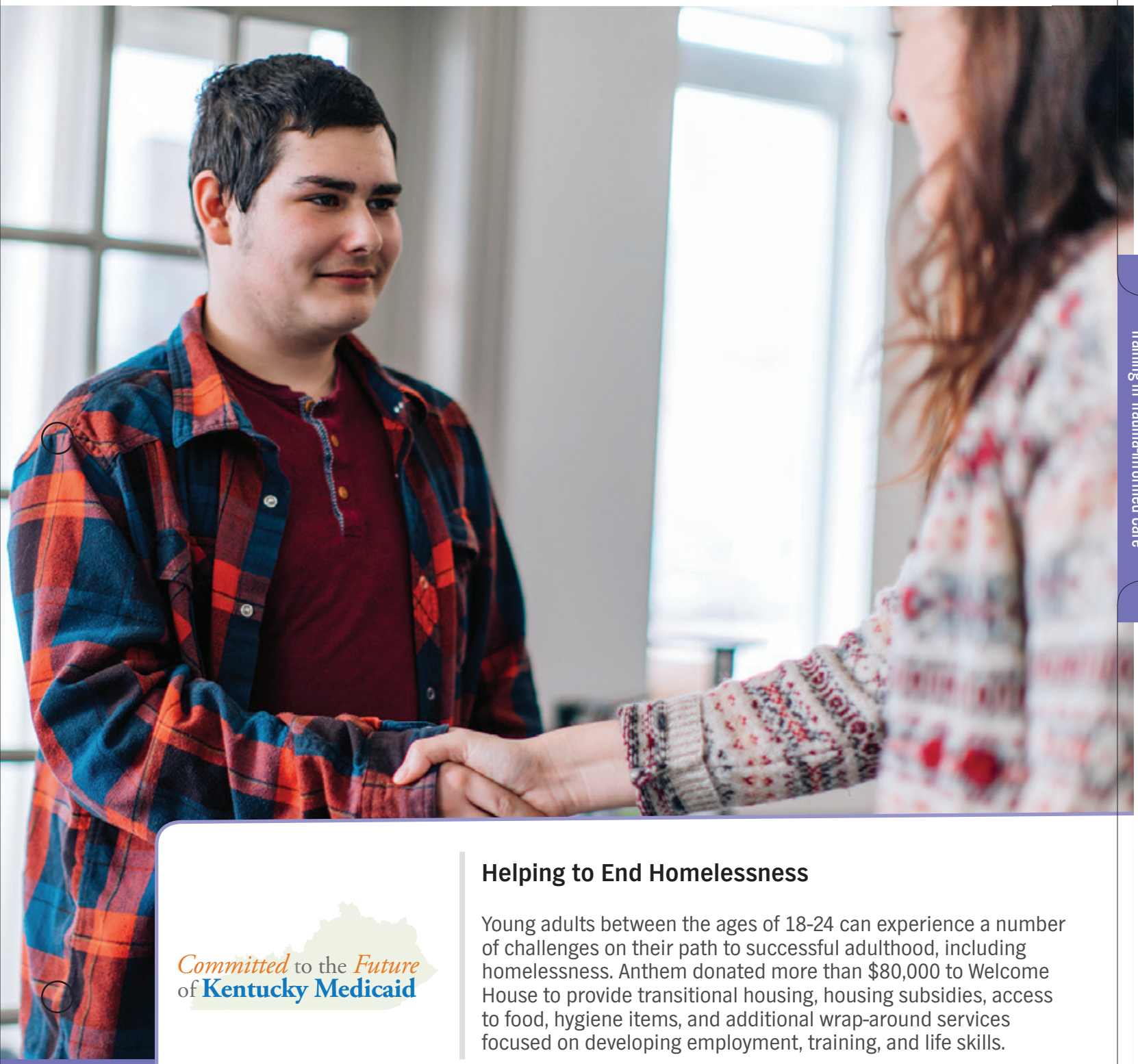
Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

Anthem Medicaid

Attachment G.7.c-1. Training in Trauma-informed Care



Committed to the Future of Kentucky Medicaid

Helping to End Homelessness

Young adults between the ages of 18-24 can experience a number of challenges on their path to successful adulthood, including homelessness. Anthem donated more than $80,000 to Welcome House to provide transitional housing, housing subsidies, access to food, hygiene items, and additional wrap-around services focused on developing employment, training, and life skills.

Attachment G.7.c-1. Training in Trauma-informed Care

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment G.7.c-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment G.7.c-1 includes the following:

- Attachment G.7.c-1a. Training in Trauma-informed Care
- Attachment G.7.c-1b. Trauma-informed Care 101
- Attachment G.7.c-1c. Trauma-informed Care Toolkit
- Attachment G.7.c-1d. Center on the Developing Child at Harvard University: Inbrief Adversity
- Attachment G.7.c-1e. Center on the Developing Child at Harvard University: Fear & Anxiety Can Affect Young Children's Learning & Development

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Committed to the *Future* of **Kentucky Medicaid**

Volunteering in Our Communities

Our organization employs approximately 1,300 Kentucky employees who in 2019 volunteered more than 3,200 hours at community organizations across the state.

G.8. Covered Services

G.8.a. Assessments and Screenings to Support Member Health

a. Describe the Contractor's approach for ensuring the successful completion of required assessments and screenings. Please include a description of the following:

i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.

ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.

iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.

iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.

v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.

vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.

Assessing Urgent Needs with a Trauma-informed Lens

In our experience serving children in the child welfare system in Kentucky and 16 other states, we understand that receiving timely screenings and assessments makes it possible to get the right care at the right time. Our approach is trauma-informed, creating capacity to respond to urgent needs while preventing unnecessary duplication of efforts that can add to pre-existing trauma. We also understand that children in Foster Care often have unmet needs, ranging from preventive screenings and vaccinations that have been missed to addressing more urgent physical and Behavioral Health conditions that when addressed, promote health, well-being, and stability under often difficult, changeable circumstances. Our goal is to address the full range of physical, behavioral, dental, and vision care needs for these children. Accomplishing this depends on prompt and successful screenings (Figure G.8.a-1), understanding how to work with children in child welfare and their caregivers, and effective collaboration with Providers and sister agencies.

To ensure successful completion of the assessments, we will do the following:

- Work through the Youth Records Access Portal (YouthRAP) to promote timely assessments and coordination with state agencies
- Provide financial incentives to health care Providers to encourage prompt completion
- Remove barriers via Health Intech and YouthRAP by promoting information sharing amongst Providers

Figure G.8.a-1. Anthem Meets All Screening and Assessment Timelines

Responding to Urgent Needs Upon Notification of Enrollment

Within (from date of notification)	Screenings and Assessments
48 Hours	Initial health screening to identify the need for immediate physical or behavioral health care
Two Weeks	Medical, Dental, and Vision exams to determine overall health needs
30 Days	Behavioral health screening, including necessary trauma assessments, to inform care planning and appropriate services

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Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

- Prevent trauma by supporting coordination that avoids duplicative assessments
- Engage in outreach to Enrollees (Members), caregivers, and Providers
- Monitor for successful and timely completion of assessments
- Utilize rapid response tools that promote communication and follow-through

Our approach for children in Foster Care is grounded in some specialized tools that are part of our Fostering Connected Care model. These tools empower Anthem Kentucky Managed Care Plan, Inc. (Anthem) Care Coordinators to ensure timely completion of screenings and are contained within Anthem's YouthRAP. YouthRAP facilitates communication and coordination among our clinical staff, Department for Community-Based Services (DCBS), Department of Juvenile Justice (DJJ), other state agencies, Members, caregivers, and non-traditional Providers. Through our secure website, they have role-based access to a consolidated view of Member physical health (PH), Behavioral Health (BH), dental, vision, and pharmacy data in an easy-to-navigate dashboard that includes assessments (including Anthem's Health Risk Screening, the Kentucky Child and Adolescent Needs and Strengths (CANS), and others), HEDIS® care alerts, authorizations, medications, and claims organized by type.

The YouthRAP portal enables our Care Coordinators to work with Members and caregivers to arrange screenings and assessments, coordinate with Commonwealth agencies to collect information from previous screenings, and monitor for completion of all required assessments and reassessments, including those required at placement changes and during times of transition. The YouthRAP portal is also used to offer Members and Providers education and reminders about the importance, availability, and mandatory timelines of the screens.

Incentives within YouthRAP

To ensure the screens are completed, we perform continuous data analysis which provides daily updates, and that information is communicated to our Care Coordinators, Members, caregivers, and non-traditional Providers through YouthRAP and traditional Providers through our existing Health Intech Provider Portal. Both YouthRAP and Health Intech will identify upcoming, current and past due assessments. We also set up incentive programs for the Providers to monetize completion. For example, our Foster Care Access Incentive Program (FCAIP) offers Providers an opportunity to earn an enhanced payment rate for each eligible encounter for completion of comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exams, including dental, hearing, developmental, and trauma screenings within 30 days of placement in Foster Care.

Communication within YouthRAP

In addition to arranging and tracking screenings and assessments, Anthem's strong communication with Members, Foster parents, caregivers, DCBS, and DJJ supports completion of timely assessments and recommended well-child visits. Our Kentucky SKY strategy blends innovative outreach and education strategies to increase completion of health-related tasks. In addition to providing appointment reminders, we help Members, their families and caregivers understand the value of the appointment or service and remove any barriers to accessing services, such as arranging for transportation and assisting with scheduling as needed.

In partnership with and in response to feedback we have solicited from our Members, caregivers, and stakeholders, our SKY program will continue to leverage the following

***strategies that are in place today for this population, while enhancing new opportunities to promote timely assessments and screening completion*:**

- Responsive Care Coordination Team (CCT) that provides education and links to necessary assessments, screenings, and preventive care
- Education and outreach to remind Members and their families or caregivers about the importance of timely well-child visits and about Covered Services, including:
  - Back-to-school campaigns to promote well-child care and routine immunizations
  - Annual birthday mailings
  - Texting campaigns, using HealthCrowd, to remind Members and caregivers of upcoming preventive care
- Community events and initiatives, including mobile clinics and outreach
- Member and Provider incentives to keep Members up-to-date on recommended vaccinations and screenings
- Friendly competition among school-based clinic settings to drive increased screening rates, as evidenced by outcomes in our West Virginia affiliate
- Provider gaps in care reports to promote Provider identification and education to Foster parents, caregivers, and Members as needed
- EPSDT Provider toolkit designed to educate Providers on screening and timelines
- Gaps in care identification, supported by sophisticated data analytics to drive targeted outreach and support to Members and Providers

Under Kentucky SKY, we will continue to seek feedback directly and through surveys to further enhance and inform our Member engagement strategies to support timely completion of screenings and assessments.

i. Engagement Promotes Information Sharing and Limits Duplication of Effort and Services

i. How the Contractor will coordinate with Kentucky SKY Enrollees, the Department, DCBS, DJJ, and families. Address the involvement of any other sister agencies in the description.

YouthRAP and Community Partnerships Promote Information Sharing and Collaboration

We coordinate with the many partners, referred to as the system of care, through two main prongs. First, Anthem will continue to build on the established relationships we have with the system of care and second, we will utilize YouthRAP to keep everyone informed and up-to-date, including:

- DMS
- DJJ
- DCBS
- Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)
- Department of Public Health (DPH)
- Department of Education
- First Steps and other early intervention programs

Anthem's Fostering Connected Care team currently works closely with DCBS, DJJ, and other appropriate state agencies, as well as private child placing agencies, to coordinate care. We work with the social service workers at the private child placing agencies who plan and coordinate services for children in Foster Care. We will build and expand on our current processes,

including our established intake procedures, which include contacting relevant Providers, Commonwealth departments, and others to obtain information, health records, and required assessments and screenings.

Collaboration with DJJ and DCBS

Building on our existing experience, Anthem will coordinate with DJJ and DCBS from the time a Kentucky SKY Member enrolls. We will employ a ***DCBS liaison to serve as point-of-contact*** for operational questions and issues regarding Community Engagement. This Liaison will represent Kentucky SKY at DCBS and other Commonwealth agency meetings to streamline communication and collaboration efforts. ***The DJJ Court and Justice Liaison*** will have a clinical background and be focused on training and engagement of the judicial system, including system stakeholders as well as law enforcement. In addition to these tasks, our Court and Justice Liaison will manage a dedicated mailbox through which judges can ask questions, request trainings, and submit other communications. The mailbox may be used to contact the Court and Justice Liaison to request clinical consultation on health care subjects such as diagnoses, best practices, and medications.

Both liaisons will reach out to share necessary health-related information and keep the DCBS Social Service Worker (SSW) and DJJ Social Worker up-to-date on details of screening and assessment appointments through individual communications or leveraging The Workers Information SysTem (TWIST) or other technology enhanced capabilities. This communication continues with participation in discharge planning when Members move between placements and transition from levels of care or living arrangements. Working together allows us to have the right services in place when a Member returns to the community or goes into a lower level of care.

First, We Listen

To help our staff continue to improve service through ongoing collaboration on behalf of our Members in the child welfare system, Anthem has proactively reached out to the regional DCBS leadership to join scheduled staff meetings, to allow the Anthem team to learn about DCBS staff concerns regarding Foster Care and discuss opportunities for Anthem to collaborate and support the work of the regional social workers in the field. We developed questions to use in the sessions to prompt discussion about barriers and opportunities to improve outcomes for children in care. Through this process, we learned what DCBS staff perceives to be the biggest needs for Members, as well as what information gaps exist. This information has already resulted in the development of more effective communication strategies and touch points. For example, we send out monthly tip sheets to DCBS staff. These tips sheets help to keep DCBS staff informed of our services, how to contact our Care Coordinators for information, and timely issues. For example, our January 2020 issue included information about children whose coverage may have ended and need to be re-enrolled. All our tip sheets also include the following information: “Anthem has a dedicated Foster Care team of Care Coordinators including licensed clinical social workers (LCSWs), BH Clinicians, and registered nurses (RNs) who are available to assist workers, facilities, and foster families in accessing care for children in state’s custody. Please let us know if there are any areas we can cover in our Tip Sheets.”

One of our goals in the management of the SKY program is to continue the work that was done through DCBS’ Project Safe Space, ensuring BH screenings for children entering out-of-home care. Our care management strategy will involve assuring the continuation of Project Safe Space and adding this information to our YouthRAP portal.

Collaboration with Department of Public Health

We will work collaboratively with DPH sending referrals of new parents to their Health Access Nurturing Development Services (HANDS) program. We will also ensure our Care Coordination staff work closely with HANDS staff for families in the program to reduce duplication of services and support HANDS goals.

Engagement in Planning Activities

As appropriate based on the Member's circumstances and who is responsible for the child, we reach out to the DCBS SSW and DJJ Social Worker to participate in case planning, treatment planning, and discharge planning. For example, in cases where the child has DJJ involvement, to support our Kentucky SKY Members, we provide assistance to help DJJ meet its requirement to develop a permanency planning goal and the date for periodic review for any youth placed in Foster Care. We incorporate the DCBS Service Plan into our care plan where applicable and promote the Service Plan goals through linkage to appropriate Covered and Non-covered Services. Through this coordinated approach, we work to make sure services are coordinated, but not duplicated, and we assist in the identification of and access to needed supports and services. We will continue to coordinate and enhance coordination under Kentucky SKY.

We engage the DCBS SSW and DJJ Social Worker, as applicable to each child's case, in care planning activities and ensure collaboration occurs at key milestones within the child's care. Within 30 days of a Member youth being placed in a therapeutic Foster Care setting, we participate in a treatment planning conference with the Member, their parent or caregiver, and the placement Provider. We initiate discharge planning at the start of any treatment/placement and put a plan in place 14 days before the Member youth is anticipated to be released from a placement. Prior to discharge from a psychiatric stay, an exit conference will be held to discuss the Member's ongoing treatment needs, recommendations, placement agreements, and projected discharge date.

A key tenet in our Fostering Connected Care model is to minimize the burden on Members and caregivers wherever possible. For example, we are aware that the Social Worker is required to provide referrals and community resources to parents or caregivers for immediate assessments and make an assessment referral to an outside service Provider. To avoid duplication of assessment or other activities, the Anthem Concierge Representative will coordinate with the Social Service Clinician (SSC), sharing information on scheduled assessments, completed appointments, and results. Anthem supports access to required assessments based on the Member's needs identified in screenings or from previous assessments or service utilization.

If a Member presents with an acute BH need, the DCBS/DJJ staff may direct the caregiver to immediately take the youth to a current service Provider, the regional community mental health Crisis Stabilization Unit, local Emergency Room (ER), or the nearest psychiatric inpatient facility. We coordinate behind the scenes to seamlessly support the Member and caregivers to facilitate timely Crisis intervention to ensure Members receive appropriate level of care. If one of our Members is admitted to a psychiatric hospital, we begin the discharge planning process on day one. We will work with the DJJ/DCBS Social Worker to begin discharge planning and follow-up care to ensure unnecessary barriers, such as a lack of medications upon discharge, do not become impediments to the Member transitioning back to the community.

When the Member committed to DJJ is placed in a non-DJJ setting, we coordinate with the SSW regarding the scheduling of medical, vision, and dental exams, which need to occur within two weeks of the placement. We support the DJJ Social Worker's achievement of these requirements by sharing information and collaborating on care planning.

ii. Anthem Team Is Prepared to Quickly Assess Member Needs

ii. How the Contractor will ensure assessments are initiated immediately upon a Kentucky SKY Enrollee's Enrollment in the Kentucky SKY program.

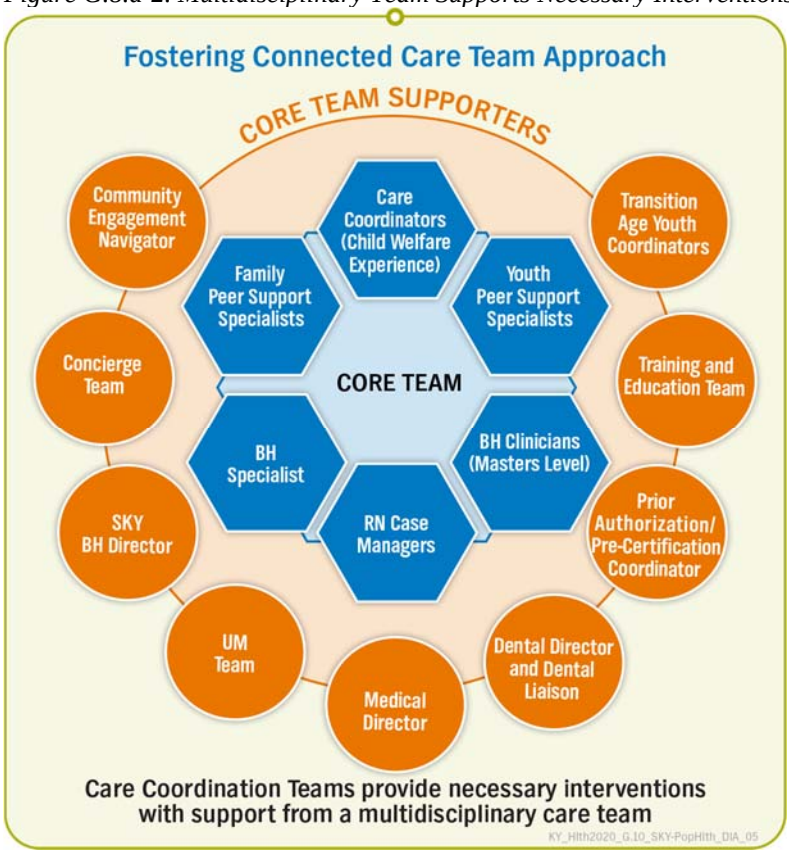
Concierge Team Supports Timely Access to Initial Assessments and Screenings

Anthem's Fostering Connected Care Concierge team (Concierge team) is a 24/7 Kentucky-based, Kentucky SKY-trained, non-clinical entry point for Members and their caregivers. Concierge Representatives are highly skilled case specialists with specialty training to respond to the needs of the SKY membership and coordinate activities with the CCT and our external partners (Figure G.8.a-2).

The Concierge team is tasked with:

- Easing the Member's entry into the Kentucky SKY program using our Fostering Connected Care model plan
- Staffing a dedicated Kentucky SKY Concierge Line that handles inbound calls from Members, caregivers, and other stakeholders, including DCBS and DJJ staff
- Scheduling all required assessments for new Kentucky SKY Members
- Arranging transportation to screening and assessment appointments as needed
- Addressing and resolving any barriers to accessing timely screening and assessment

Figure G.8.a-2. Multidisciplinary Team Supports Necessary Interventions



The Concierge team will verify the accuracy of Member information including the Member's DCBS worker, placement, and contact information (as approved), and will use Health Intech to track completion of critical tasks, such as PCP-assignment and completion of required assessments. Our Concierge Representatives will help to arrange required screenings and appointments and gather Member information to support the Member's assignment to the most appropriate level of Care Coordination needed. The Concierge Representatives will assure that care planning begins with as much information about the Member as possible.

The Concierge Representative will conduct the initial outreach to arrange the PH screening within the required 48 hours; the medical exam, dental exam, and visual exam appointments within 2 weeks; and the Member's mental health screening within 30 days, as well as any other necessary appointments upon enrollment.

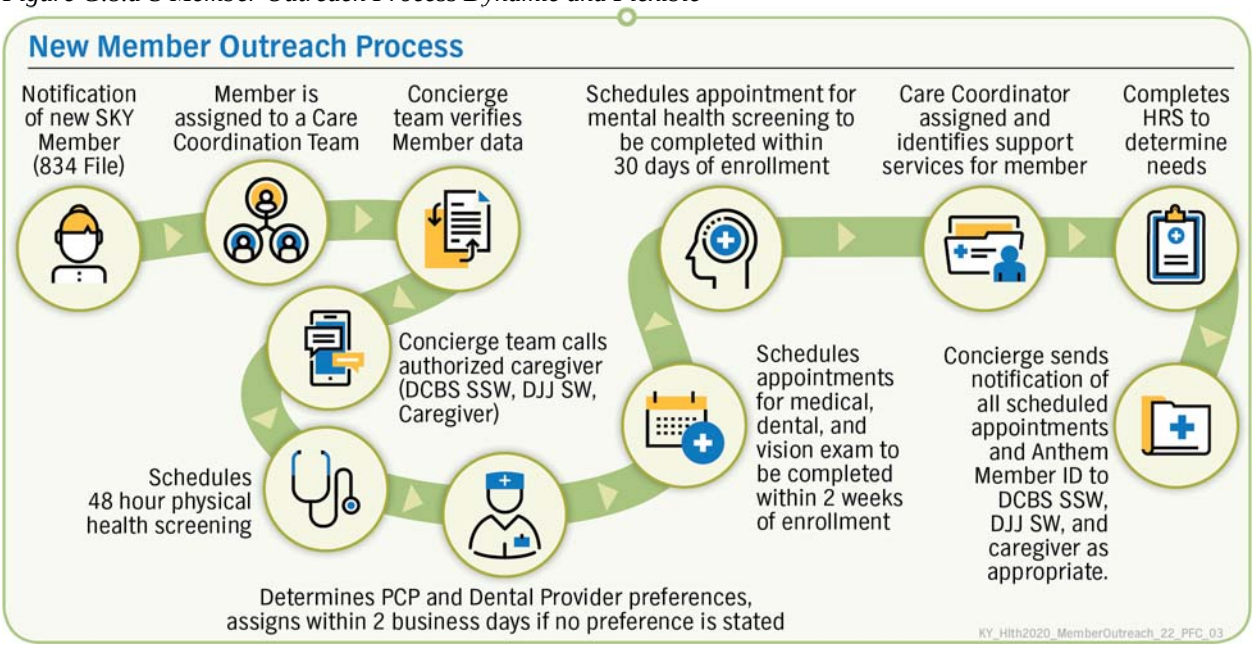
When a child or youth is enrolled in the Kentucky SKY program, a Concierge Representative will reach out to the DCBS and/or DJJ to collect previous assessments and other relevant information about the Member. When possible, our team will leverage information that can be gathered and shared in the TWIST system to decrease the burden of communication on the DCBS, SSW, or DJJ worker and prevent duplication. The Concierge Representative will document these interactions and the information gathered into our integrated Health Intech system which will assist in driving the determination of which additional assessments are needed. ***Clear and consistent communication with DCBS and DJJ avoids re-traumatizing Members through over-assessment and prepares the CCT to develop a care plan based on assessment results.***

Defined Process for Screenings and Assessments

Anthem uses established, proven processes for immediate initiation of assessments. These processes have improved compliance with timely assessment requirements. To help newly enrolled Kentucky SKY Members receive assessments expeditiously, Anthem's dedicated SKY Concierge Representative will contact Members and caregivers, schedule assessments, and provide reminders ahead of all scheduled appointments. As part of our enhanced focus, we will primarily use telephone calls to reach Members and caregivers, but YouthRAP will also support messages and we propose including mobile videoconferencing to supplement face-to-face visits where appropriate.

Anthem assigns a Primary Care Provider (PCP) and Dental Home to every Member within two business days of being notified of the Member's Kentucky SKY enrollment, should the caregiver have not made a choice of Provider. Assignment facilitates Member access to required screenings and assessments, as it gives clear contacts with whom the Concierge team can connect. Each Kentucky SKY Member will receive a population-specific Health Risk Screening within 20 days of notification of enrollment. The Health Risk Screening is updated annually and at other times deemed appropriate by Anthem or DMS. In Figure G.8.a-3 below we fully describe our new Member outreach process which shows a step by step engagement with Members and caregivers while ensuring we are flexible to meet SKY Member needs.

Figure G.8.a-3 Member Outreach Process Dynamic and Flexible



Anthem's Health Risk Screening for SKY is a proprietary tool designed specifically for vulnerable children and youth populations to identify the need for additional assessments of health risks, trauma, medical, or BH needs (including substance use disorders [SUDs]), and social determinants of health (SDOH). The Health Risk Screening is used for the SKY population in lieu of the Health Risk Assessment (HRA) tool used with the broader Medicaid population.

Care Coordination Team Works Collaboratively for Immediate Results

The Care Coordiantion team consists of many team members, including the Concierge Representative and Care Coordinator. While a Concierge Representative is working to get the Member immediate access to initial screenings and assessments, the Care Coordinator begins working on behalf of the Member within one Business Day of notice of the child's enrollment in Kentucky SKY. The Concierge Representative and Care Coordinator communicate and share information internally, as well as work with DMS, DCBS, and DJJ contacts, and with Members and their caregivers to avoid gaps in care.

For the Kentucky SKY population, we conduct the Health Risk Screening in-person or by telephone, in alignment with our personalized, enhanced approach for these Members. The Health Risk Screening will inform the completion of additional condition-specific assessments or the SDOH assessment to determine individualized and family-based needs. We describe the SDOH assessment tool in Section G.8.b. Covered Services (Screening Tool). We include the Health Risk Screening and SDOH assessment in Attachment G.8.b-1.

We will make repeated attempts to contact the Member (meeting or exceeding the requirement of three attempts over multiple days), including one or more attempts by telephone. Where a usable telephone number cannot be identified for the Member, we will contact the Member's PCP or other health care Providers to try to get a usable number. Our Community Engagement Navigators and Peer Supports will also attempt to reach out to the caregivers.

Health Risk Screening findings will be shared with the Member and with the caregiver and DCBS SSW or DJJ Social Worker as appropriate, within 14 days of completion. We will also provide results and recommendations for services to the Member's PCP or referring Provider, as consented to by the Member or Member's Authorized Representative to the extent required by law.

For Members identified through the Health Risk Screening, referral, risk scoring, and stratification, or otherwise identified as needing the higher levels of Care Coordination, such as complex and intensive Care Coordination, Anthem will conduct a more comprehensive and in-depth Member assessment to determine the Member's comprehensive service and support needs and guide the care plan development. The assessment will cover the required elements in more depth than the Health Risk Screening, including:

- The Member's immediate, current, and past health care, mental health, and SUD needs
- Psychosocial, functional, and cognitive needs
- SDOH, pertaining to the Member, caregiver, and family of origin as appropriate
- Ongoing conditions or needs that require treatment or care monitoring
- Current care being received, including health care services or other community-based care management
- Current medications prescribed and taken
- Educational needs
- Support Network, including caregivers and other social supports
- Other areas as identified by DMS or Anthem

Monitoring Completion of Assessments

The CCT will use our care management platform, Health Intech, to manage tracking of all assessments and engagement with Members and their caregivers. Health Intech allows for tracking of scheduled assessment completion dates and actual assessment dates and is configured to allow for automatic notification when the assessment is coming due, and reporting regarding how much time remains available for the Concierge Representative or assigned Care Coordinator to schedule and complete it. The platform creates automated reminders to the Care Coordinator for individual Members requiring assessments and provides a dashboard of upcoming assessments to help review, prioritize, and schedule Members' assessments. Assessments are scheduled in advance of the time frame whenever possible to allow for remediation of issues in the event of cancellation. Health Intech additionally provides "red flag" triggers to managers when an assessment due date is approaching, so that managers can validate completion of tasks and mitigate potential for non-compliance. Managers track assessment due dates and monitor scheduling and completion of the assessments on a daily basis.

When required assessments are complete, the Concierge Representative enters information into the system to facilitate coordination with the CCT. Providers are reminded to email a copy of the treatment record to Anthem, along with potential incentives if we find Providers non-responsive. Once received, the treatment record is loaded into the system as well. The Concierge team tracks each Member's file for 100% completion of assessments.

Escalated Communication for Incomplete Assessments or Appointments

If we cannot locate and connect with a Member or their caregivers within 24 hours of notification, we will escalate with DJJ and DCBS to facilitate engagement. In addition, for former Foster Care youth or Adoption Assistance families, Anthem may use various methods to contact including contacting recent Providers, communications with DJJ and DCBS team members that may still be engaged in their care, and leverage regionally located field-based staff. The Community Engagement Navigators may assist the CCT by locating and engaging former Foster Care youth who may be homeless or moved frequently and provide an additional resource for this effort. Community Engagement Navigators are experts in their communities and in what they do, including how to locate homeless and at-risk individuals and connecting them to the resources available to help these youths.

In the event of an issue with a Member or caregiver not making or keeping appointments, we will conduct one-on-one communication whenever possible. We may engage our Youth and Family Peer Support Specialist to help support the Member and caregiver in keeping appointments, addressing barriers from the perspective of lived experience. Additionally, when appropriate we will encourage the use of telehealth on order to ensure care is available after failing to keep appointments. Our Care Coordinator and Concierge Representative will work with a DCBS SSW and DJJ Social Workers to identify barriers to care and coordinate care for Members. We will also encourage Providers to make personalized reminder calls. If Members miss appointments, we follow up to assist in rescheduling the appointment within 24 to 48 hours of the missed appointment to determine reason and assist in removal of barriers to keeping appointments, including working to choose another Provider or PCP if that is an issue.

Scheduling and Preparing for the New Member's Intake Appointments

Outreach Process Supports Timely Assessment Scheduling

Anthem will leverage established best in class intake procedures for activities on behalf of newly enrolled Kentucky SKY Members and modify them as needed. The Concierge Representative begins by reaching out to the Member's caregiver, placement Provider (such as a group home), when appropriate, DCBS SSW or DJJ Social Worker, depending on the Member's circumstances, and works to schedule the Member's health check, dental visit, and trauma assessment within appropriate time frames. The Concierge Representative sends a notification of scheduled appointments and Anthem Member ID to the placement Provider and DCBS SSW and/or DJJ Social Worker, including the appointment date, time, Provider name, location, and telephone number. The Foster Parent or other placement Provider is also notified of the appointment information.

The Concierge Representative enters information on the scheduled appointment into Anthem's Health Intech platform and submits an information release for the Provider(s). The system will send the Concierge team a reminder about each appointment 24 hours ahead of time. If rescheduling is needed, the Concierge Representative makes sure the appointment still occurs within the required time frame for new Members and updates the information into Health Intech and TWIST as available.

Working with DCBS and DJJ to Identify and Assign Providers Who Meet Member Needs

For each new Member, the Concierge Representative will review the records on the Member's past Providers and services, such as the treating PCP, primary dental Provider, community-based, and BH Providers. As part of this process, the Concierge Representative determines whether previous Providers are in-Network and confirms current appointments or services. For Members with non-Network Providers, the Concierge Representative works with the DCBS SSW and/or DJJ Social Worker to determine if Network Providers are available to meet the Member's needs and Network access requirements. If no Network Providers are available to meet the complexity of the SKY Member's needs, we will retain continuity of care by completing a single-case agreement for the Member until we can locate a Network Provider or bring that Provider into our Network. The Concierge team works with DCBS and DJJ to identify Providers to conduct the medical, dental, and assessments, confirms availability, schedules appointments, and arranges transportation as needed.

Innovative Tactics Support Immediate Initiation for Kentucky SKY Members

For more than 17 years, Anthem has used a range of activities to support the timely completion of assessments for children in Kentucky and our affiliate plans. We will work collaboratively with the DMS, DCBS, and DJJ to tailor strategies to the unique needs of communities in Kentucky, including:

- Dedicated SKY staff to coordinate care in the emergent clinical circumstances that children in Foster Care often face, including completing needed initial assessments
- Dedicated 24/7 access to a CCT member to address emergent incoming requests from DCBS, DJJ, and caregivers, with support from a multidisciplinary team to quickly address the Member's needs
- Critical collaborative relationships with DCBS and DJJ, including regionally-aligned CCTs, with co-located staff where determined to be advantageous
- Monthly collaborative meetings to further develop strategies and solutions to facilitate coordination and communication amongst these systems of care
- Convening of regionally based Assessment Team meetings with other Commonwealth child-serving partners (DCBS, DJJ, DBHDID, and private child placing agencies), the child's parents, and clinical Providers when appropriate. The focus of these Assessment Team meetings includes identifying solutions for obtaining needed PH and BH assessments through local resources on a timely basis
- Arranging for specialized assessments for SKY Members from out-of-network clinical-assessment Providers for services such as specialized neuropsychological testing or Autism screenings when Network resources are not available in a location convenient to the caregivers
- In collaboration with DMS, DCBS, and DJJ, developing a process to quickly address enrollment issues in order to begin providing services upon immediate notification by DCBS staff through establishment of an electronic communication pathway
- Create and convene an Advocacy Committee consisting of caregivers and Members with lived experiences in this area, along with Members from DMS, DCBS, DJJ, the Provider community, local advocacy groups, specialty Providers, and educators. This group will allow

for strategy discussions, promote communication amongst entities, and promote use of our dedicated 24/7 CCT during times of emergent need

Other innovative solutions our SKY program may leverage include:

- Strategic "Provider relations alliance" with a local free-standing psychiatric hospital for Trauma-informed Care, as learned from our Healthy Blue Louisiana affiliate, which allows implementation of a "trauma track" on the hospital's adolescent unit. This specialized Trauma-informed Care program, which includes a trauma-focused assessment, allows children in Foster Care an extended stay at the hospital to address specific clinical needs for this trauma-informed inpatient program
- Expansion of telehealth services, such as LiveHealth Online and FasPsych, to address the needs of children in Foster Care. As an approach to address timely BH assessments for a newly enrolled child in Foster Care, telehealth is particularly strategic for children in various clinical and other venues including PCP offices, schools, ERs, and rural areas
- Mobile assessment vans to bring Providers to Members, especially in rural parts of the state and other areas with limited Provider access
- Purchasing blocks of appointments from key assessment Providers to expand access in certain areas by allowing for after hours or bundled appointments
- Offering Providers incentives for seeing Anthem Kentucky SKY Members in emergent need for assessments or other services
- Working with Providers to expand clinic locations to areas convient and easily accessible for Kentucky SKY Members, such as with our Georgia affiliate's courthouse clinics

iii. Ensuring EPSDT Screenings

iii. How the Contractor will meet standards for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening.

Fostering Connected Care Facilitates Receipt of EPSDT Screenings

Our Fostering Connected Care model recognizes the prevalence of unmet health needs typical in foster youth populations and includes proven processes, tools, and strategies to improve health outcomes. We understand that EPSDT methods are the foundation for assessing, addressing, and meeting those needs. We conduct these activities in compliance with the Contract, DMS requirements, and CMS policies. We will continue to submit EPSDT reports using the format and time frames required by Appendix M of the Contract.

Our commitment to serving this population can be seen in Table G.8.a-1, which presents information on our current Kentucky Foster Care population, using HEDIS methodology that predict positive outcomes for Kentucky SKY.

Table G.8.a-1. Anthem Showing Results on 2019 HEDIS Measures for Kentucky

Measure	Final HEDIS 2019 (MY 2018)	Projected Percentile
Annual Dental Visit	68.54%	75th
Children and Adolescents' Access to Primary Care Practitioners — 25 mo–6 yrs	94.35%	95th
Children and Adolescents' Access to Primary Care Practitioners — 7–11 yrs	95.04%	75th
Children and Adolescents' Access to Primary Care Practitioners — 12–19 yrs	92.39%	75th

Dedicated Resources Encourage EPSDT Screenings

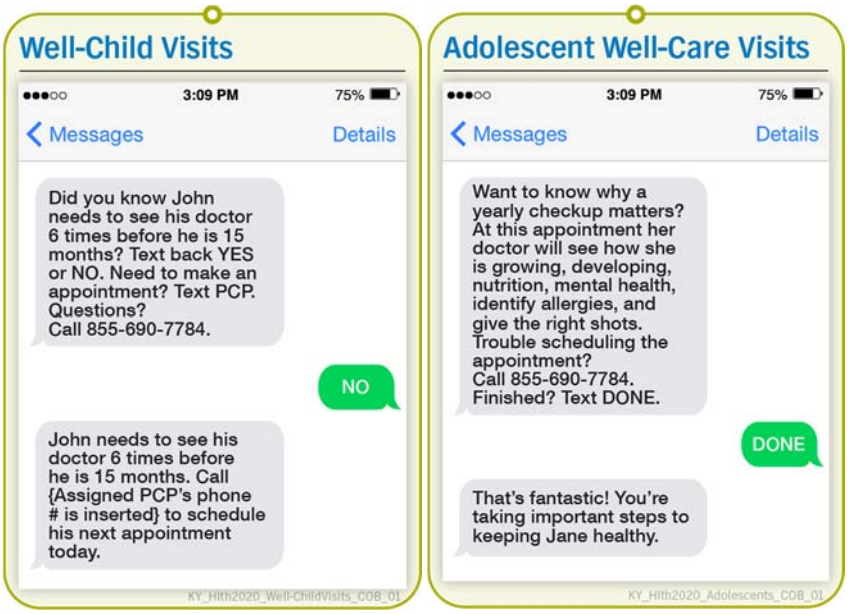
Anthem has multiple supports for our Caregivers, Members, and our Provider Network to ensure the timely completion of EPSDT screenings.

Caregivers and Members

We will use multiple channels to encourage our caregivers and Members to complete timely EPSDT screenings. ***First,*** the our CCT team will work collaboratively and ***leverage our analytic capabilities*** to connect Members to needed services and reach out to remind of upcoming screenings and needed services. ***Second,*** we will send out ***digital reminders*** with upcoming screenings (including the EPSDT) through our YouthRAP system. This can be individualized to display the appropriate system of care individuals. ***Third,*** we will use ***mail*** to send birthday cards 45 days before each Member's birthday emphasizing the importance of EPSDT services and include a complete schedule of EPSDT services. ***Fourth,*** we will ***attend community events*** to spread the word about the importance of EPSDT. In 2018 and the first half of 2019, we have engaged in 2,851 Community Events, at which we encouraged our Members in Kentucky Medicaid to access EPSDT services. ***Fifth,*** to promote access to EPSDT services, we encourage Members/caregivers to enroll in our ***Healthy Rewards where they can earn incentive dollars*** redeemable for various health and wellness related items and eligible food products. Research indicates that Member incentives work best for one time or intermittent tasks such as office visits or immunizations, rather than for ongoing behavior change, making this a useful strategy for new Member and periodic screenings and assessments.

Anthem will also use HealthCrowd, a text-based application, designed to inform Members and caregivers about gaps in care and how they can close those gaps. This will be a vital tool to alert Members to needed or upcoming EPSDT screenings. As shown in Figure G.8.a-4 , the HealthCrowd application can reach out to Members to alert them to needed doctor and dental appointments, screenings and assessments. If the gap has been closed, the Member lets HealthCrowd know and the gap is closed. However, when a Member needs assistance in closing the gap, the phone number to call is there to assist.

Figure G.8.a-4. Example Screenshots of Member/Caregiver Outreach



Contingency Planning

If we are unable to reach a Member prior to assessment, we employ more intensive methods while continuing the methods previously mentioned. The CCT actively monitors the case after

90 days post-EPSDT due date. After reaching out by phone and other available methods (YouthRAP, email), we send an additional mailing stating an overdue EPSDT Service Reminder.

We Prepare and Support Network Providers to Offer EPSDT

We prepare our Providers using multiple channels: we send out the EPSDT Provider Toolkit and provide EPSDT training; provide a gaps in care report on portal and assist in monitoring for success and barriers supporting with Quality Management Practice consultants; show gaps in care reporting on Provider portal; and use innovative incentive models to encourage completion.

EPSDT Provider Toolkit

We send Providers the Anthem ***EPSDT Provider Toolkit*** which includes information on:

- Recommended screenings by age
- Information on EPSDT Special Services (medically necessary diagnostic testing, treatment and services beyond regular EPSDT Services)
- Documentation guidance and billing codes
- HEDIS measures, documentation guidelines
- A frequently asked questions (FAQ) guide on EPSDT

EPSDT Training and Education

To make sure Providers are aware of EPSDT services and requirements, we maintain a Provider education program to support EPSDT compliance. The training includes:

- The components of an EPSDT assessment
- Information on EPSDT special services
- Changes in State or federal requirements or guidelines
- EPSDT toolkit available on the website
- Emerging health status issues among Members that should be addressed as part of EPSDT services

Continuous Monitoring

We support our Providers through continuous monitoring and incentive programs to ensure (1) services are provided, recommended, or arranged, (2) that care provided is documented in the Member's medical record to standards.

Our Quality Management (QM) Practice Consultants will conduct EPSDT Provider education for Kentucky SKY Providers with over 500 Members. The QM Practice Consultants then identify Providers who could benefit from training and education. Providers are identified for assistance using multiple reports; for example:

- ***Missed Opportunity Lists*** monthly to PCPs, identifying Members due or overdue for preventive services, including well-child visits.
- ***Providers with 100 or more EPSDT claims are identified using claims reports***. The QM Practice Consultants audit 10 charts per Provider, to find Providers needing assistance. The QM Practice Consultants meet with Providers to offer feedback and education, including both the Provider's results and opportunities for the Provider to improve.
- ***List of Providers with a large number of Members needing EPSDT services*** is used to identify Providers the QM Practice Consultants will target for education on the EPSDT program.

We offer training through Anthem Training Academy to all appropriate staff and Providers, including medical residents and specialists delivering EPSDT services. We also provide training on physical assessment procedures to nurse practitioners, RNs, and physician assistants who provide EPSDT screening services.

Innovative Incentive Programs to Encourage EPSDT Screenings. PCPs can earn financial rewards through our ***Provider Quality Incentive Program (PQIP)*** and ***PQIP Essentials*** for meeting HEDIS quality indicators, including measures for preventive health services.

Our ***Foster Care Access Incentive Program*** offers Providers an opportunity to earn an enhanced payment rate for each eligible encounter for completion of comprehensive EPSDT exams, including dental, hearing, developmental, and trauma screenings within required timeframes. We will pay earned incentives quarterly at an enhanced fee for eligible claims for specified CPT® and diagnosis codes. As part of the criteria for participation in many of our APMs, PCPs must have open panel status and other Provider types must be willing to accept all Anthem Members.

Where a service identified as necessary by EPSDT screenings is not available in-network, Anthem will reimburse an out-of-network Provider for providing treatment.

iv. Overcoming Challenges to Completing Assessments

iv. Any challenges that the Contractor anticipates in completing required assessments and how it will mitigate these challenges.

Anthem has experience serving children and youth engaged in child welfare programs, including within Kentucky, and can anticipate some of the challenges we will face in assuring children and youth complete required assessments within a timely manner. Through our collective Foster Care experience across 16 markets, we have developed an array of trauma-informed strategies to resolve immediate issues and avoid future problems.

There are four key challenges we anticipate to completing timely assessments: 1) gaps in information which can lead to both incomplete assessments and unnecessary duplication; 2) access to services; 3) having correct contact information for scheduling appointments; and 4) having enrollment information updated quickly after removal of a child from home.

To mitigate these challenges, Anthem will focus on three areas in which it has specialized tools and experience to address and if awarded the Contract, will be ready on day 1: 1) Improving records; 2) Provider engagement; 3) Outreach and co-location of Care Coordinators to promote screening and access.

Enhanced Engagement to Remedy Records Gaps

We anticipate that many new Members in Foster Care will have gaps in medical records regarding past assessments. This can lead to fragmented care that either continues the process of underserving this population or results in duplication of preventive screenings and assessment, which can be re-traumatizing and increase the cost of care. To overcome this challenge, our dedicated Fostering Connected Care team will use YouthRAP to compile data from multiple sources to close gaps and lessen the likelihood of unnecessary re-assessment.

As described previously, when we receive notification of a new Member, our specialized Concierge team will contact the Member's caregivers, Commonwealth agencies (including

DCBS and DJJ), and other sister agencies to collect previously conducted assessments, care plans, medical records, and other relevant information. After compiling the information, the CCT will actively engage and collaborate to identify gaps in care and develop goals and actions to fulfill the identified needs of the youth. This will be documented in a comprehensive care plan. This information will be loaded into YouthRAP to facilitate communication and coordination among our clinical staff, Members, caregivers, the DMS, DCBS, DJJ, and non-traditional Providers. This will establish a stable personal health record that can follow that youth regardless of placement changes and because it will contain appropriate authorizations, it will promote access through transitions.

Our Care Coordinators are also responsible for educating caregivers regarding the importance of updating the state mandated Medical Passport. Keeping the passport up-to-date will help the caregiver and SSW document any assessments done for the Member. Anthem also proposes, with approval from DCBS, to load the information from the Medical Passport into our YouthRAP portal using secure data-sharing technology. Recognizing that it can be challenging for Foster parents (particularly those with more than one child in Foster Care) to bring a physical binder to every appointment, allowing caregivers to access and enter Medical Passport information via YouthRAP, and allowing Providers to enter required clinical information electronically, will facilitate completion of required information and ease access to a child's history for caregivers and Providers.

Securing Timely Access to Care

We anticipate and are already preparing to address challenges getting Members timely access to needed Providers for required health screening and assessments. We anticipate this will be a particular challenge in rural areas of the state where there are a limited number of Providers and families may have transportation barriers.

These issues are not uncommon to us, and Anthem has used a variety of localized strategies to overcome these barriers across our affiliate markets. We will address this issue for our SKY Members through the following Provider-focused strategies, including:

- **Purchasing blocks of appointments from key assessment Providers** to expand access in certain areas, including for afterhours appointments.
- **Offering Providers incentives** for seeing SKY Members in emergent need for assessments or other services. Our Foster Care Access Incentive Program offers Providers an opportunity to earn enhanced payment rate for completion of comprehensive EPSDT exams, including dental, hearing, developmental, and trauma screenings within 30 days of placement in Foster Care. This is discussed further in G.5.a.
- **Mobile assessment vans** to bring Providers to Members, especially in rural parts of the state and other areas with limited Provider access.
- **Co-location of multispecialty clinics** where determined most effective for Kentucky SKY Members, such as with our Georgia affiliate's courthouse clinic. The clinics provide a single location with access to primary care services; early and periodic screening diagnostic and treatment services; immunizations; lab services; dental care; and counseling and therapy services. Our Provider Liaisons will be available to work with Providers on planning these innovative types of clinics.
- **Expansion of telehealth services**, such as LiveHealth Online and FasPsych, to address the needs of children in Foster Care. Telehealth can be particularly effective in providing timely

BH assessments for a newly enrolled child in Foster Care, and can be used strategically in various clinical and other venues including PCP offices, schools, emergency rooms, and rural areas. Our Provider Liaisons will be available to work with Providers on adapting their methods for telehealth services to their practice.

When our Georgia affiliate located clinics in courthouses, they saw a marked improvement in the rate of access to assessments and care. This proved to be convenient for Members and their caregivers, removing difficult barriers. We propose to work with state partners to identify Providers and specific areas of high impact that require assessments and care to be provided quickly. We will help other health care professionals working with the Member get connected with these efforts to increase coordination of care.

Based on our affiliate's experience through the Georgia Families 360°SM program, we understand that it is integral to employ strategic, targeted, and timely communication and relationship building with Providers, both upon implementation and through ongoing operations. Our Fostering Connected Care program will replicate these strategies, including using our Concierge team which has the same functions and expertise as Georgia Families 360°'s Intake Teams, in order to ease communication and facilitate relationship building, both upon implementation and ongoing, to support the Commonwealth's goal of improving the coordination of care among the system partners. ***Anthem is committed to scaling this best practice in the Commonwealth for the SKY population with DCBS input and discussion regarding locations that provide ease of access.*** Our Provider and Court and Justice Liaisons will work collaboratively with Providers and judicial staff to coordinate this innovative practice.

Outreach and Co-location of Care Coordinators to Promote Screening and Access

We learned in Georgia that early co-location of Care Coordinators and Intake Specialists provided skilled and knowledgeable staff committed to the safety, well-being, and permanency in the community. Our co-located staff offered a range of support to the Division of Family and Children Services (DFCS), including, but not limited to, assuring early intervention and access for Members; linking Members to services to meet assessment and other health-related time frames; answering questions regarding Covered Services, value-added services (VAS), and managed care; and participating in discussions with multidisciplinary care team (MDT) members to familiarize the Care Coordinator with the child's history, avoiding unnecessary duplication. This is a strategy that we will use in Kentucky.

If awarded the Contract, we will take the following approach:

- Our CCTs will reach out to the established nine DCBS Service Regions to align staff and enhance the ability to maintain consistent contact among staff
- Co-locate Care Coordination staff in select DCBS offices across the state to facilitate ease of scheduling initial and ongoing assessment, in coordination with DCBS
- Co-locate Care Coordination staff in high volume residential and inpatient Provider locations to facilitate timely and accurate completion of assessments

v. Successful Assessment Completion Efforts

v. Provide examples of how the Contractor has succeeded in providing assessments to individuals similar to those required for the Kentucky SKY Enrollees.

We have experience with the Kentucky-required assessments and person-centered tools and processes, as well as access to comprehensive assessment and planning tools and other resources developed by our national affiliates. This depth of experience helps inform the processes and assessments for the SKY Members. We are knowledgeable and practiced at being able to meet each Member's specific needs. In addition to the 16 Foster Care markets, we successfully manage populations with complex health care needs whose well-being is also tied to detailed and timely initial and ongoing assessments.

The following are examples of how in other markets, including West Virginia, Texas, and Louisiana, our affiliates have successfully provided timely assessments to Members who are similar to the Kentucky SKY Enrollees.

EPSDT in West Virginia

Anthem's West Virginia affiliate successfully employed an EPSDT project that we will establish in Kentucky. This was a School-Based Health Center's (SBHCs) "Well-child Contest," begun in 2015, which they have maintained due to its success. At the time the program was initiated, over 4,500 child and adolescent Members in West Virginia lacked an EPSDT visit. In the first year of our school-based contest, over 1,200 exams were completed and we were able to close almost 900 HEDIS gaps in care.

To replicate this project, Anthem will identify Kentucky schools and encourage SBHCs to conduct well-visits by:

- Offering SBHCs a $25 incentive for each completed medical record reflecting a well-visit for children in the targeted age categories. The completed medical record must be submitted within two weeks of the exam
- Offering an "award" of $2,500 to the host school of the health center with the highest percentage of qualifying medical records
- Enrolling SBHC Providers that achieved a rate of at least 75% of their collected medical records meeting program criteria in a pool for a bonus incentive, with one organization awarded $5,000 in a random drawing

Texas STAR Kids Members Boast High Completion in Screening and Assessment

Our Texas affiliate has 25,938 STAR Kids Members (mostly children with disabilities or special physical or BH needs). Almost 96% of the STAR Kids Members have been screened using the STAR Kids Screening and Assessment Instrument. Anthem performs in-home screening and assessments from which we develop individual service plans. The screening and assessment instrument includes sections on Member goals, caregiver and social supports, Member strengths and challenges, and collects information on a range of physical and BH issues.

Texas Care Coordinators schedule the appointment with the caregivers to be held in the home at a time convenient to them. If, due to unforeseen circumstances, we are unable to connect with the caregivers during the scheduled appointment, we reschedule and address any barriers that led to the missed appointment.

On average, the dedicated STAR Kids team makes approximately 25,525 outbound service coordination outreach calls each month. These are calls to the membership to check in and determine if their needs have changed or a new unmet need has arisen.

Support for Members in Foster Care in Louisiana

In Louisiana, our Anthem affiliate health plan, Healthy Blue, is a preferred plan for children and youth engaged in the child welfare system. This plan utilizes its BH Case Management team and BH Program Director to coordinate care for emergent clinical circumstances that children in Foster Care often face, facilitating timely completion of the needed initial assessments. Healthy Blue addresses incoming requests from the Department of Children and Family Services and the Office of Juvenile Justice when a child in their legal custody requires assistance. This readiness is known to and counted on by Healthy Blue's state agency partners.

Healthy Blue also has established direct linkages at the senior leadership level of its state child-serving partners so that flexible solutions can be found to resolve emergent issues for children in Foster Care. This high level of coordination and relationship helps to inform Members' needs and ease delivery of the initial assessment. ***One of the results of this collaboration was Healthy Blue's development of a strategic "Provider relations alliance" with a local free-standing psychiatric hospital for Trauma-informed Care. This clinical alliance permitted Healthy Blue and its psychiatric partner to implement a "trauma tract" on the hospital's adolescent unit. This specialized Trauma-informed Care program includes a trauma-focused assessment to address the clinical needs of children and youth who are residing in the Foster Care extended stay inpatient program.***

vi. Trauma Assessment and Screening Tool Examples

vi. Include examples of Trauma assessment or screening tools the Contractor would recommend the Department consider for the use in identifying Trauma in Kentucky SKY Enrollees.

Experience with Assessing and Serving Populations Experiencing Trauma

Our Fostering Connected Care model recognizes that medically-driven care management models are insufficient to address the trauma and specialized considerations for children, youth, and families engaged in the child welfare system. Our model operates under the assumption that every child in Foster Care has experienced trauma. At a minimum, we know that the experience of being removed from their home is traumatic and this event is often preceded by underlying neglect and abuse. Due to the prevalence of Adverse Childhood Experiences (ACEs) among these Members, the Care Coordination process builds on the strengths of the existing Care Coordination programs and incorporates a trauma-informed approach. Care plans are developed with this lens and a focus on building upon the Members' strengths and resiliency and empowering families and caregivers.

Our model uses a holistic approach to Care Coordination, which goes beyond clinical indicators to stratify Members and develop care plans, using a range of information sources and engagement with various system partners in the stratification and care planning process. Our Health Risk Screening was carefully developed to avoid re-traumatization by not asking repeated questions on trauma and instead using existing trauma assessments or referring them to trauma

assessment if those have not been done. Our entire staff is trained on Trauma-informed Care principles with much more extensive training of our Member-facing and Care Coordination staff.

Evidence-based, Nationally Recognized Tools

The screening and assessment tools identified for use with Members in the Child Welfare and the Juvenile Justice populations have been chosen due to their national recognition, recommendations from experts in the field of Trauma-informed Care and collaborative conversation with stakeholders. The tools are evidence-based, trauma-responsive, and person-centered. These screening and assessment tools are currently being used effectively by our affiliates in multiple states and were originally selected during the implementation of Georgia Families 360° through a collaborative process with our Georgia affiliate's Providers and state partner. The tools used in Georgia's child welfare program, a population that reflects the planned Kentucky SKY membership, were implemented in 2015 and are still being used successfully today. Georgia's program continues to receive positive feedback and outcomes from the program and Providers, which supports our tool recommendations to the Commonwealth of Kentucky.

New Kentucky SKY Members Should Receive Trauma-based Screening

Children usually come into the child welfare system as a result of one or more specific incidents of maltreatment and/or neglect. To effectively determine the level of care and services the child needs, it is critical that appropriate screening for trauma takes place within the first 30 days of the child coming into care with a PH screening within 48 hours. A 2019 report by the American Psychological Association (APA), *Trauma-informed Care for Children and Families,* notes that up to 43% of youth experience at least one potentially traumatic event (PTE). Sixty-six percent of children in a national sample of 4,000 children ages 2-17 years old experienced more than one type of victimization. More experience with victimization is associated with greater trauma symptoms as well as depression, anxiety, suicide-related behavior, and a range of PH problems. The report notes that early detection of trauma and evidence-based interventions are key to improving health and well-being for those children.

Anthem is recommending that all children who meet the eligibility requirements for the SKY program receive a trauma-based screening upon initial removal or engagement in the child welfare system. Anthem will also provide training to Providers on identification of trauma-related symptoms which would trigger a need for full assessment as there are often delayed expressions or certain behaviors that are exhibited later and can be attributed to trauma. We have identified a set of screening tools that are both evidence-based and nationally recognized, and that can be administered with the child or taken by the child, depending on the Member's age and circumstances. The tools are geared to a child's age group, conditions, and culture. The screening tools are brief and designed to identify exposure to traumatic events and symptoms and help to determine whether the child needs further assessments, coordinating across stakeholders to ensure we do not duplicate services or assessments. By getting the applicable screening and assessments completed within a set timeframe, the most appropriate level of care and services can be more effectively determined and provided to the child.

Anthem uses research and data to stay informed about the latest in Trauma-informed Care and best practices for serving our Members in Foster Care. In *Trauma-informed Care for Children and Families*, the APA recommends the tools Anthem is proposing here, due to their reliability,

validity, and increased use of psychological services following the standardized screenings, as well as their use of current scientific research and statistics.

Recommended Trauma Assessment Tool

Child and Adolescent Needs and Strengths Assessment (0-4 and 5+ Versions)

The CANS is an evidence-based, multi-purpose tool to screen and assess all children who enter the child welfare system in order to determine appropriate services and level of care. The CANS was developed to support clinical decision making, including the level of care and service planning process. Use of the CANS facilitates quality improvement initiatives and enables the monitoring of service outcomes. The CANS is used in multiple states, including the Commonwealth of Kentucky across child welfare, Juvenile Justice, and early intervention functions.

The CANS is easy to learn and use by parents, Providers, and professionals in the service system. It provides a means of identifying trauma and establishes a pathway to developing appropriate service planning.

The CANS has demonstrated reliability and validity. It is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning. The CANS can be used to monitor service outcomes, which allows Anthem to appropriately evaluate the effectiveness of residential treatment, community-based treatment, Foster Care and treatment in Foster Care, community mental health, and Juvenile Justice programs serving our Members in the child welfare system.

We currently use various tailored versions of the CANS in Kentucky and other markets and will continue to support timely access to CANS through our trauma-informed Network. All members of our CCT will be certified on the CANS so that they fully understand how to use information from the CANS to inform Member-centered care planning.

Recommended Trauma Screening Tools

Anthem has experience with a number of screening tools relevant to the Kentucky SKY population. The main screening tool we recommend is the Kentucky-specific CANS Assessment. CANS, and the other assessments we list in Attachment G.8.a-1: Examples of Trauma Assessment or Screening Tools Contractor Would Recommend are ones we have used successfully with populations similar to Kentucky SKY and are evidence-based and trauma-responsive. The tools described are provided in the attachment, except where the tool is the proprietary intellectual property of an organization outside of Anthem and thus cannot be shared. Proprietary tools are noted.

G.8.b. Screening Tools to Support Strong Member Care Plans

b. Submit the proposed screening tool the Contractor will use to develop the Kentucky SKY Care Plan. Include a description of how the Contractor will use the results of assessments that sister agencies have conducted in developing the Care Plan.

Provide examples of prior tools the Contractor has used for other similar programs and detail how these tools have contributed to the Contractor achieving program goals.

Proposed Health Risk Screening Tool Developed for This Population

Anthem has developed our Health Risk Screening specifically for the population served by Kentucky SKY. We developed this tool based on our affiliate's experience with the Foster Care population in Georgia and adapted and validated the tool to ensure it works for our Kentucky Members. In our Health Risk Screening, we included important medical, social, behavioral, and SDOH domains in order to quickly and easily identify and address our Members' unmet needs. The screening tool was also reviewed to ensure that the questions are phrased in ways that prevent re-traumatization. For our older Members, we administer a Self-sufficiency Matrix to assist in identifying strengths, interests, and opportunities for improvement. We provide a copy of the Health Risk Screening as Attachment G.8.b-1: Proposed Screening Tool and Examples of Prior Tools Utilized.

Using Screening Results to Develop Care Plans

When a new Kentucky SKY Member is enrolled, the Fostering Connected Care Concierge team (Concierge team) begins coordinating with the DCBS SSW and DJJ Social Worker, as appropriate. A Concierge Representative requests past assessments on file and other relevant information about the Member. Using established intake policies and procedures, the Concierge Representative documents communications with DCBS and DJJ staff, information collected, and the dates of additional assessments are scheduled for the Member through our portal, YouthRAP. ***Coordination with DCBS and DJJ avoids re-traumatizing Members through over-assessment and prepares us to develop a care plan based on assessment results.***

Once past assessments results are collected and the Member's scheduled screenings and any follow-up assessments occur, a Concierge Representative engages the DCBS SSW and DJJ Social Worker and other pertinent caregivers in care plan development through Assessment Team meetings or other opportunities to collaborate, depending on the child's current placement. Working with these key Commonwealth staff helps us identify past services, appropriately assess Member needs, and build a responsive care plan that meets the Member's individual circumstances.

If the child is new to DCBS or DJJ and little information is known about the child, we will assist DCBS and DJJ to confirm completion of any necessary assessments or screenings. In the case of Members involved with DJJ, we develop a Community Services Case Plan which targets the risk and need factors identified in the DJJ Crimogenic Needs Questionnaire and the Risk and Crimogenic Needs Assessment. These tools involve the youth, family, service Providers, and natural supports to build a plan that assigns specific roles to the participants and a timetable for completion. We will use our YouthRAP portal to compile assessments from all sources to develop a complete picture of the

Member's medical and non-medical needs. The needs highlighted from the various risk assessments will be fed into the main care plan for our Members.

Anthem has successfully used a number of tools with populations similar to Kentucky SKY to identify needs, track utilization, and support our Members, allowing us to better achieve our program goals. Table G.8.b-1 provides descriptions of five tools that we have used successfully in markets across the country, in addition to the Health Risk Screening that all Kentucky SKY Members will receive.

Examples of Tools

Table G.8.b-1. Proposed Screening Tools with Recent Anthem Experience

Tool	Description	Outcome
Psychotropic Medication Tool (Attachment G.8.b-1f)	This tool is used with our affiliate's Georgia Families 360° population to record details of medication regimen for Members taking a psychotropic medication. This information is sent to a Medical Director for review and action planning. The tool is updated annually and upon changes in the Member's medication regimen, including medication type, frequency, dosage, and addition or subtraction of a medication. Medical Director feedback on the information gathered informs care team meeting discussions, education that may be required for the child and their caregivers, and potential outreach to prescribers to make sure they are aware of the full array of the child's medications, leading to more appropriate use of psychotropics and enhanced Care Coordination.	Reduced psychotropic medication usage in Georgia Families 360° population by 20% from 2014 to 2018.
Gaps In Care Reports	Our Georgia Families 360° program uses this tool to provide information to Care Coordinators regarding Members in need of specific services to close gaps in care, which can reflect potential under-utilization of services.	Georgia Families 360° increased EPSDT compliance from 79% in 2014 to 88% in 2018.
Social Determinants of Health Assessment (Attachment G.8.b-1e)	In response to emerging Population Health Management and Consumer Engagement strategies, Anthem created a proprietary SDOH assessment to proactively identify Members' SDOH needs for linkage to resources that help remove SDOH barriers. Members referred to the Member Empowerment program are screened by an Community Engagement Navigator. Additionally, the assessment will be available for Members to take on a self-directed basis on our secure Member portal early third quarter 2019. Screening responses feed into our care management system to inform stratification and enhance outreach efforts.	This tool helps us ascertain a more in-depth picture of the Member from an SDOH needs perspective, and helps us develop goals with the Member based on their strengths, to improve their self-sufficiency while we address immediate SDOH barriers. It leverages community resource referrals, pilot programming, and transportation and childcare payment assistance. ***Although the screener and program were implemented in January 2019, we are seeing early dividends, with Members obtaining employment, getting their GEDs, expunging past criminal records, and applying for community supports for housing and childcare as can be seen in our story about James mentioned later in this section.***
Children and Youth with Special	Our Anthem affiliates across the nation created and implemented a clinical screener in the care	Medically Complex Children represent 6% of all children in Medicaid, yet

Tool	Description	Outcome
Health Care Needs (CYSHCN) Screening Tool (Attachment G.8.b-1b)	management system used to readily identify children and youth with specialized health care needs and stratify the population into appropriate care management levels.	account for nearly 40% of costs. This relatively small subset of children is growing and outpacing the growth rate for all children at a rate of about 5% annually. The CYSHCN screening tool is intended to improve Member identification, engagement, quality, and scope of care management provided to Members, improving Member outcomes and thus decreasing costs related to avoidable admissions, infections, wounds, readmissions, and low-acuity ER visits. ***To date, we have achieved the following results:*** ▪ ***Improved Member engagement rate 44% after nine months of implementation (from 21% to 65%)*** ▪ ***Cost savings of $4.3 million to date across affiliate markets, yielded by improved Member outcomes and service use.***
Transition Age Youth Toolkit (Attachments G.8.b-1c; G.8.b-1d)	Includes the following tools: • *The Self-sufficiency Matrix* (SSM) assesses the Member's point-in-time status on 18 life domains to develop a holistic and dynamic picture of the Member's progression toward self-sufficiency. Self-sufficiency scores enable Care Coordinators to collaborate with Members to provide appropriate and relevant support on an individual basis. • The *Satisfaction with Life Survey* (SWLS) allows individuals to determine an overall satisfaction with life based on the weighting of specific domains, each with a specific set of values. This tool was used in our Georgia Families 360° program with Transition Age Youth to determine the intensity of Care Coordination. It promotes the tailoring of transition activity to the individual Member.	The overall goal of the toolkit is to determine areas of strength, interest, and opportunity for transitioning into adulthood and out of the Foster Care system. ***These tools have informed care planning. For example, a Care Coordinator completed screenings with an 18-year-old Member who was living in a group home and had a history of multiple Crisis due to substance use. He did not enjoy school, was noncompliant with rules, and was considering signing himself out of care. After completing the SSM and SWLS, the Member chose to focus on healthy behavior and education, which were added as goals on his care plan. The Member continued therapy, and responded well to the visits related to additional transition planning and subsequent discussions about his goals. The Member has started a GED assistance program and is now looking for employment.***

G.8.c. Holistic Member-centered Crisis Response

c. Describe its comprehensive approach to providing Crisis Services, including in home services, to Kentucky SKY Enrollees.

The first line of Crisis intervention is prevention. We strive to prevent crises but when they arise, we have a continuum of services designed to get the Member the right level of care immediately. Additionally, we support the system of care with training, innovative programs, and advocacy.

All Anthem Members have access to 24/7 Crisis assistance using our BH Services Hotline and the nurse hotline. ***We provide a suite of in-home services,*** such as mobile Crisis Services. We will facilitate immediate support and intervention to minimize the impact of Crisis events, with a priority on Member safety, permanency, and well-being. ***Following the Crisis,*** we update care planning, transition plans, and other critical information into YouthRAP which is used to inform and coordinate Providers, families or caregivers, and staff from the DCBS and the DJJ.

We provide ***extensive Crisis training to our employees*** to educate them on how to recognize a Member or caregiver in Crisis, how to connect Members with support, and how to follow up following that Crisis. ***We extend this training to our DCBS agency partners, DJJ staff, and caregivers*** to assure the system of care is educated about crises.

We reach out to schools and advocate Crisis training and intervention and provide support so they are able to identify and handle crises. Our Ultimate Parent Company, Anthem, Inc., is a national sponsor of Shine Light on Depression, which supports teens' mental health by putting into place depression awareness programs designed to create meaningful conversations in the school community. Shine Light on Depression is a unique collaboration of organizations committed to raising awareness of depression and suicide prevention among young people. These organizations are the American School Health Association, Anthem, Inc., Erika's Lighthouse, JetBlue Airways Corporation, and National Parent Teacher Association. Our Kentucky Medicaid program leadership was instrumental in securing Anthem, Inc.'s national sponsorship and we are proud to be the only Medicaid managed care organization to have supported this vital program. Shine Light on Depression has three main components: 1) Customizable classroom lessons to empower educators to lead effective depression awareness programs with middle and high school students; 2) Family community workshop materials to help adults and families talk about how to support teens; and 3) Teen club resources that empower students to lead activities and help each other by talking and listening.

We also ***support our ER and PCP Providers*** as they work to assist Members before, during and after a Crisis. We offer innovative programs and telehealth options to get our Members care when they need it, where they need it.

And most importantly, ***we take a preventive view of Crisis***. We work hard to support our Members, caregivers, and Providers before a Crisis happens in the hope of avoiding additional trauma.

Immediate Access to 24/7 Hotlines

Anthem's BH Services Hotline and nurse hotline provide assistance to Members experiencing a BH Crisis. The dedicated, toll-free line is staffed by personnel who are trained in recognizing Members in Crisis. The hotlines are available 24/7, and will never be answered by any automated means. Our hotline staff are licensed BH Clinicians and nurses who will immediately

screen for and assess the risk of danger to self or others and arrange for emergency services as appropriate. Hotline clinicians will maintain continuous, active engagement with the youth and caregiver to assist in de-escalation and stabilization. Callers are never put on hold, and we will make every attempt to provide continuous support throughout the resolution of the Crisis, including communication with the youth's Care Coordinator when appropriate. We utilize a warm handoff method of routing callers to promote the safety of Members in Crisis and provide appropriate and timely BH and medical services. We will not impose maximum call duration limits in order to allow calls to be of sufficient length to help assure adequate information is provided to the Member. Consistent with our other Member telephone lines, our hotline services meet cultural competency requirements and provide linguistic access to all Members, including interpretive services required for effective communication.

In-home Clinical Services for Members in Crisis

Depending on the Member's and caregiver's unique needs, the most effective clinical strategy for de-escalating a BH Crisis, assessing risk, and stabilizing placement may be to provide in-home clinical services. When available, we arrange for in-home services to be delivered by the Member's treating Provider(s) or the treating Provider entity (clinic) that has an after hours or Crisis response service. Additionally, we look for opportunities to expand in-home services with our current Network as well as through expanding our Network of Providers. ***We hold active contracts with all Community Mental Health Centers (CMHCs) with crisis stabilization units to facilitate the provision of short-term crisis stabilization services, such as mobile Crisis response services, Assertive Community Treatment teams, and Crisis intervention counseling***. We also arrange for these services through other community mental health agencies and individual Providers who can deliver interventions in the home or in a community-based setting. Short-term crisis stabilization provides supportive services, such as medication reconciliation and management, and motivational interviewing to engage Members in understanding and better managing their BH conditions in the most integrated residential environment.

In addition, if awarded the SKY Contract, ***Anthem, in partnership with Omni Community Health, will be leveraging a High Fidelity Wraparound and evidence-based programming effort called Family Intervention Treatment Team (FITT) that relies on both a mobile Crisis response and virtual crisis stabilization and residential services. FITT will be available to our SKY Members based on need and geography, with an eye on expanding access to services.***

FITT offers:

- Intensive community and in-home services for children and families to prevent of out-of-home placements
- Mobile Crisis response
- A virtual/in-home Crisis Stabilization Unit program (7-10 days)
- A virtual residential program (60-100 days)

The program progression begins with a referral and immediate follow-up with the referral source by the FITT Responder(s). From there, as needed, the team arrives on location for up to 24 hours of Crisis stabilization. The FITT Responder conducts a needs assessment and determines the services required, which includes intervention(s) by a prescribed FITT service Provider. FITT services and interventions can range from 7-10 days until successful discharge and enrollment in relevant outpatient services. The assessment protocol uses several assessments as applicable, such as the Child and Adolescent Level of Care Utilization System (CALOCUS) psychiatric

evaluation, which assesses the Member on risk of harm, functional status, comorbidities, recovery environmental stress, resiliency and treatment history, and acceptance and engagement.

Expanding Access to Crisis Services Through Telemedicine

Crisis services are critical for preserving placement and diminishing further attachment disruptions. To meet the needs of Members across the state, we are looking for ways to increase access, with a focus on mobile Crisis services and other innovative solutions. We will meet with our Provider partners to increase community capacity and access to Crisis services by growing coverage in parts of the state with demonstrated need. We are prepared to collaborate with the Department for Behavioral Health, Developmental, and Intellectual Disabilities to support the CMHCs' Crisis intervention teams and engage with Providers that can bring additional Crisis resources for SKY families.

We will utilize direct-to-consumer telehealth solutions such as LiveHealth Online (LHO) and FasPsych to provide telepsychiatry services (including Crisis assessments) across the state. This approach best serves communities that struggle with a lack of Providers and workforce shortages, have transportation challenges, or cannot get to centers of care. With more than 68 Commonwealth counties having a ratio of mental health practitioners to residents greater than 1:1,000, there is a need to deploy more Providers to increase accessibility and alleviate the potential for burnout of existing mental health Providers.

Where a Member is experiencing a Crisis but is not able to get in-person assistance from an appropriate Provider, Anthem can secure access to telehealth Crisis care through LHO. LHO facilitates consultations for Members' PH and BH concerns in any setting, including at home via an Internet connection. It offers HIPAA-compliant 24/7/365 solutions using audio- and video-based technologies through video-enabled computers, tablets, or smartphones. LHO provides access to consultations with psychiatrists and licensed BH counselors. It includes real-time eligibility information, full documentation, and coordination with a Member's PCP or treating Provider. Caregivers can help their child or youth access LHO when their PCP is not readily available or accessible to discuss onset of PH or BH symptoms that may warrant follow-up with a Network Provider.

Follow-up to a Crisis Encounter

Following a Crisis encounter, a local Care Coordinator will work with the Member to learn more about the event that precipitated the Crisis in order to develop strategies to engage the Member in treatment for BH conditions. This will include individual Crisis planning aimed at reducing the risk of subsequent emergencies. Rounds may also be conducted by the BH Medical Director, Care Coordinators, BH Clinicians, and other team members who review emergency calls and situations from the previous 24 hours. The team confirms the response was most effective in resolving the Member's Crisis and incorporates the information into the Member's care plan.

The Care Coordinator works collaboratively with the Member and caregivers to create safety plans and educate caregivers on BH issues and other related strategies to prevent crises. When a Kentucky SKY Member has a Crisis but does not engage Anthem during the Crisis, our Care Coordinators will follow up as soon as they become aware to help the Member get the services they need to prevent a recurrence and help caregivers access support such as respite or in-home services.

Training Anthem Staff to Support Members in Crisis

Staff supporting the BH Services Hotline, nurse hotline, and Kentucky Fostering Connected Care Concierge Line, as well as clinical and support staff, receive extensive training on the range of needs for Kentucky SKY Members, how to engage and support Members in Crisis, and available services and resources. As part of this training, representatives receive in-depth training on handling Crisis calls, including protocols for screening for Crisis situations and determining the most appropriate response. These trainings cover warm transfers to clinicians, appropriate timing of an evaluation, follow-up, and documentation. They also complete training on recognizing suicide warning signs and how to respond appropriately. ***We developed this training in collaboration with the Zero Suicide Institute and the National Action Alliance on Suicide Prevention to implement a best practice for suicide risk prevention.***

These teams also receive training on trauma and its effects on children as it relates to a Crisis event, including the impact of an impaired sympathetic nervous system, insecure attachment, behavioral symptoms, and other issues. In addition, we will train staff on Mental Health First Aid through an eight-hour course that teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training will give staff information on how to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a Crisis. Our involvement with Mental Health First Aid is described further in G.5.h-j, Kentucky SKY Enrollee Services.

Collaborating with DCBS and DJJ

We establish and maintain relationships with our Kentucky partners, including DMS, DCBS, and DJJ to share emergency procedures, information on services, assessments, and needs for individual Members engaged in these systems. Through our dedicated and regionalized Training and Education team, we will help train DMS, DCBS, DJJ, other sister agencies, law enforcement officials, and the Juvenile Justice system on Trauma-informed Care, ACEs, and evidence-based practices applicable to Kentucky SKY Members. To promote access to Crisis services, our BH Director and other lead staff supporting the SKY population will continue to meet quarterly with DCBS, DJJ, and DMS leadership to review trends, opportunities to collaborate across systems, and barriers and successes in providing Crisis services.

In addition to our internal staff trainings, the **Court and Justice Liaison** engage judicial and law enforcement staff in BH Crisis training. This critical link to our community partners will enhance our overall Care Coordination model to support our Members from their system of care.

Promoting Caregiver Stability Through Training and Innovative Programming

Stability of placement is a central goal for the children, youth, and families we serve. In order to support this stability, it is important to care for the caregivers as well as the enrolled Member. Prevention of Crisis or disruption is the first line of defense for SKY Members and their caregivers, so our Care Coordinators will help each family put fully developed and well-understood Crisis and safety plans in place to use if a situation begins to escalate.

Since we know all such situations cannot be avoided, we have additional support available for caregivers to Members in SKY. The support we offer to caregivers is informed by an assessment of their needs and preferences and can include services and supports such as:

- Training to understand the behavioral impacts of trauma
- Referrals to community-based support groups
- Recreational activities
- Addressing SDOH barriers
- Parenting skills training
- Parent-Child Interaction Therapy (PCIT)
- Training on caregiver self-care
- Advocacy and support during educational or judicial meetings/hearings
- Connecting to local respite Providers

Additionally, we will be identifying caregiver stress through ongoing CCT contacts and visits. Where issues are identified, we will work with the DCBS SSW to develop appropriate action plans to meet the caregiver's needs. This can include DCBS-provided respite. We will maintain a database resource that includes caregivers who have been trained for respite, including Medically Complex Members, to help caregivers seeking services.

Finally, we will partner with the Assigned Commission Nurses within DCBS on respite services available and will work with the nurses if they need assistance securing respite services. We recognize respite can be particularly difficult to secure for the most Medically Complex Children and will leverage specialty respite Providers such as the Home of the Innocents in Louisville, Kentucky as appropriate.

School Support and Advocacy

As part of our Crisis prevention strategy, we will be working within the Kentucky school systems to provide in-school support by attending Individualized Education Plan (IEP) meetings for all our Members enrolled in the child welfare system. We will work with the school administrators to ensure the IEP consists of a de-escalation plan and education on the Member's Crisis plan, including options to contact the local CMHC for on-site support, and allows for communication with the Care Coordinator should issues arise. We are also supportive of the continued legislation to support placement of mental health counselors in schools.

Depression and suicide are hiding in plain sight — affecting more and more young people. We are supporting teen's mental health by putting in place depression awareness programs designed to create hopeful conversations in school communities. Shine Light on Depression is a unique collaboration of organizations committed to raising awareness of depression and suicide among young people: American School Health Association, Anthem, Inc., Erika's Lighthouse, JetBlue Airways Corporation, and the National PTA. ShineLightOnDepression.org features free, ready to use tools including:

- Customizable classroom lessons to empower educators to lead effective depression awareness programs with middle and high school students
- Family community workshop materials to help adults and families talk about how to support teens
- Teen club resources that empower students to lead activities and help each other by talking and listening

A survey will be embedded in the website to collect qualitative feedback from end-users, and this feedback will be paired with Google website analytics to inform e-toolkit enhancements.

Supporting PCPs and Emergency Room Providers for Crisis Situations

PCPs often see Members before their situation escalates into an emergency and are the first line of defense in identifying and preventing a BH Crisis. This is even more common in rural areas where BH resources are limited. We support PCPs through our SKY Concierge Line to get help with BH assessments and referrals to BH Providers. We provide additional support to PCPs in managing BH crises by a multipronged strategy that includes providing Crisis services in telehealth settings which has been explained previously.

In addition, Anthem is prepared to support ER Providers by leveraging information that will be made available through Kentucky Health Information Exchange (KHIE). As a partner to the Commonwealth, we fully support the continued growth of the KHIE to facilitate improved care coordination to achieve higher quality care and better outcomes. Prior to the KHIE enhancement project, Anthem was connected to KHIE to assist with our care coordination and quality improvement efforts. We have experienced a temporary disconnection to KHIE due to the enhancement project; however, Anthem continues to communicate with our KHIE coordinator on a monthly basis, and we also attended the KHIE Summit in August 2019 to collaborate on best practices related to KHIE connectivity. In November 2019, Anthem was notified by our KHIE coordinator that our connectivity to the upgraded KHIE system will be deferred to 2020. We will continue to collaborate with KHIE to facilitate the advancement of HIT and HIE efforts in Kentucky. Additionally, we will continue to work with DMS on solutions to ensure care coordination and quality are maintained.

In addition to using KHIE as a key source of information, we will use PreManage, which is a data-sharing solution being implemented by hospitals in Kentucky. PreManage helps hospitals improve management of complex patients that present to an ER by allowing facilities, PCPs, and clinical teams to exchange, update, and verify treatment for each individual Member, including Member assessment data. Features also include immediate identification of Members over-utilizing the ER with real-time notification as well as Care Manager notification of a Member's admission. This tool will enable us to receive real-time alerts so that our clinical team can begin to address Crisis needs and the BH needs underlying the Crisis. This timely access ensures appropriate post-stabilization planning and follow-up.

Preventing Crises

Part of Anthem's comprehensive response to Crisis care is to prevent Members from having crises whenever possible. We support Member stability and best outcomes, and promote the use of the most appropriate resources for Members, through frequent education activities. Members are also supported by our 24/7 Fostering Connected Care Concierge team, and the BH Services and Nurse Hotlines. Upon identification as a SKY Member, each Member is contacted by a Fostering Connected Care Concierge Representative to schedule screenings and assessments and prepare for the development of a care plan based on the results and other information collected by the Concierge Representative. The Concierge Representative also works with the Member and their caregivers to respond to immediate needs.

We prepare Members and their caregivers ahead of any BH Crisis by informing them about the steps to follow in a Crisis. Members are instructed that their BH Provider is their first point of contact. If the Provider cannot be reached, the Member is able to reach out to our SKY Member Services team who will direct them to our BH Crisis Hotline in the event of a BH Crisis.

Youth and caregivers also receive information about the importance of contacting Anthem in the event they have accessed Crisis services through their core Provider or a CMHC, so that a Care Coordinator may initiate immediate follow-up activities including updating the Members crisis plan. We take every opportunity to inform Anthem Members about how to contact our BH Services Hotline any time, day or night, including by publishing the direct toll-free telephone number on Member ID cards, including BH Services Hotline and SKY Concierge Line information in our new Enrollee (Member) welcome letters and Enrollee (Member) Handbook, featuring SKY Concierge Line contact information on our website, and promoting information in our automated welcome calls to each new Member.

If a BH Provider or PCP encounters a Member who is in Crisis during a session or visit, our 24/7 SKY Concierge team is available to help assist the Provider, refer the Member to appropriate services, engage emergency services if needed, or connect with a local mobile Crisis response team.

G.8.d. Holistic, Person-centered Approach Supports Members

d. Describe the Contractor's experience in providing services through a holistic, person-centered approach, utilizing a High Fidelity Wraparound approach.

Experience with Holistic, High Fidelity Wraparound Approach

Anthem's Fostering Connected Care model supports the Commonwealth's commitment to holistic, person-centered care using a High Fidelity Wraparound approach. ***Our program for SKY Members builds on our experience in providing services through a system-based approach*** and includes proven processes, tools, and strategies to improve health outcomes.

Georgia

Our Georgia affiliate plan manages the Georgia Families 360° program for children in child welfare using High Fidelity Wraparound principles overseeing the delivery of care that is individualized to the Member and family, is holistic and trauma-responsive, and incorporates youth and family voice and choice in the health care decisions that impact their lives. Georgia Families 360° Care Coordination staff are trained on High Fidelity Wraparound and many of them, including the program's director, have direct experience in providing High Fidelity Wraparound in the community. During the program launch, the Georgia Families 360° program brought the concepts of the High Fidelity Wraparound Model to State partners as a best practice for meeting the needs of Members who have complex or specialized health care needs.

In 2015, our Georgia affiliate entered into a groundbreaking partnership with Georgetown University's Center for Child and Human Development National Technical Assistance Center for Children's Mental Health. Our Georgia affiliate formalized a relationship with Georgetown University to provide a health plan-wide integration of the System of Care approach into their practice. As a part of this venture, Georgetown University supported implementation of the System of Care approach within the Georgia Families 360 teams and expanding to their Georgia Families teams by providing training and technical assistance on the System of Care framework.

As part of this work, Georgetown University staff provided a year-long series of web-based trainings to the Amerigroup staff, Provider Network, and stakeholders. Trainings were customized for Georgia's child welfare system. our Georgia affiliate offered training on System of Care principles to both their Medicaid and Georgia Families 360° Provider Networks. These trainings were also recorded and placed on our affiliates Amerigroup Training Academy portal so that everyone can access this vital information 24/7. The trainings cover a variety of areas, from the importance of community-based services to using a strengths-based approach, but also tie into the essential principles of Systems of Care and reinforce integration into Georgia's system. This collaborative, Provider-focused engagement strategy helped transform health care delivery, create an integrated system of care, and drive improved access and health outcomes for Members.

Tennessee

In partnership with LifeCare, our affiliate in Tennessee promoted a High Fidelity Wraparound and evidence-based programming effort called the Family Intervention Treatment Team (FITT). FITT offers intensive community and in-home services for children and families to prevent out-of-home placements, an alternative to hospitalization, a virtual residential (60-100 days) program, and a virtual Crisis Stabilization Unit (7-10 days) program. The program serves the metropolitan area and surrounding counties of Memphis, Nashville, Chattanooga, and Knoxville, Tennessee.

The program progression begins with a referral and immediate follow-up with the referral source by the FITT Responder(s). The assessment protocol uses the CALOCUS psychiatric evaluation, which assesses the Member on risk of harm, functional status, comorbidities, recovery environmental stress, resiliency and treatment history, and acceptance and engagement.

To date, this partnership has evaluated 99 Members and assisted a total of 81 Members, providing alternatives to higher intensity services such as inpatient and residential treatment. As described in G.8.c of this response, we are leveraging this experience in Kentucky with Omni Community Health based on the results we have seen in Tennessee.

Kentucky

Our Anthem Medicaid model in Kentucky also embraces many of the elements of the High Fidelity Wraparound approach within our whole-person health approach, Member Empowerment program, and our Complex Care Coordination programs. Our Anthem Care Coordinators working with current Members in child welfare incorporate High Fidelity Wraparound principles by ensuring that Member and caregiver input, guidance, and choice are reflected in care planning and by involving system partners in coordinating services.

Anthem supports the use of the statewide Care Coordination model, Kentucky IMPACT, and its basis in system of care values and principles. IMPACT enables coordination between agencies for children with SEDs, including those who are our Kentucky SKY Members. The model's provision of services not traditionally available to Members, such as mentoring, school-based services, and intensive in-home therapy, as well as flexible funding for informal supports such as community activities, family support, and after-school and summer activities, is consistent with the holistic Anthem approach to Care Coordination and delivery, where we make sure that care planning builds on Member strengths and incorporates their wishes.

Anthem Supports Former Foster Child Identified by SDOH Assessment

Former Kentucky Foster Youth James was referred to the Member Empowerment program based on his responses to the SDOH Assessment. James was homeless, did not have a cell phone, job, transportation, or a reliable and consistent source of food. Our Anthem Community Engagement Navigator reached out to James' former foster mother, who helped find him and connect him with our Community Engagement Navigator. Upon engagement, James was overwhelmed and unsure where to get help.

The Community Engagement Navigator met with James in person at the Welcome House and developed a collaborative action plan that included:

- Set up a temporary mailing address with the Welcome House
- Get signed up to receive a cell phone
- Get assistance signing up for SNAP benefits

The Navigator also helped James with a job lead. A week later, James found temporary housing, was hired by the employer lead, and is feeling less anxiety thanks to the forward momentum in his journey. Our Community Engagement Navigator is still working with James to find permanent housing and to help him through additional obstacles along the way. James said he was grateful and didn't know where he would be without the help from Anthem's Community Engagement Navigator.

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Anthem's High Fidelity Wraparound, System-based Approach for SKY Members

Anthem will use evidence-based services for addressing the intensive needs of the Kentucky SKY population, including High Fidelity Wraparound, Trauma-informed Care, and collaboration with a system of care in the Member's and caregiver's home community. Because we understand and support the High Fidelity Wraparound process as a significant part of serving children and their families with intensive BH needs, we will work closely with Providers engaged in Wraparound for Kentucky SKY Members to achieve positive outcomes. The benefits of a High Fidelity Wraparound approach include:

- Building on Member strengths as the way to meet their needs
- Individualized, one plan per caregiver unit where possible
- Greater choice and flexibility for the Member and caregivers
- Increased sense of independence for caregivers and Transition Age Youth
- Care for children in the context of their caregivers (and where appropriate, families of origin)
- Care for the Member and caregiver in the context of their communities

Anthem's Fostering Connected Care model for SKY was designed to be reflective of the system of care principles and values operationalized through the High Fidelity Wraparound approach. Our program for SKY Members includes the tenets of the High Fidelity Wraparound:

- **Team-based approach.** Care Coordinators are supported by a multidisciplinary care team and coordinate care by working with the DCBS SSW and DJJ Social Worker, the Member, caregiver, Providers, and stakeholders in a team-based approach to improve outcomes for the Member.
- **Evidence-based practices.** We provide training on evidence-based practices and Trauma-informed Care and link our Members to Providers delivering evidence-based practices and who are providing Trauma-informed Care.
- **Voice and choice.** Care Coordinators work with the Member and caregiver and allow them to guide the goal setting process.
- **Strengths-based.** Care Coordinators avoid identifying problems, deficits, and limitations of the Member and instead focus on the strengths of the Members and the potential that those strengths bring in the development of Member goals.

- **Individualized.** Care Coordinators are assigned to Members by closely matching their background and expertise to Members' needs. In addition, MDTs are individually structured to include staff that can best support the Member and are adjusted as Members' needs evolve.
- **Natural supports.** Care Coordinators will include natural supports in care planning activities as determined by the Member or caregiver.
- **Collaboration.** The premise of all Care Coordination for SKY Members is that it will take place in collaboration with the different stakeholders in the Member's life.
- **Community-based.** Care Coordination takes place by linking the Member and caregiver to community-based services and supports and other services that go beyond health and health-related services.
- **Holistic approach.** Care Coordinators will take a holistic approach to addressing Members' needs by using various sources of information and encompassing all aspects of the Member's care in care planning. VAS are also used to support our overall approach and supplement, but do not duplicate Covered Services. The full list and descriptions of our VAS can be found in G.1.

Care Coordination that Improves Health Care and Outcomes

To best serve Kentucky SKY Members at risk for or with current complex medical and social service needs, we will employ our model and strategies and work with Members, their families or caregivers, treating Providers, and other participants in their system of care to develop a person-centered care plan that addresses all their PH, BH, dental, and social support needs. We focus on the health, safety, permanency, and well-being of our Members in Foster Care. ***For our Kentucky SKY Members, a local Care Coordinator will serve as the point-of-contact, helping them and their caregivers navigate the health care delivery system, remove barriers to care, and make meaningful connections to community supports, including High Fidelity Wraparound Providers.*** The Care Coordinator's approach utilizes Trauma-informed Care principles and stresses integration, coordination, and collaboration. The Care Coordinator engages in individualized care planning using a multidisciplinary care team, which is similar to a High Fidelity team. This team is comprised of staff with skills and qualifications to best meet the Members' needs which can include a BH clinician, nurse, and/or family or youth peer support specialist. This results in care plans that are more effective and relevant to each Member and their caregivers.

We have refined our Care Coordination program based on emerging best practices, such as providing certified Person-Centered Thinking (PCT) trainers for Care Coordinator staff to foster a person-centered culture. We continuously train, coach, and supervise our employees to assure they apply person-centered principles and demonstrate our values in their daily interactions with Members. Beginning with new hire training, we educate employees on our person-centered approach to care, best practices, and strategies for engaging Members using evidence-based practices, such as motivational interviewing and cultural competency training. We provide continuous training, coaching, and supervision to support employees' consistent application of these principles when serving our Members.

Providing Training to Support High Fidelity Wraparound Approach

Training Our Staff

Anthem will provide training, education, and oversight to our Care Coordinators and community-based, contracted Care Coordinators to assure Members receive treatment aligned with the requirements of the High Fidelity Wraparound approach.

To support the model, we will continuously train, coach, and supervise our employees to assure they apply person-centered principles and demonstrate our values in their daily interactions with Members. Recognizing that family voice and choice, including intentionally eliciting family and youth/child perspectives is a key principle of High Fidelity Wraparound, we will be training our SKY program Member-facing staff on Person Centered Thinking©. As an organization, Anthem has made a commitment to the principles of Person Centered Thinking by engaging in a national-level partnership with Michael Smull, and the Support Development Associates team to certify individuals in Person Centered Practices to certify over 18 trainers and two mentor trainees on the delivery of training in Person Centered Thinking based on The Learning Community. Anthem has used this train-the-trainer approach over the last two years to create capacity to provide ongoing training on PCT to 2,000 employees across the organization. As stated previously, our SKY Member-facing staff will receive training on Person-Centered Thinking. We will also train our Care Coordinators in the High Fidelity Wraparound approach, including certification in High Fidelity Wraparound approach for those Care Coordinators that will be assigned to Members with complex BH needs.

Child and Adolescent Needs and Strengths Certified Staff

We believe that when our staff understand the tools used by the Commonwealth's staff and clinical Providers, they are better able to support this work and assure appropriate care and coordination for our Kentucky SKY Members. Our Care Coordination staff will be certified in Kentucky CANS so that we can leverage the results of the assessment in appropriate and meaningful care planning. Certification provides our CCT with the knowledge to most effectively work with Providers administering the CANS scale, as it expands our ability to understand and interpret the scoring and to promote proper assessments and utilization of the outcomes. Our staff who are trained in CANS can most effectively share information with Providers, minimizing the number of times a Member and caregiver have to repeat their stories. It also increases continuity of care for the family. This also helps ensure that the care plan is fully person-centered and developed around the Member's treatment goals and needs.

Training Our Providers

Our Providers will also receive training on the High Fidelity Wraparound approach, which will be supported by a High Fidelity Wraparound-specific Provider Toolkit. The toolkit will be focused on increasing Provider awareness of the approach, explaining the principles and components of High Fidelity Wraparound and providing resources to support BH Providers' adoption of the approach for their patients with Serious Emotional Disorders (SEDs) and in Providers' general practices.

The toolkit contains sections on:

- Description of the High Fidelity Wraparound approach
- Strengths-based language and how to use strength-based approaches in providing care
- Explanation of family and caregiver-centered practice

- Wraparound as an evidence-based practice
- Improving the youth's and caregiver's ability to manage their own services and supports
- Developing and strengthening the youth's and caregiver's natural social support system over time
- Integrating all care plans from multiple agencies and Providers into one care plan

To support Providers over time, we will also provide the following online tools and links:

- Description of the High Fidelity Wraparound approach
- Video on High Fidelity Wraparound process
- Evidence base for High Fidelity Wraparound
- Training opportunities
- Links to:
  - American Academy of Pediatricians' Strength-based Approaches Implementation Guide
  - Child Welfare Information Gateway portal on Family-centered Practice
  - National Wraparound Initiative
  - National Wraparound Implementation Center
  - California Evidence-based Clearinghouse for Child Welfare Wraparound program details

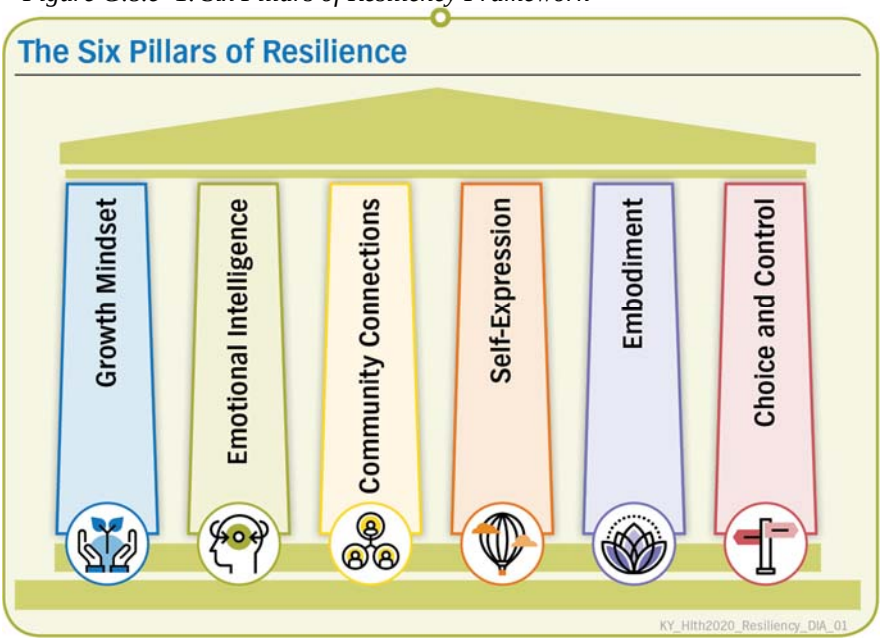
G.8.e. Developing and Providing Interventions that Develop Resiliency

e. Describe how the Contractor will develop and provide interventions that will help develop resiliency in Kentucky SKY Enrollees who have been exposed to Trauma and ACEs.

Supporting Resiliency Through the Six Pillars

We recognize the high incidence of trauma and the need to structure our programs to support and promote resiliency. We use the six pillars of resiliency to establish a well-rounded approach: growth mindset, emotional intelligence, community connection, self-expression, embodiment and choice and control. As described in Figure G.8.e-1 and further explained below.These pillars structure our programs so we are offering our Members evidence-based tools to support their recovery and resilience. Importantly, we also support our staff in their resilience, ensuring we support our employees so they can best support our Members.

Figure G.8.e -1. Six Pillars of Resiliency Framework



Training Anthem Staff in Trauma-informed Care (TIC) and Resilience

We engage in Care Coordination for our Members in Foster Care from a trauma-informed approach with the goals of safety, permanency, and resiliency. We have partnered with FSU to provide all front-line staff complete training for a "Professional Certification in Trauma and Resilience." This 20 hour course will provide our employees with a strong foundation in the impacts of trauma, the principles of resiliency and how to encourage this in our Members. Employees will gain a new perspective on trauma-informed approaches and how to deliver effective care to our Members and caregivers. This will also serve our employees to be more resilient as they gain a new outlook on personal development and ways to avoid secondary traumatization.

Growth Mindset

"A growth mindset is realizing your mind can always grow: you are your strengths, not your weaknesses. Although you have had trauma in the past, you can grow from this and flourish." We train our CCT to use a strength-based approach when working with SKY Members and their caregivers. This approach enables Care Coordinators to focus on Members' strengths and the potential that they bring in the development of Member goals. Focusing on strengths, rather than deficits, helps Members build self-esteem and helps our Care Coordinators identify their skills in specific areas, which can then be enhanced to help Members build resilience. We build on our Members' strengths and interests, including connecting them to informal resources; for example, helping a child who loves animals volunteer at a local animal shelter or supporting a Member who is athletic in joining a sports league.

Care Coordinators identify and help Members and caregivers access our VAS that support their well-being and resilience. Our goal is to offer Members services that will help them develop skills to be successful in the world:

- **Educational Supports.** Children who have experienced trauma or ACEs that have led to school disruptions and other educational challenges can benefit from additional support that helps them successfully complete high school, which is associated with greater earnings potential as adults.
  - **In-Home Tutoring Services.** Up to 24 hours of one-on-one, in-person tutoring services that can be completed in the location that best suits the Member (including the Member's home, at a school setting, during a stay at a hospital or group home, or at a public location such as a library). Tutoring is available in all subjects, including language arts, math, science, social sciences, and even foreign languages. Tutoring is a priority for children in Foster Care who often have gaps in their education due to frequently moving and changing schools. Nationally, only about 50% of Foster Children graduate from high school by age 18, according to a national fact sheet on educational outcomes. Our In-Home Tutoring Services benefit helps encourage children and adolescents to become independent learners, and can help improve their study habits, reduce dropout and truancy rates, increase social skills, and improve their confidence, thereby setting them up for continued success into adulthood.

- **Educational Milestone Program.** This incentive program is designed to reward graduating 11th and 12th grade students. When Members send us copies of their report cards showing that they have achieved at least a 10% improvement in grades from the previous report card, we reward them with a $25 retail store gift card of their choice. Anthem wants to encourage Members to stay in school and achieve good grades. A high GPA can help boost confidence and lead to more scholarship opportunities, which will help reduce the total amount of student debt upon graduation. Additionally, according to a survey of more than 200 employers conducted by the National Association of Colleges and Employers, 67% of companies said they screened candidates by their GPA, so good grades can also heavily influence lifetime earnings. The Educational Milestone Program will motivate and reward adolescents for excelling in school.
- **Summer Reading Benefit.** Eligible Members will receive a $100 Barnes & Noble gift card to purchase books during the summer months. The goal is to boost summer learning to prevent the tendency for children in low-income households to fall behind on their reading achievements compared to their peers who have access to more opportunities for continued learning. Studies have found that this learning loss is sizable and may help explain the substantial and persistent reading achievement gap between more and less economically-advantaged students in the United States. We want to help young kids stay interested in reading, especially during those times when school is not in session. Not only is having books in the home helpful to address the "summer slide," it is also a predictor of overall academic achievement. Enabling youth to choose their own books further encourages engagement in reading. By providing Members a Barnes & Noble gift card, they can select the books they want to read.
- **Jump Start Program.** Eligible Members will receive access to our online learning platform, Jump Start, where they can complete a skills assessment to identify and expand on their current health and financial literacy. Members will receive live one-on-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certification(s). The program also offers exam preparation for various certifications, and has an embedded personalized job search tool so Members can find job openings right in their area. Our Jump Start learning curriculum supports Anthem's Medicaid strategy for engaging Members in individualized learning to support their transition out of Foster Care by providing curriculum that focuses on a variety of topics. For Members who are ready to take the next step in education or job training, our Jump Start Program is the best way to get started. English- and Spanish-speaking Members can access Jump Start any time for GED preparation, vocational education, or to search for jobs at their convenience and advance their financial and health literacy without the need to find transportation or child care. Enrollment is quick and unlimited, so there is no need to wait for classes to begin. Participants are guided through an orientation and offered support for technical configuration of their computers as soon as they enroll. With Jump Start, Members have access to more than 100 courses to help with decision making and problem solving, job skills, business etiquette and interpersonal relationships, time management, and Microsoft Office utilities, which are essential skills necessary for entering the workforce. Additionally, the program offers courses on emotional well-being and how to communicate with confidence. We provide ongoing technical support, update and improve curricula, coach participants via phone and email, and provide an entire library of work-related

modules for tablets and smartphones. Members can use Jump Start to get certifications in ASQ, Business Analysis, Human Resources, and Project Management. They can search for available jobs by county, skill set, employer, or industry, and Jump Start tracks their search so it can send customized reports and alerts.

- **GED Assistance.** To encourage Members to obtain a high school-level education, Anthem will cover the costs of the equivalency test. According to the U.S. Department of Labor's Bureau of Labor Statistics, people who received their high school diploma or GED are 37.5% less likely to be unemployed than those without one. Studies show that individuals without a diploma or GED are more likely to require public assistance, have health problems, and engage in criminal activity. Receiving a GED helps prepare individuals for future success, whether pursuing higher education, vocational school, trade programs, a certified work-program, or college. The benefit of gaining a GED includes a statistically larger chance of gaining a job, options for attending college, and a confidence boost toward better self-esteem.
- **Code Louisville** is partnered with local colleges and universities to offer a unique way of learning software development that brings online learning together with in-person classes led by experienced mentors. Through a series of eight-week sessions, Code Louisville summer participants will obtain comprehensive online training, with weekly in-person, mentor-driven sessions to cultivate the next generation of software developers. Code Louisville's program is partnering with Jefferson Community and Technical College (JCTC) to continue to offer our classes to the community. Additionally, Transition Age Youth will still be able to continue to pursue a degree or certificates in programming through the college system, providing even more employment opportunities. Completion of one of the four-course paths will result in a Certificate of Programming from JCTC, a Certificate of Completion from Code Louisville, and a portfolio of projects they may use on resumes.

Emotional Intelligence

Assisting Kentucky SKY Youths in understanding their emotions is a powerful tool to promote resiliency. We also invest in our own staff exploring and improving their emotional intelligence through trainings and offerings throughout the year. There are a plethora of programs currently offered in Kentucky that our CCT will coordinate access to for our Members.

Programs such as Kentucky Strengthening Families, Health Access Nurturing Development Services home visitation program, Kentucky Youth Thrive, the University of Kentucky Young Parents Program (YPP), Kentucky Special Parent Involvement Network (SPIN) and Building Resilient Children and Families (BOUNCE) in Louisville ***help caregivers and families to develop the skills to help children's emotional health and build Member resilience***.

Community Connections

Anthem strives to connect the youth with their community, family unit, and school. Support through community is a critical element in building resiliency. The team involves all Member supports in care planning by gathering multiple stakeholders — DCBS, Providers, therapists, schools, and the Member — to understand and assess the areas of greatest strengths and needs to create a care

plan with multiple supports that promote resiliency. This includes sharing the care plan and gaining input from all stakeholders and engaging the participants in meetings. The process also helps identify other natural supports and includes them in care planning to build a sense of safety and support for the Members. Our team approach also includes engaging our Transition Age Youth Coordinators and our Family and Youth Peer Support Specialists in care planning. These employees' focused knowledge can bring the right expertise to the care planning process and provide input into goals to increase Member's resilience. On an ongoing basis, the team helps to foster an environment and relationships that provide consistency in the child's life.

Peer Support Program

Anthem supports the use of peer supports and will promote the use of Peer Support Specialists in Kentucky by working with community partners that provide a continuum of outpatient BH Services, including peer support. We will collaborate with the Commonwealth to support and invest in peer support services to increase BH support for individuals with substance use disorder, disruptive behaviors, mental illness; or impact to multiple areas of their daily functioning, including vocational, social, or educational functioning. These services assist Members in outpatient settings to promote resiliency and allow the Member to functionally incorporate the therapeutic tools into their daily living. We have already begun to promote increasing the prevalence of peer support services through promotion and funding of training to educate Providers on recruitment, training, and retention of Peer Support Specialists with the Kentucky Center for Excellence in Behavioral Health in early 2018.

Identifying Provider Services and Developing Provider Capacity

Kentucky has 41 Providers who are certified in Trauma-focused Cognitive Behavioral Therapy (TF-CBT) and can render these services. Anthem partners with them to help assure holistic care that responds to Members and helps them build on their strengths to develop resiliency in the face of challenging circumstances. We will be reviewing population and regions post-award to assure coverage throughout the Commonwealth. We have several areas of training and resources for our Providers that go over and above, because we realize our Providers go over and above:

- ***Our Training and Education team will be leveraging our Anthem Training Academy***, which offers a broad menu of trainings on TIC, best practices, the High Fidelity Wraparound approach and its principles, parents as agents of change, and others. Our trainers will be working directly with Network Providers and promoting this training access to help them gain a greater understanding of the principles of resiliency and apply trauma-informed approaches when engaging with our Members.
- Will engage Anthem's national experts and identify local experts to partner with for training such as those identified through the National Child Traumatic Stress Network as well as the University of Kentucky Center on Trauma and Children. Our clinical staff will review and approve existing training on trauma-related topics developed by local partners and offer these to our Providers as appropriate.
- Anthem is implementing a pilot to support the certification of therapists in PCIT (an evidence-based practice). We already have four PCIT therapists in our Network currently, and will train an additional three to practice in BH centers geographically dispersed throughout the state.

Training Caregivers to Improve Member Resilience

As part of trainings for caregivers (both specialized training such as TIC and videos and resources from Harvard Center on the Developing Child at Harvard University), we will focus on resiliency and how to respond to behaviors that are a direct result of trauma-based fight or flight responses in children. Children, especially those who have experienced ACEs, may not be able to regulate their emotions in stressful situations that trigger memories of past trauma. It is important to help caregivers learn to respond in ways that support the child and do not cause further stress or trauma. Training caregivers in appropriate response to what may appear to be maladaptive behavior helps the child build resilience and the capacity to self-regulate in the face of stress.

Embodiment

This pillar explores the importance of mindfulness and awareness of body to understand yourself better and build resiliency.

The Anthem Member Empowerment Program. Anthem met extensively with community organizations, career centers, Providers, Commonwealth partners, and Members to better understand the needs of our most vulnerable Members. Anthem recognizes that clinical care is only one of the many factors that impact a Member's health outcomes. Consistent with research on SDOH, our partners stressed that social and economic factors and physical environment have a greater impact on a Member's length and quality of life than medical care, while access to food, jobs, childcare, transportation and housing enable the Member to develop and maintain successful self-reliance. The Empowerment Program was created to connect all Members in Kentucky Medicaid to resources that offer help with transportation, education, child care, and criminal records, as these are the biggest barriers to getting and maintaining gainful employment. Our Community Engagement Navigators are community health workers with strong ties to the communities where they work. These Navigators will support the CCT, providing information on available resources and making connections to social service organizations for Members and caregivers. Information is provided to the Members and their caregivers through their Care Coordinators, to limit the number of staff who engage with a Member.

- **Healthy Eating and Active Living (HEAL).** Helping children and caregivers make healthy choices and providing support for personal change can impact physical wellness and self-esteem, offering Members a way to take control of their lives. This is especially beneficial for youths who have experienced lack of control and need assistance developing self-efficacy and self-confidence.
  - **Healthy Families Program.** This six-month telephonic coaching program is designed to help families with overweight or obese children make healthier food choices and improve their activity level to reduce childhood obesity and live healthier lives. A Registered Nurse engages with Members throughout the program. Our program is intended to help connect mind and body to help children and caregivers focus on healthy lifestyle choices through a family-centric approach with multiple levels of support, tangible materials for participants, and web-based resources for further guidance.
  - **Fitness Coach Program.** Eligible Members will receive access to online fitness and exercise classes, as well as quarterly newsletters with articles on nutrition, weight management, and

improved self-care. Our Fitness Coach Program offers more than 1,000 resource materials, including videos and online classes, articles, and self-care tools. Fitness, exercise, and better health choices have been shown to have a profound impact on the health of any population. Our online classes include exercise training basics, exercises for stress management, exercises for weight loss, and exercising with chronic conditions. This benefit helps empower our Members to take control of their health by reducing physical inactivity.

- **Boys and Girls Club Memberships.** Anthem will provide a no-cost Boys and Girls Club membership for children between the ages of six and 18. The program provides supervised activities and exercise, providing a safe and healthy alternative to staying home alone. The Boys and Girls Club of America (BGCA) offers safe social options and community, providing children with a safe place to exercise, compete in team sports, and establish friendships. Kids who stay involved in a BGCA are more likely than their peers to have healthy habits, including being physically active and abstaining from risky behaviors such as drinking alcohol and using tobacco products and marijuana. After-school clubs help promote and enhance the development of our young Members by instilling a sense of competence, usefulness, belonging, and influence. They are a safe place for children to learn and grow, develop ongoing relationships with caring professionals, and engage in life-enhancing programs and character development experiences. As reported by ChildTrends.org, participation in club activities during middle school is linked to higher academic performance and self-esteem, while participation in sports is linked to higher social competence and contributes to better health and lower likelihood of obesity. After-school programs may be especially beneficial to children with limited English proficiency. Some research shows that children from low-income families who attend after-school programs are less likely to exhibit anti-social and problem behaviors. Older children who attend after-school activities are more likely to attend college, vote, and volunteer later in life, and less likely to skip school and start drinking alcohol.
- **Sports & School Physicals.** Members can receive an annual sports or school physical. Most schools require children to complete a sports physical before enrolling in extracurricular sports activities. This benefit helps make sure children can safely participate in extracurricular activities. Numerous studies show the positive effects of extracurricular activities on the behaviors, actions, and overall well-being of children and adolescents. Anthem understands the importance of extracurricular activities for our Members; we know that participation in these activities helps instill qualities that are essential for lifelong success such as establishing good work ethics and time management skills. We understand the importance of physical activity and social engagement, which are key factors to driving better health outcomes for our Members.

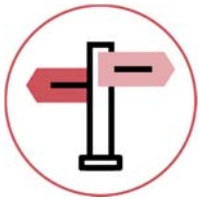
Self-Expression

Trauma in the body needs to be expressed whether that is through art, writing, or talking. These activities foster compassion and open-hearted living. There are many Social Work therapists LCSW-C, LPCA, and CMHC clinicians in-network for Anthem Medicaid who use Art Therapy as one of their treatment modalities. Care Coordinators will connect Members with these services to help our Members express their trauma and gain resilience.

- **Positive Pathways in Florence, Kentucky** is a community treatment center that uses Art Therapy to support their clients.

- **Resources to Support Wellness** and Access Social Services.
- **Online Well-being Program.** Members will receive access to our online community promoting BH and wellness through instruction, games, goal setting, and monitoring. Anthem is committed to caring for the mind, body, and spirit, because being healthy is about more than just the body. Accessible by computer, tablet, or mobile application, our Online Well-being program helps Members manage stress, anxiety, depression, substance use, chronic pain, sleep disruption, and other challenges. Our program also includes a suite of self-help resources that incorporate cognitive behavioral therapy, motivational interviewing, positive psychology, and mindfulness. These tools promote wellness and resilience in our Members through a combination of self-monitoring and community support.
  - **Community Resource Link.** This online resource locates and displays all available local community-based programs, benefits, and services. We help Members get services that go beyond Medicaid by giving them a powerful tool that puts every community program, benefit, and service at their fingertips. Much more than a simple search engine, this proprietary model uses dedicated resources to make sure that information is always up-to-date. The easy-to-use online tool promotes increased personal responsibility and self-management by educating Members about all locally available supplemental supports and services that impact independence, stability, and improved health outcomes. Members with BH needs; intellectual, developmental, or physical disabilities; or traumatic brain injuries can use the tool to increase self-management and independence. The web-based system includes an internal component that links directly to our Health Intech platform (our care management system), which enables our teams to track the resources Members search for and use most. This helps our Care Coordinators and Community Engagement Navigators recommend resources and supports that Members find the most useful, such as legal supports, suicide prevention resources, drug and alcohol resources, and resources to help them quit vaping or smoking. Our unique model enables us to monitor and measure Care Coordination in conjunction with community resources, so that we can continually make sure we are addressing Members' needs, including unmet SDOH needs such as affordable housing, food security, employment, and independent living.

Choices and Control



Having control over your health care and life will promote resiliency through skill-building and confidence. We incorporate choice in our Care Coordination model through High Fidelity Wraparound, and our Uplifting Futures program for Transition Age Youth is focused on helping ensure these youth have the skills needed to make informed choices and to take control of their futures as they step out into the world.

Training Care Coordinators to Support High Fidelity Wraparound Approach

To promote holistic person-centered care that supports Member health, well-being, and resiliency, Anthem will train all our Care Coordinators on the concepts of the High Fidelity Wraparound Approach. Additionally, those assigned Members with complex BH needs will be appropriately trained and certified in the High Fidelity Wraparound Approach. Training will improve staff understanding of its use of both traditional services provided by multiple child-serving agencies, as well as the informal and natural supports available or developed in the

community. The latter could include the county extension office, youth sports leagues, a mentoring program, extended family, and the Member's faith community. While Anthem does not provide the services to the child, our staff facilitate access to services and make sure there are connections between programs and Providers. The more the Complex Care Managers who serve Kentucky SKY Members understand about High Fidelity Wraparound, the better able they are to support the Providers and community resources that help our Members, whatever their life circumstances and needs.

Uplifting Futures, our established transition support program aids youth transition from adolescence to adulthood — a pivotal developmental stage. ***Uplifting Futures*** supports resiliency by helping our Members develop youth skills necessary to become healthy and productive adults — an often complicated transition for youth aging out of child welfare without a supportive, stable home and family environment. We promote a smooth transition to independence with processes and policies for engaging in the transition and working with the Member, caregiver, DCBS SSW and DJJ Social Worker. Our model identifies the Member's individual strengths, preferences, needs, and goals, and supports youth self-sufficiency through education, skill-building, resource linkage, and compassion. Our interventions with Transition Age Youth (TAY) are flexible and informed by research regarding the greatest needs for youth on a path towards independence. Anthem will mirror the DCBS processes for increasing resiliency. As our Georgia affiliate does, the Kentucky CCT will support the youth by talking to them about their transition plans, create goals in their care plan that address their path toward independence, and connect them to community and Federal resource programs they are eligible for. Our TAY Coordinators supplement and support the DCBS SSW's tasks for youth who are considered to be transition age.

Eastern Kentucky Concentrated Employment Program, Inc.

We are partnering with Eastern Kentucky Concentrated Employment Program, Inc. (EKCEP) and Shaping Our Appalachian Region (SOAR). Upon award, we will create an innovative program that provides a bridge between the Foster Youth and Workforce systems to see that foster youth have access to employment opportunities and workforce systems of support, and remove barriers specific to youth in care as they transition into adulthood. Anthem's success in supporting foster youth in the workforce system has positioned us to be subject matter experts in the national workforce landscape. Our local and national employees will be actively involved in making sure that not only at a system's change level but at a Member level, challenging barriers are removed for our foster youth to be successful in the workforce.

EKCEP is known for innovation in Eastern Kentucky by creating whole-person models in the 23 counties they serve, and for being a leader in sustainable, collaborative solutions by partnering with, leveraging, and maximizing local, Commonwealth, and regional supports and resources. As a key partner serving 52 counties in Eastern Kentucky, SOAR's mission is to bring partners together to assure positive outcomes in health and workforce through innovative solutions.

The program team has extensive expertise and experience with case management, system change, education, the foster youth system and population, and the criminal justice systems, and will collaborate with Anthem, community partners, and organizations to address individualized barriers with program participants. The Director will work with training Providers and

incorporate current programs of EKCEP, with whom SOAR has established partnerships. This program will help foster youth get access to resources through existing EKCEP employment opportunities, and will help create additional career paths for them. The Director will work with youth to improve their success and sustainability in community and employed environments, and will provide the wraparound services necessary to reduce barriers. The team will make sure partners are trained and take a trauma-informed approach to training and employment, and will work quickly and thoroughly to address barriers such as a transition in housing. Individuals in Foster Care will benefit from this support, and we anticipate an increase in completion of workforce training programs, entrance into employment and secure, stable housing obtained as they move into adulthood.

Transition Age Youth Housing Initiatives Pilot and Housing Flex Funds to Address Unmet Housing Needs

To support our communities, we are partnering with the Office of Homeless Prevention (OHP) to create a Transition Age Youth Housing Initiative Pilot and statewide Housing Flex Funds that can be used for a variety of needs to assist youth who are experiencing homelessness or housing instability. ***Both programs will address the need for flexible funds that can help communities and Providers meet housing-related needs and prevent housing instability. Creating a flexible pool of money enables OHP to identify gaps and address challenges that have created barriers to stable housing.***

The TAY Housing Initiative Pilot will provide an individualized and adaptable way to engage youth in addressing their varying and changing needs as they move out of homelessness or housing instability and begin to stabilize. OHP will assess each situation and determine recommended assistance based on individual need rather than a set of services or a certain level of funding. This program will be used to fund an array of short-term housing needs that may include application fees, deposits, utility or rental arrears, moving costs, essential furniture, short-term rent, utility hook up, and landlord engagement incentives. Working collaboratively with local partners will help maximize limited resources and address the needs that contribute to a healthy life. We will continue to work with the OHP to evaluate this program, identify possible adjustments and supports, and look for opportunities for future expansion and additional collaboration.

The Housing Flex Fund will support our Members throughout all stages of housing instability, including those experiencing homelessness, returning to the community from an institution, and needing assistance to stay in their current housing. As with the Transition Age Youth pilot, Housing Flex Funds offers a personalized and adaptable way to work with families and individuals to address their varying and changing needs.

KentuckianaWorks — ShelterWorks

Upon Contract award, Anthem will be collaborating with the KentuckianaWorks workforce board on the ShelterWorks program. This housing and workforce partnership aims to support individuals experiencing homelessness to enter career pathway employment and permanent housing by participating in short-term occupational training and gaining industry recognized credentials. In addition, participants will also receive training in interpersonal skills, digital literacy, and financial skills.

KentuckianaWorks is in its third year of implementation. Each iteration builds on previous cohorts and seeks to adapt and grow to meet needs of participants and partners. This year's

implementation piloted stipends, Dale Carnegie training in advance of M-TEC training, and expanded financial coaching and digital literacy. Additionally, expanded avenues to housing are helping individuals gain housing through mechanisms such as a partnership with Salvation Army for access to the Honor Dorm for employed individuals. Current program partners include Louisville Metro Office of Resiliency, St. John Center for Homeless Men, UP for Women and Children, and Volunteers of America. We will be able to bring our experience in whole-person care, innovations with housing flex funds, and expertise from our Housing Liaison and Navigation team. This will enable us to maximize the services for our Members while providing support in the community to help them maintain employment, obtain stable housing, and increase overall health and stability.

In addition, this program will provide intensive outreach and additional support to foster youth who are homeless, as well as those who graduated from the program, through both a Care Coordinator and resources that the current program cannot cover due to funding restrictions. We recognize that existing resources are limited for individuals who need employment support to remain housed if they are not residing at a shelter, "doubling up," exiting Foster Care, or previously homeless. Unrestricted funding will create additional supports for those in the outreach and pre-enrollment phases to mitigate barriers to enrollment and success. Anthem's partnership will enable co-location, increased access for youth who have exited Foster Care, and for those Members experiencing homelessness.

Welcome House. Anthem has supported Welcome House with grants to provide youths aging out of Foster Care housing subsidies, food, and hygiene items, as well as services related to employment, training, and life skills. ***The Anthem grant has enabled Welcome House to purchase a home in Covington to be used for transitional housing.*** The Transition Age Youth Housing Initiative Pilot, uses a Service Coordinator who provides services to the youth who will reside in the home. Welcome House is one of the few non-profits that provides both housing and services to this vulnerable age population.

Welcome House continues to believe in Anthem Medicaid and their ability to have a positive impact on Members and the community. They have stationed employees in various agencies across the region as boots on the ground to help the Member at the time and place that help is needed. Anthem Medicaid understands their Members' needs, and they are willing to go the extra mile to make sure their needs are met. We have worked with several plans over the years, but no other plan has shown the level of commitment and community engagement that we have experienced with Anthem Medicaid. By acknowledging the impact of social determinants of health and the willingness to work as a collaborative partner throughout the state, Anthem Medicaid's programs will not only save money, but they will save lives.
— **Danielle Amrine,** Chief Executive Officer, Welcome House of Northern Kentucky
KY_Hlth2019_Danielle_TST_04

G.8.f. Non-medical Factors Impact Medical Care Use, Require Support

f. Describe the role of non-medical factors (e.g., placement changes) that may drive inappropriate utilization of medical resources and how the Contractor will account for those factors in the delivery approach. As part of the response, include how the Contractor will identify and leverage non-Medicaid resources that may be available in a community environment, including how it will assist such community-based resources that may serve an important role in the Kentucky SKY Enrollees' overall physical and Behavioral Health care needs and goals even if they are not traditional Medicaid services. Provide examples of any community organizations that the Contractor anticipates involving to provide services to support Kentucky SKY Enrollee' needs and goals.

Given the trauma, social stigma, instability, and lack of permanency often experienced by children and youth in the child welfare system, non-medical factors impacting stability and well-being are varied and have to be considered in care planning. For children entering or currently placed in out-of-home care, a lack of normalcy in their day-to-day life, lack of stability in their family of origin, and exposure to trauma can have far reaching and long-term effects on their health and well-being. In addition, changes in placement can have a significant impact on a child's mental health, resiliency, and educational attainment. ***Our Fostering Connected Care model is built to address multiple medical and non-medical factors that can impact appropriate utilization of services, our Members' health, and their ability to build resiliency.***

Transition Age Youth and former Foster Care youth are at particular risk of being impacted by non-medical issues, as they may be more directly affected by SDOH due to the removal of more intensive support as they transition from the Foster Care system towards independence. In addition, addressing SDOH issues for all caregivers including informal kin or Fictive Kin caregivers, is key to assuring that Members feel safe and are utilizing services appropriately. Chronic and long-term exposure to childhood adversities and risk increases the need for specialized services to treat the individual needs of each SKY Member.

Our CCT is supported by our Community Engagement Navigators, who are community based. They serve as a resource to the CCT by identifying resources, removing barriers to their access, and acting as the communication liaison between Anthem SKY Care Coordination and referral sources.

Addressing unmet non-medical factors works best when coordinated in a team approach to identify interventions that can address the Member's needs and build resiliency. To achieve this, we gather data on the Member's needs and adverse experiences from all available sources including DMS, DCBS, and DJJ, child welfare agencies, and Providers, and identify any non-medical factors during review of this information. This information will be located in YouthRAP. This includes an assessment for food insecurity, educational needs, risks of homelessness and all TAY-identified risks, transportation barriers to accessing care, and caregiver strain. This assessment identifies unmet non-medical needs.

The Care Coordinator will use YouthRAP to include the collected information and Medicaid and non-Medicaid resources to address the Member's issues in the SKY Member's care plan and person-centered goals, including:

- Each identified unmet need for the Member and their Foster parents or caregivers

- How the CCT, working with DCBS Social Services Worker, DJJ Social Worker, and Department for Behavioral Health, Developmental, and Intellectual Disabilities in a coordinated approach, as applicable, will help meet non-medical needs — by identifying and linking to the specific services, Providers, VAS, community resources, and natural supports available to the Member and family
- The specific goals related to non-medical needs and measurement of goal completion

Additionally, we are working with the Louisville and Balance of State Continuums of Care to gain access to the Housing Management Information System (HMIS) which is used by State and federally funded homeless and housing service Providers to collect and manage data gathered when providing housing assistance to people already experiencing homelessness and to households at risk of losing their housing. Our Fostering Connected Care Concierge team will use HMIS to determine if any of our Members and their caregivers are experiencing homelessness or are unstably housed. HMIS also can help us locate and engage with our hard-to-reach Members by identifying services and Providers that they are utilizing such as street outreach, drop-in services, shelter, or rapid re-housing. Using this information, our Care Coordination can help coordinate resources and care.

Incorporating Non-medical Supports to Promote Placement Stability

We recognize that addressing non-medical supports promotes placement stability which is key in promoting the physical and Behavioral Health of our SKY Members.

- **Addressing Members' Behavioral Health Issues Through Caregiver Support.** A child whose Foster Parent or Kinship Caregiver does not feel prepared to address a child's BH issues may be at a higher risk of a placement disruptions, admittance to an inpatient facility, and longer stays. Our Fostering Connected Care team is prepared to engage in advance planning, communicate ahead of time about crisis response strategies, and support the Member and caregivers in the event a crisis occurs. We work closely with our Members who have BH needs to provide and link caregivers to resources, tools, and supports, and engage in safety planning to help the caregiver be better prepared to support the child and avoid crisis. We use tested training materials on BH conditions, prevalent BH issues in this population, and how to address them. This includes discussions of the impacts of trauma and how to recognize Member behaviors in the context of trauma. The online learning platform CommonGround is available to caregivers and Members to learn and engage on an interactive basis around many BH diagnoses and can be accessed anytime. This can be a critical learning tool for caregivers who are facing BH issues that may be new to them.

- **Supporting Caregiver Well-being.** To mitigate the impact of caregiver burnout on changes in placement for Members, which can lead to increased BH needs and service utilization, we help caregivers understand the importance of their own self-care as a way to prevent caregiver strain and eliminate the risk of inadvertently re-traumatizing the children in their care.
- **Our Fostering Connected Care team** will work with caregivers to identify red flags indicating caregiver burnout, remind them of the DCBS respite benefit, and help link them to resources and access services. It can be difficult for families to access assistance because the Foster parents have to locate and ensure training for respite Providers, including identifying other foster families or friends and family willing to go through the training and background

verification process. We support the caregivers by working with Kentucky partners to maintain a record of licensed Respite Providers and Foster parents by geographic area, especially noting those that offer therapeutic and Medically Complex care.

- **Non-medical Supports for Discharge Planning.** Upon discharge from a Psychiatric Residential Treatment Facility (PRTF) or inpatient placement, Members may need a variety of non-medical supports that include safety and crisis planning, caregiver supports, and education. In order to promote a smooth transition, we engage in early discharge planning that includes the DCBS Social Services Worker and DJJ Social Worker, along with private child placing agencies as requested by DCBS, to proactively work to identify all needed community-based services and supports. We identify supports such as local support groups and community organizations for Members and Foster parents.
- **Connecting to Community Resources.** Community Resource Link is an up-to-date online resource that locates and displays all available local community-based programs, benefits, and services from employment and housing support to child care and food banks. This Member-facing tool helps youth and their caregivers engage in greater self-management by educating Members about all locally available supplemental supports and services they may be unaware of. Additionally, we have a unique model that enables us to monitor and measure Care Coordination in conjunction with community resources, so that we can continually make sure we are addressing Members' needs, including all unmet SDOH needs. Specifically, Community Resource Link includes an internal component that links directly to our Health Intech platform (our care management system), which enables our Care Coordination Teams to track the resources Members and caregivers search for and use most. The Fostering Connected Care team can then recommend resources and supports that Members and caregivers find the most useful, such as transportation, suicide prevention resources, and drug and alcohol resources.
- **Addressing the SDOH Needs of Caregivers and Families of Origin.** When well supported, Foster and adoptive families provide critical care that can make the difference for our Members' long-term success. We access caregiver SDOH as part of our Foster Care HRA and support them by linking them to resources. Additionally, we know that children in out-of-home care often stay connected or reconnect with their family of origin as a part of their support system if they are not reunified. Therefore, supporting families of origin, when applicable and appropriate, can also be critical for the youth's success. ***If we support the caregivers, they are better able to support our Members and ensure Members access care at the right time and in the right place.***
- **Addressing Needs of Kinship Caregivers and Members.** Kentucky is noted as the state with the highest percentage of children in kinship care in the nation. Kinship caregivers require specialized approaches which include helping them address their SDOH needs.
- **We will use the Health Risk Screening** we developed for this population, which includes questions about the SDOH needs of the child and the caregiver. This will allow us to provide kinship caregivers with the specific support and links to community services they need to continue their selfless decision to accept a relative or loved one into their home to provide that child a safe and stable home. Kinship caregivers are often living on a fixed income, and are not always aware of the resources available to them in Kentucky. Meeting the basic needs of the children in their care can sometimes stretch them to the limit financially and emotionally. In the case of kinship caregivers who have been faced with the impact of the

opioid epidemic, they may need help with linkages to supports that can aid them in addressing their own exposure to trauma, grief, and loss while educating them about substance use disorder and prevention strategies.

- ***Our Community Engagement Navigators*** will help support kinship caregivers by linking them to SDOH resources to locate resources in the community to meet the SDOH and emotional support needs of kinship caregivers.
- Kinship caregivers will have access to our ***value-added service Community Resource Link*** to help them locate resources in their own communities.
- At a roundtable discussion with DCBS staff and foster parents, we listened and added a ***New Placement Welcome Wardrobe value-added service***, in the form of a $150 gift card to a retail store to further meet the needs of our Members, and help take the stress off the caregiver, so they may have less out-of-pocket expense.
- Anthem recognizes and values the critical role caregivers play in supporting our Members. One of the key tenants of our caregiver strategy is assessing caregiver needs. In order to equip our team with the best in class caregiver supports, ***our Tennessee affiliate partnered with TCARE to enhance our caregiver support strategy***. The TCARE system identifies caregivers who are experiencing moderate to severe levels of burnout associated with caregiving. An evidence-based screening tool is implemented by a team of trained, dedicated interventionists to identify the source of caregiver burnout such as financial stressors, marital stress, etc. which are present or amplified by their role as a caregiver. Using predictive analytics the screener generates a care plan to include community-based resources that is individualized for that caregiver's unique needs. The Care Manager uses this care plan to support the caregiver and to stay engaged with ongoing supports. Based on the results of this pilot we would look to bring a similar program to Kentucky.

An Anthem Community Outreach Representative Puts a Kinship Caregiver's Mind at Ease

Amanda, an Anthem Community Outreach Representative, created a support group in Boone County called Relatives Raising Relatives & Others to provide support and resources to caregivers. Amanda put up flyers throughout the county in order to spread the word about the group. She soon received a call from Agatha, who would be getting custody of her granddaughter, Madison, the following month. Madison would be moving from the DCCH Center for Children and Families in northern Kentucky to Agatha's home in Gallatin County, and Agatha was worried about how Madison would adjust to the transition. She also was unfamiliar with the Medicaid program, so Amanda explained how the Medicaid program worked and then talked about Anthem's care management program, value-added services, the outreach team, and the support group.

Madison would be attending a new elementary school, and one of her grandmother's main concerns was how Madison would cope with the change and the new school. Amanda knew that the school had a Family Resource Coordinator and she immediately scheduled a meeting with the coordinator, Agatha, and Madison so that Madison could start at her new school with fewer worries.

Agatha said that **she felt so relieved after talking with Amanda and finding out all that Anthem Medicaid can do for her.**

KY_Hlth2019_G.8.f_SKY-Amanda_RS_06

Population-specific Partnerships Address Non-medical Factors for Adolescents and Transition Age Youth

We recognize that TAY and former foster youth are at higher risk for experiencing life challenges than the average Member in Medicaid. Placement changes and the overall instability in their lives can create the circumstances that lead to higher physical and BH need. In addition

to higher levels of homelessness, a majority of female former Foster Care youth and over 80% of male former foster youth reported having been arrested with approximately 80% of our incarcerated population having had child welfare involvement. As a result, they experience high rates of unemployment and education instability. These non-medical factors can drive inappropriate utilization and medical care.

To help our adolescent Members, including those in the TAY population, gain the skills and resources they need to successfully transition to a productive, safe, and healthy adulthood, we have established population-specific partnerships with community-based organizations.

- **TAY Housing Initiative Pilot.** This program will offer safe transitional housing solutions for TAY, many of whom are transitioning from Foster Care. These youth are very vulnerable to human trafficking due to housing instability. Emergency housing assistance funds are used for youth to pay for deposit, rent, utility hook up, move in costs, essential furniture, and household goods.
- **KentuckianaWorks – ShelterWorks.** For youth transitioning out of Foster Care, we will offer access to ShelterWorks, a housing and workforce partnership that aims to support individuals experiencing homelessness to enter career pathway employment and permanent housing by participating in short-term occupational training and gaining industry recognized credentials.
- **SOAR/EKCEP and Anthem Foster Youth Employment Initiative**. We propose to leverage existing apprenticeships and employer relationships in Eastern Kentucky to support connections between the workforce and Foster Care systems. Through partnerships with Shaping Our Appalachian Region, Inc. and Eastern Kentucky Consolidated Employment Program we will support the development of career paths for TAY in Kentucky. Our Transition Age Youth Coordinators will link our Members with SOAR/EKCEP, better servicing this population and connecting the workforce to Foster Care.
- **Code Louisville Summer Program for High School Students.** Through a series of sessions over 12 weeks, Code Louisville participants will obtain comprehensive online training, with weekly in-person, mentor-driven sessions to cultivate the next generation of software developers. Code Louisville's program is partnering with JCTC to continue to offer our classes to the community.

As we work with these community organizations, we will be capturing metrics for Members participating in each of the initiatives described to measure the impact each partnership has on Member outcomes, as well as cost savings and population level impact.

Connecting PCP and Social Service Providers to Support Non-medical Needs

Anthem has been supporting children and youth in Foster Care and their caregivers for over six years in Kentucky. Consistent with our motto “First we listen,” we have met extensively with community organizations, career centers, Members, and other stakeholders to better understand the needs of our adolescent and young adult Members. Anthem recognizes that clinical care is only one of the many factors that impact a Member’s health outcomes. Consistent with research on social determinants, our partners stressed that social and economic factors, and physical environment, have a greater impact on a Member’s length and quality of life than medical care while access to food, jobs, childcare, transportation, and housing allow the Member to develop and maintain successful self-reliance.

Linking Providers to Non-medical Resources. We work with Providers to help them increase their understanding of non-medical factors influencing health, to use screening tools to identify Members' non-medical needs, and to become aware of both the local resources available to help children and their caregivers address those needs and how to refer to these services. Anthem is working with Aunt Bertha and created the Community Resource Link. This online tool links SDOH needs, such as housing, food, transportation, education, and job placement. Importantly, this is a bi-directional link, allowing Anthem to have a record of when services have been rendered.

Beyond the initial screenings all Members received, we encourage the use of SDOH and ACEs screening tools within Provider practices. We are introducing a Provider incentive program focused on SDOH. This program will reward Providers for assessing and addressing, through referrals to community-based organizations, SDOH factors. Providers participating in our SDOHQIP program are incented to screen for SDOH needs and access the Community Resource Link tool to identify community-based organizations (CBOs) available to address any detected needs. Participating Providers will earn incentives by submitting the appropriate Z-Code with their claim. Through use of Z-Codes (International Classification of Diseases ICD-10-M codes used to identify persons with potential health hazards related to socioeconomic and psychosocial circumstances), we will be able to accurately assess Member needs and more effectively manage and coordinate SDOH resources for them. Providers also have the potential to earn an incentive for updating the "referral status" field in the Community Resources Link to indicate that a Member has kept their scheduled appointment with a particular CBO.

We will educate Providers and staff about TIC and resources available to support patients experiencing trauma.

The Anthem Member Empowerment Program was created to connect Members to resources that offer help with transportation, education, and criminal records, as these are the biggest barriers to getting and maintaining gainful employment. To best serve our Members, we have established collaborative relationships with a range of social service organizations that work to address the non-medical factors that may impact health care needs and use. Anthem recognizes that in partnering with non-Medicaid resource Providers we can better engage Members in their care, linking the Member to both clinical and non-clinical services to help them meet their goals. Our strategy for partnering with CBOs includes:

- Identifying resources available and population health needs
- Contracting with CBOs to establish information sharing and data privacy protocols
- Developing interventions, such as referrals and communication mechanisms and technology to coordinate care and service delivery
- Identifying metrics to capture patient outcomes and efficient use of resources
- Conducting evaluation and monitoring

Some examples of our relationships with non-Medicaid social service organizations include:

- **Father Maloney's Boys and Girls Haven.** Between 2018 and 2019, Anthem provided funding for apartment repairs for TAY after a fire damaged the dwellings. This provided shelter for vulnerable youth recently transitioning out of care, promoting our goals of supporting safety and self-sufficiency. Anthem also sponsored the organization's annual Gravy Cup Fundraiser.

- **Wednesday's Child.** In 2017 and 2018, Anthem provided funding to purchase computers, Christmas gifts, and various needs of children in Foster Care. This allowed children in Foster Care to experience Christmas like their peers, leading to a sense of normalcy and allowing access to computers that can assist with homework and educational services.
- **The College for Technical Education (CTE).** CTE provides education and support that helps students obtain lifelong careers in personally rewarding occupations. Anthem locates an Community Engagement Navigator at CTE who works with students and potential students three times per week. CTE focuses on transitional age children and offers seven career programs and wraparound services. Many of the CTE students are single parents and have additional non-medical needs. Our Community Engagement Navigator works one-on-one to help them remove barriers, such as access to childcare and transportation, in order to ensure that the students can complete their education.
- **Kids Eat Program.** We know that during the summer months, children often lack access to nutritious foods so we partnered with Kids Eat to assist kids in accessing healthy food all year long. In 2018 and 2019, Anthem supported children's access to summer meals.
- **God's Pantry Food Bank.** Anthem donated a Sprinter van to act as a mobile food pantry for many programs, including the summer feeding program for children who receive free and reduced lunches during the school year. The van will travel to over 117 locations, including Kid's Club in Lexington, apartment complexes, churches, libraries, to provide fresh produce and snacks. Anthem also donated funds to purchase food for Hazard and Prestonsburg area food pantries, bringing access to healthy foods to the communities. Anthem employees volunteered at events in Hazard and Prestonsburg, Kentucky, including summer feeding programs, community food insecurity outreach, and food pantry stocking events.
- **Family Resource and Youth Service Centers.** In 2018 and 2019, Anthem supported several programs, including mini-grants and conference sponsorships. We provided funding for a 2018-2019 school year mini-grant campaign targeted at low-income schools. Schools could apply for up to $1,000. We also sponsored the 2018 and 2019 annual Victory over Violence Conference in 2018 and 2019. By supporting these Family Resource and Youth Centers, we support the localized services aimed at stabilizing families in Kentucky communities.
- **Southwest Community Ministries.** Anthem donated funds to help with winter gas/heating services during 2018.
- **Lincoln Grant Scholar House.** To support young adults, Anthem provided funding in 2019 to purchase wish list items and support wraparound services for single parents enrolled in higher education, including donating supplies and meals and assisting with Medicaid enrollment. Lincoln Grant Scholar House provides academic and family support to 45 resident families headed by single parents enrolled in post-secondary education. Residents receive counseling and support while fulfilling academic or vocational training coursework as full-time students. By providing affordable, safe, and decent housing, on-site case management, an Academic Service Center, children's library, exercise facilities, and a computer lab, the Scholar House experience enables residents — many of them first generation college students — to find success in their quest for self-reliance.
- **Lake Cumberland District Health Department Cribs for Kids.** In 2018, Anthem gave the Lake Cumberland District Health Department funding to purchase infant cribs and hold a community event to provide families with safe cribs supporting safe sleeping for Kentucky families.

- **Chrysalis House.** Anthem provided a sponsorship to this residential treatment facility for women and children that specializes in recovery from substance use disorder, supporting recovery and resiliency for Kentucky families.

Additionally, Anthem intends to grow its community partnerships with the following organizations:

- **Kentucky Partnership for Families and Children Inc. (KPFC).** The KY Youth MOVE Council is an 18-member council that advises the KPFC Board of Directors. All Members are between 14 and 26 years of age and have an emotional or BH diagnosis or disorder. The KY Youth MOVE Council works to reduce stigma, promote a youth-guided approach, and give youth a voice at all levels of the system of care. The KY Youth MOVE Council meets approximately five times a year to focus on issues related to children's mental health. Members have additional opportunities throughout the year to serve as youth trainers, mentor and coach other youth, present workshops, attend conferences, and to sit on councils, committees, and boards. Anthem would like to partner with the KY Youth MOVE to identify SKY Members for potential participation, offering leadership and self-development opportunities. Additionally, we would like to leverage feedback from KY Youth MOVE to inform program decisions and opportunities for improvement.
- **Transition Age Youth Launching Realized Dreams (TAYLRD).** TAYLRD is a federally funded initiative aimed to positively impact the lives of Kentucky's 16–25 year olds who have or are at risk of developing BH challenges. TAYLRD also offers 16 drop-in centers across the state to provide safe places for Transition Age Youth to congregate. Anthem is interested in placing TAYLRD drop-in center information in our TAY Resource Toolkit to promote positive social peer interactions of SKY Members. We would also like to partner to provide planned on-site training for TAY at drop-in locations, such as "How to Select Medical Plans," "Managing your Money," and "Preparing for Your Job Interview," to promote self-sufficiency and would like to engage Foster Care alumni as members of the outreach team. A similar program in Georgia, COACHES, has leveraged these tools. In developing a partnership with TAYLRD we will have comparative metrics and information against which to measure the impact in Kentucky.
- **Student Alliance for Mental Health Innovation & Action (StAMINA).** StAMINA is a passionate network of students on a mission to improve the mental well-being of Kentucky youth by engaging them as solutions partners to inform development of high impact youth mental health policies and programs. Through a partnership with StAMINA, Anthem would identify opportunities for leadership and engagement with SKY Members so they could influence critical decisions and inform policy specific to youth in Foster Care. Anthem would be interested in working with StAMINA to co-sponsor their Youth Summits and allow participation to interested SKY Members.
- **Fostering Goodwill.** Fostering Goodwill offers educational resources for young adults 18–25 who are aging out of Foster Care in Lexington. The program educates participants about their rights and available resources within the community and offers assistance to promote self-sufficiency, including food, housing, transportation, employment, and education. Anthem would like to collaborate with Fostering Goodwill to identify specific non-medical factors that would enhance delivery of care, similar to our support of the Lincoln Grant Scholar House.

- **Kinship Families Coalition of Kentucky.** Dedicated to raising awareness of the issues surrounding kinship care in Kentucky, the Kinship Families Coalition recommends policy changes to increase supports for kinship families. Members from across the state include relative caregivers, advocacy organizations, and support service Providers. Anthem would like to promote the mission of Kinship Families Coalition of Kentucky by working with the Coalition and participating families to design and develop kinship-specific resources and toolkit.

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Anthem Medicaid

Committed to the Future of Kentucky Medicaid

Sleeping Well Is Important to Good Health

Bed bugs have made a resurgence throughout the U.S. and Kentucky is no exception. We partnered with God's Food Pantry of Pulaski County and other local organizations to distribute mattresses to families that lost theirs due to bed bug infestations.

Anthem Medicaid

Attachment G.8.a-1. Examples of Trauma Assessment or Screening Tools Contractor Would Recommend

Committed to the *Future* of **Kentucky Medicaid**

Supporting Women on Their Path To Employment

We are committed to supporting organizations that address key social determinants that impact health, like employment. Our donation of a renovated Winnebago to Dress for Success Louisville is being used as a Mobile Career Center for women in the Greater Louisville area.

Attachment G.8.a-1. Examples of Trauma Assessment or Screening Tools Contractor Would Recommend

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment G.8.a-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment G.8.a-1 includes the following:

- Attachment G.8.a-1a. Child and Adolescent Needs and Strengths Assessment (Ages 0 to 4)
- Attachment G.8.a-1b. Child and Adolescent Needs and Strengths Assessment (Ages 5+)
- Attachment G.8.a-1c. The Abbreviated PCL-5
- Attachment G.8.a-1d. CAPS-5 Past Week
- Attachment G.8.a-1e. CAPS-5 Past Month
- Attachment G.8.a-1f. CAPS-5 Worst Month
- Attachment G.8.a-1g. GAD-7
- Attachment G.8.a-1h. SCL-90-R
- Attachment G.8.a-1i. PHQ-9
- Attachment G.8.a-1j. Columbia-Suicide Severity Rating Scale (C-SSRS): Child through Adult
- Attachment G.8.a-1k. Columbia-Suicide Severity Rating Scale (C-SSRS): Very Young Child/Cognitively Impaired

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Anthem Medicaid

Attachment G.8.b-1. Proposed Screening Tool and Examples of Prior Tools Utilized

Attachment G.8.b-1. Proposed Screening Tool and Examples of Prior Tools Utilized

Committed to the *Future* of **Kentucky Medicaid**

Ensuring a Safe Sleeping Environment for Infants

Knowing that many SIDS-attributed deaths are due to suffocation, strangulation, or overlay while sleeping in an unsafe place, we gave $10,000 to Lake Cumberland District Health Department to purchase Safe Sleep Survival kits to help make sure that Kentucky's youngest residents reach their first birthday.

Attachment G.8.b-1. Proposed Screening Tool and Examples of Prior Tools Utilized

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment G.8.b-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment G.8.b-1 includes the following:

- Attachment G.8.a-1a. Child and Adolescent Needs and Strengths Assessment (Ages 0 to 4)
- Attachment G.8.b-1a. KY Foster Care Initial Screener
- Attachment G.8.b-1b. KY RFP - CSHCN Screening Assessment
- Attachment G.8.b-1c. Satisfaction with Life Scale (SWLS)
- Attachment G.8.b-1d. The Self-sufficiency Matrix (SSM)
- Attachment G.8.b-1e. Social Determinants of Health (SDOH) Assessment
- Attachment G.8.b-1f. Psychotropic Medication Tool

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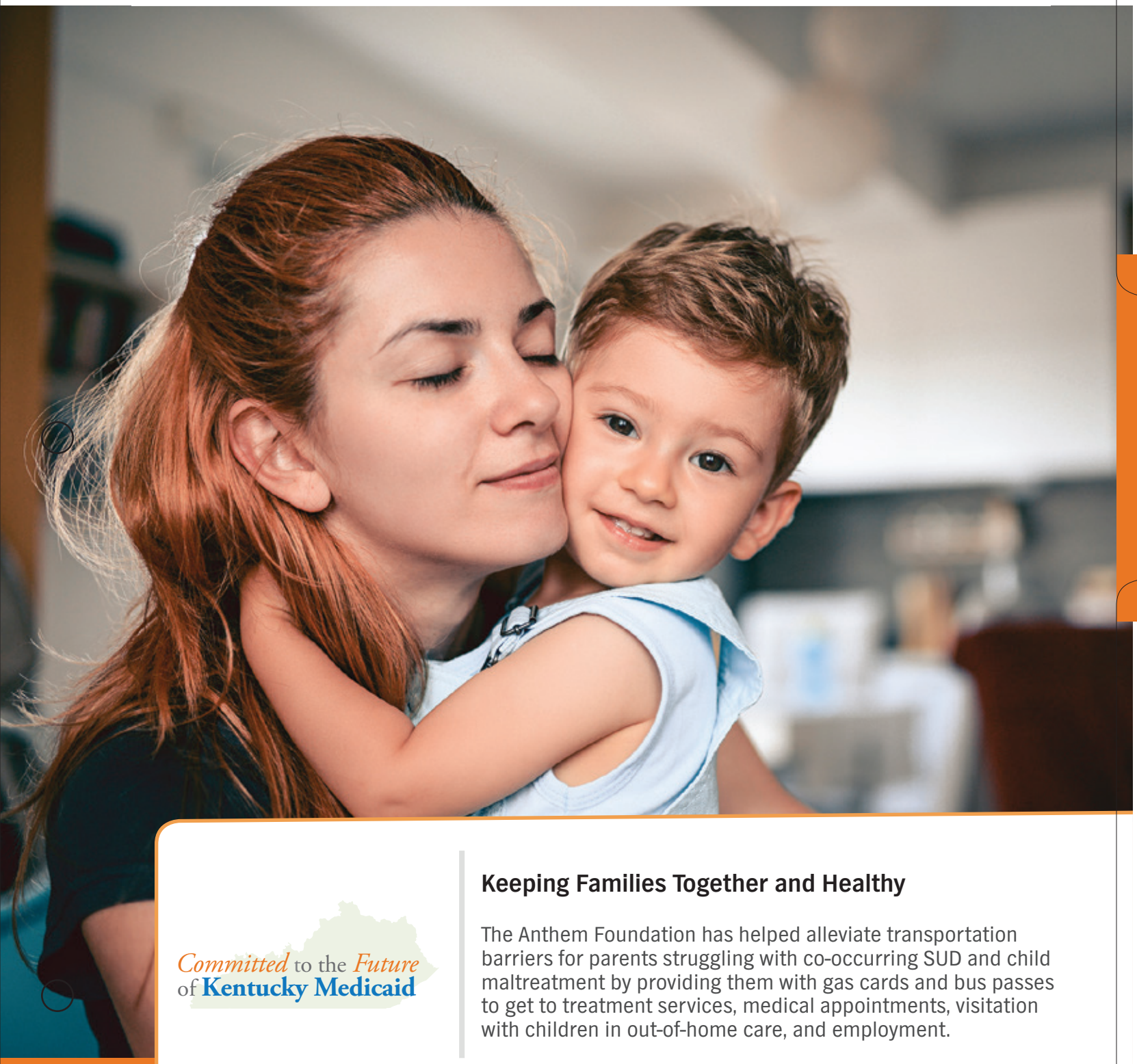
Anthem Medicaid



Committed to the *Future* of **Kentucky Medicaid**

Keeping Families Together and Healthy

The Anthem Foundation has helped alleviate transportation barriers for parents struggling with co-occurring SUD and child maltreatment by providing them with gas cards and bus passes to get to treatment services, medical appointments, visitation with children in out-of-home care, and employment.

G.9. Health Outcomes

Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) has demonstrated a commitment to transparency and accountability in improving health outcomes in the Commonwealth of Kentucky. To do this, we measure and trend quality scores across many domains. We have implemented measures of all types, including NCQA's HEDIS® indicators of clinical quality, CMS Child Core Set measures that enable national benchmarking in Medicaid and CHIP, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reports that track vital services for healthy development, CAHPS® surveys for Enrollee (Member) experience, and a variety of Anthem-developed, rigorously researched and tested indicators that monitor quality and drive improvement.

For our Fostering Connected Care program, we will build on these experiences and our current expertise and tools to develop additional measures that demonstrate the positive impact of the program on Kentucky SKY Members. With a clear focus on promoting well-being, permanency, and stability for our Members, Anthem will deploy a comprehensive array of quality measures to guide the refinement of our program to achieve the goals of the Kentucky SKY program.

Stabilizing and Strengthening Families

Through our model of care and our strong ties to the community, we will bring stability and improve health outcomes of children, youth, and families enrolled in the Kentucky SKY program, through enhanced care coordination and service integration.

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We will blend our experience serving Medicaid Members in Kentucky — including those in child welfare — with our affiliates' experience with this population in other states to paint a full picture of process and outcome data.

Measures to Assure Meaningful Impact on Health Outcomes

Anthem's experience serving vulnerable children and youth informed our development of a proposed set of measures beyond HEDIS. These actionable measures will promote positive changes and ultimately demonstrate a meaningful impact on the health outcomes of Members. Our proposed set of measures is presented in Table G.9-1 and includes four categories: Appropriate Utilization of Psychotropic Medications, Care Coordination Performance, Utilization Management Performance, and Member Experience.

Table G.9-1. Measure Set to Assure Meaningful Impact

Category 1: Appropriate Utilization of Psychotropic Medications
Use of multiple antipsychotic medications in children from multiple Providers
Use of antipsychotic medications in children less than six years of age
Use of antipsychotic medications in children and no psychosocial care
Use of antipsychotic medications in children and no metabolic monitoring
Category 2: Care Coordination Performance
Average time (in days) between enrollment and first contact with Care Management team

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Health Risk Screening completion rate — initial
Health Risk Screening completion rate — annual
Care plan completeness as indicated by tracking trauma history screening, placement history, and other contextual data that informs care planning
Timely completion of initial person centered care plans, updating care plans as needed based on new information
The percentage of children successfully transitioned from out-of-state to in-state care
Category 3: Utilization Management Performance
Emergency Room (ER) visits for acute care per 1,000 Members
ER visits for Behavioral Health (BH) per 1,000 Members
Acute care inpatient visits per 1,000 Members
BH inpatient visits per 1,000 Members
Average length of stay for inpatient hospital admissions (acute and BH admissions)
Readmission rate for acute care within 30 days of discharge
Readmission rate for BH inpatient care within 30 days of discharge
Readmission rate to BH Crisis Stabilization Unit, Psychiatric Residential Treatment Facility, or Inpatient Acute Care Facility within 30 days of discharge
Category 4: Member Experience
Percent of Members indicating satisfaction with overall Care Coordination services
Percent of Members indicating they would recommend the program to others
The CAHPS for Children with Chronic Conditions, which measures the following domains of service: • Access to Specialized Services • Family-centered Care • Having a Personal Doctor or Nurse who Knows the Child • Shared Decision-making • Getting Needed Information • Coordination of Care and Services

Appropriate Utilization of Psychotropic Medications

Evidence shows that medication for BH conditions is overprescribed to children enrolled in Medicaid.[1] In addition, in September 2018, the U.S. Department of Health and Human Services, Office of the Inspector General further reported that children and youth in Foster Care who are prescribed psychotropic medications were not receiving appropriate treatment planning or medication monitoring.[2] Antipsychotic medication brings with it a range of powerful and serious side effects, especially weight gain, high glucose levels predictive of diabetes, and abnormalities in lipid metabolism. These side effects can lead to life-long, chronic diseases. To help assure

[1] U.S. Department of Health and Human Services, Office of the Inspector General. *Second-Generation Antipsychotic Drug Use Among Medicaid-Enrolled Children: Quality-of-Care Concerns* (March 2015).

[2] U.S. Department of Health and Human Services, Office of the Inspector General. *Treatment Planning and Medication Monitoring Were Lacking for Children in Foster Care Receiving Psychotropic Medication* (September 2018).

appropriate use of antipsychotic medications, Anthem will measure and monitor a set of high-yield measures identified in Table G.9-2.

Table G.9-2. Psychotropic Medications Measure Set

Category: Appropriate Utilization of Psychotropic Medications
Use of multiple antipsychotic medications in children from multiple Providers
Use of antipsychotic medications in children less than six years of age
Use of antipsychotic medications in children and no psychosocial care
Use of antipsychotic medications in children and no metabolic monitoring

Improvement Strategies: Care Coordination Tied to Medication Management

For Members with BH conditions using these medications, connection to ongoing medical and psychosocial care is paramount. Anthem will use a variety of approaches to optimize use of medication to address emotional and behavioral challenges of youth in the Kentucky SKY program. We will provide careful oversight, management, and monitoring of psychotropic medication utilization through our existing Psychotropic Medication Monitoring program described in Section G.11.a Utilization Management. In short, we will use point-of-service edits and Prior Authorization to improve appropriateness of prescribing. The program will:

- **Work with the Commonwealth on the right Prior Authorizations (PA).** PA will be necessary for the use of antipsychotic medications in children 17 years and younger.
- **Employ mental health duplicate therapy soft edits.** These edits will prevent the dispensing of duplicate psychotropic medications, including antipsychotics.
- **Notify Providers and offer to help coordinate care.** We will reach out to Providers when:
  - There are multiple Providers prescribing antipsychotic medications to a Member.
  - The Provider is prescribing multiple antipsychotic medications.
  - The Provider is using antipsychotics in Members less than six years of age, with no psychosocial care, and with no metabolic monitoring.
  - The Provider is deviating from recommended evidence-based psychotropic treatment guidelines.

Anthem has already employed these interventions in Kentucky with Members in child welfare. In 2018, we achieved exceptional reductions in inappropriate psychotropic medication prescriptions and polypharmacy. These data are presented in Table G.9-3.

Table G.9-3. Psychotropic Medication Management Produces Results for Kentucky Members in Child Welfare in 2018

Measure	Result
Child Age-appropriateness	38% of children under age six identified discontinued inappropriate psychotropic medication
Polypharmacy	57% of children identified discontinued one or more of the multiple psychotropic medications

As evidenced by what Anthem has accomplished in Kentucky with a sub-set of the children and youth eligible for the SKY program, we expect to magnify this impact with our Fostering Connected Care program.

Care Coordination Performance

Given the complexity of need in the child welfare population, every Member in our Fostering Connected Care program will be assigned a Care Coordinator within 24 hours of enrollment. The local Care Coordinator will connect with and develop trusting relationships with our Members and their caregivers. They will facilitate access to high-quality care that is holistic, meaningful, trauma-responsive, and tailored to the Member's strengths and needs.

An important component of care planning is to assure in-state care for children and youth wherever possible. According to Kentucky's Statewide Foster Care FACTS, as of January 2020, 110 children, or approximately 1%, in out-of-home placements are out-of-state.[3] Remaining in Kentucky enables children and youth to maintain ties to their families and other natural supports, establishing a strong foundation for their transition back to the community.

Our Care Coordination measure set also features a variety of process metrics to provide continuous oversight that key steps in the care planning process are completed. Anthem works to make our internal processes seamless and error-proof so that Care Coordinators can focus on Member-centered delivery of services. To help support high Care Coordination performance, Anthem will measure and monitor a set of measures identified in Table G.9-4.

Table G.9-4. Care Coordination Measure Set

Category: Care Coordination Program Performance
Average time (in days) between enrollment and first contact with Care Coordination Team
Health Risk Screening completion rate — initial
Health Risk Screening completion rate — annual
Care plan completeness as indicated by tracking trauma history screening, placement history, and other contextual data that informs care planning
Timely completion of initial care plans, updating care plans as needed based on new information
The percentage of children successfully transitioned from out-of-state to in-state care

Improvement Strategies: Taking Action from Data

Anthem understands the complexity and vulnerability of the Kentucky SKY program population, and will use high-yield process measures to assure a high-performing infrastructure for Care Coordination upon Contract award. We will configure reports in our Health Intech platform to produce a dashboard of these measures on a daily, weekly, monthly, semi-annual, or annual basis, as appropriate. Under the direction of the Medical Director, we will run reports more frequently at the start of the program so that we can immediately detect and rapidly respond to performance aberrations. The Quality team will collaborate with clinical leaders to provide feedback to Care Coordinators, conduct root cause analysis, and serve as an internal expert on process redesign. This collaboration will position us to not only meet, but to exceed

> Working with children and youth in Child Welfare, our Georgia affiliate boasts a **95% completion accuracy rate** for individualized Care Plans in 2017 with a **98% participation rate** in Care Coordination.
> KY_Hlth2019_360Program_DP_02

[3] Statewide Foster Care FACTS, May 2019. Source: TWS-W058.

required time frames for Care Coordination processes. Additionally, the Foster Care Connected Concierge team will work collaboratively with the Kentucky Health Plan to support the plan in process improvements, innovations to digital solutions, and developed enhancements to Health Intech and YouthRAP Platforms.

Foundational Care Coordination Processes

Immediately following Contract award, Anthem will use all available sources of information to identify Members with intensive service needs and prioritize them for rapid outreach. Within 24 hours of Member enrollment, someone from the Concierge team will begin the process of gathering information to develop a care plan. If the child is noted to have intensive or immediate need, we will assign the child or youth to the ***Care Coordination Team (CCT)*** in their region to initiate care concurrent to the Concierge team gathering of information. A Concierge Representative will contact the Member and Caregiver to conduct the Child Welfare Health Risk Screening by phone or in-person. During Member transition into the Fostering Connected Care program, our regional CCTs will work collaboratively to develop transition care plans to assure timely and continued access to services with no gaps in care.

Within 30 calendar days of enrollment, the Member's assigned Care Coordinator will obtain and use the results of all assessments and screenings, and facilitate collaborative care plan development with the Member and caregivers. Through audits, we will assess Care Coordinator compliance with elements of the care plan, including tracking of trauma history screening, placement history, and other data points that would inform the care plan, such as educational history, the child's social system map, medications, current immunizations. Through this thorough assessment, the Care Coordinator will identify the Member's needs, continuing and newly identified services, and Providers. This process will identify new, unmet, or undiagnosed conditions, as well as promote engagement in care.

Anthem will provide ongoing data and support to our Care Coordinators to make sure the processes described are both timely and comprehensive.

Reducing Out-of-state Placements

Out-of-state placements include treatment facilities, as well as relative and adoptive home placements. To assure in-state care for children and youth, we recognize that improvement strategies may need to address both in-state Provider capacity and family supports. For example, Kentucky's Region 8 is faced with challenges in maintaining the necessary Psychiatric Residential Treatment Facility (PRTF) capacity to meet the needs of its residents. Our Medical Director and Utilization Management (UM) Manager will conduct an ongoing review of placement data. They will work collaboratively with Providers to prioritize utilization of the lowest level of care based on the Member's needs, appropriately shorten length of stay in in-state facilities, and closely review progress of Members in out-of-state facilities, monitoring availability of services in Kentucky to facilitate appropriate returns. Alternatives to PRTFs, for example, require the deployment of a wide array of community services and supports. Our Fostering Connected Care program will support families with intensive BH outpatient services and those in need of Parent-Child Interaction Therapy (PCIT), respite care, and other community services, to stabilize families and reduce further trauma exposure from multiple placements.

Utilization Management Performance

Utilization data is important to the overall view of quality because it tells us which services Members are accessing. Analysis indicates where we have the opportunity to direct Members and caregivers to less intensive treatment settings, such as regular appointments in primary care, rather than inappropriate visits to the ER. As responsible stewards of Commonwealth resources, the Fostering Connected Care UM Manager and Medical Director will review UM measures for the program. With the goal of keeping Members well, we will be proactive in helping to see that they receive the right care, in the right place, at the right time.

To help assure optimal utilization of health care services, Anthem will measure and monitor the set of metrics identified in Table G.9-5.

Table G.9-5. Utilization Management Measure Set

Category 3: Utilization Management Performance
ER visits for acute care per 1,000 Members
ER visits for BH per 1,000 Members
Acute care inpatient visits per 1,000 Members
BH inpatient visits per 1,000 Members
Average length of stay for inpatient hospital admissions (acute and BH admissions)
Readmission rate for acute care within 30 days of discharge
Readmission rate to BH inpatient facility within 30 days of discharge
Readmission rate to BH Crisis Stabilization Unit, PRTFs, or Inpatient Acute Care Facility within 30 days of discharge

Improvement Strategies: Provider Collaboration Closing Gaps in Care

For clinical measures indicating Members in need of particular services, Anthem delivers gap-in-care reports to Primary Care Providers (PCPs), OB/GYNs, and BH Providers. This actionable data drives completion of recommended preventive care and promotes optimal health outcomes.

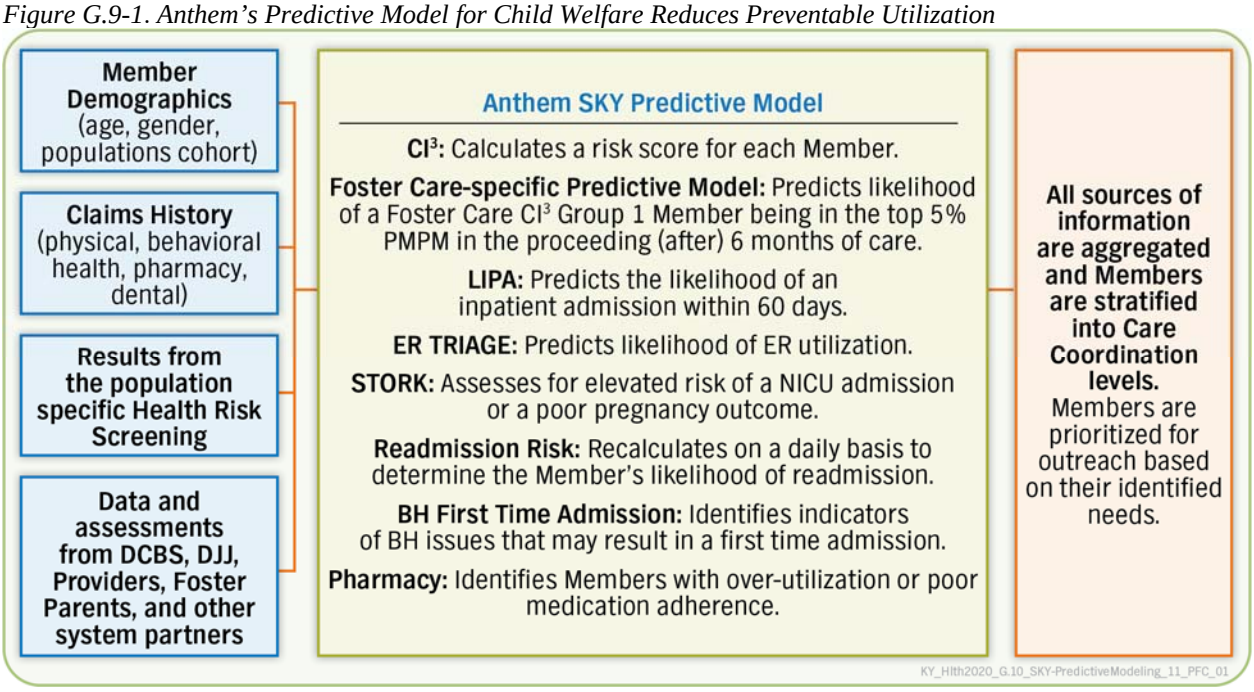
Our intensive Care Coordination program will also play a key role in fostering a robust community-based set of services designed to reduce the need for ER and inpatient stays, visits to Crisis stabilization units, and psychiatric residential treatment. Consistent with the tenets of High Fidelity Wraparound, our Population Health Management and UM programs will focus on reducing preventable utilization. Our proposed **Youth Records Access Portal (YouthRAP)** will facilitate communication and coordination related to Member discharge planning across all levels of care with the Department for Medicaid Services (DMS), the Department for Community Based Services (DCBS), the Department of Juvenile Justice (DJJ), hospitals, PRTFs, residential Providers, and physical health (PH) and BH Providers.

Predictive Modeling Prevents Unnecessary Hospital Utilization

A key strategy we use to reduce preventable hospital utilization is predictive modeling. Our Chronic Illness Intensity Index (CI^3) is an Anthem-developed predictive model built for the Medicaid population. Based on claims data aggregated from a 12-month look-back period, Members are assigned a Group number 0 to 4, with the lower numbers indicating a lower level of Member complexity and the higher indicating higher level of complexity. Based on this experience, we are bringing a newly enhanced predictive model specific to the child welfare population to the Kentucky SKY program.

In 2015, in collaboration with our Georgia affiliate that is the sole Managed Care Organization (MCO) serving the state's child welfare population, Anthem's Health Care Analytics team analyzed data for the child welfare population to identify variables that could accurately and reliably predict which CI[3] identified Level 1 Members would have high utilization in the future six months and could benefit from a more intensive level of Care Coordination. From these evaluated predictors, Anthem's Health Care Analytics team selected a set of predictive variables for the child welfare population. The model underwent validation testing and proved to have good performance. Figure G.9-1 presents a diagram of the predictive model and its application to the Kentucky SKY population.

Figure G.9-1. Anthem's Predictive Model for Child Welfare Reduces Preventable Utilization



Reducing Readmissions with Care Management

To minimize unplanned readmissions, the Fostering Connected Care model will leverage our hospital-based Care Managers, who will work closely with the Member's Care Coordinator, PCP or BH Provider as applicable, hospital discharge planner or social worker, and our UM Manager to support the Member's discharge home or to an alternative and least restrictive setting. Together, they drive completion of all post-discharge activities based on the Member's individual needs. We describe our Discharge Management program, described in Figure G.9-2, shows a clear and comprehensive pre-and post-discharge planning process that supports the Member and Caregiver. Through collaboration with multiple teams and systems, Member and Caregivers are easily provided clear and concise updates through YouthRAP, keeping them informed of the Discharge Plan, changes to the care plan, and medication information.

Figure G.9-2. Discharge Management Program Reduces Unplanned Readmissions

SKY Discharge Management Program

Receive notification of admission
Hospital-based Care Manager obtains information about the hospitalization upon notification of admission

Collaborate with other Providers
Hospital-based Care Manager notifies the child's other Providers, as appropriate, and makes sure that any services authorized are postponed and rescheduled

Monitor Member and begin discharge planning
Hospital-based Care Manager monitors the child's status and consults appropriate parties to assure appropriate placement is in place at discharge. Appropriate parties will include the SKY Care Coordinator and may include DCBS, DJJ, placement (Foster Parent/Kinship Caregiver) if the child is going back into the community, or another facility

Consults with the Member's SKY Care Coordinator
Hospital-based Care Manager engages the SKY Care Coordinator, who communicates the child's status with the placement (Foster Parent/Kinship Caregiver), DCBS Social Service Worker (SSW) or the DJJ Social Worker, and works collaboratively with all relevant parties to assist discharge planning

Engage multidisciplinary care team
Hospital-based Care Manager engages clinical and non-clinical staff, including the child's SKY Care Coordinator, to work collaboratively to assure receipt of needed services in relation to care planning

Authorize services and coordinate referrals
The SKY Care Coordinator works closely with utilization management to make sure the appropriate community services are authorized for the child prior to discharge so there are no gaps in care. The SKY Care Coordinator will also participate in the exit conference for DJJ enrollees being discharged from an inpatient psychiatric stay

Follow-up care and check-in
SKY Care Coordination Team verifies that scheduled services and follow-up appointments are made, that proper services are in place for the child, that a crisis/safety plan is in place, and that Foster Parent/Kinship Caregiver have additional supports or assistance in place to care for the Member to prevent unnecessary readmissions

Reconcile prescribed medications
SKY Care Coordinator verifies that the child has all medications prescribed and proactively identifies and resolves any problems related to availability of medications post discharge

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Our Care Coordinators will assure post-hospital outpatient treatment within seven days from the date of discharge. We will also see that BH service Providers contact Members who have missed an appointment within 24 hours to reschedule.

Member Experience

One of the most important components of our Quality Improvement program is feedback from Members to help Anthem support them in having a positive health care experience.

Since all Members will have an assigned Care Coordinator who will play such a critical role in coordinating services throughout the system of care, we will conduct a Care Coordination Member Experience Survey. Anthem will administer the survey at least annually, via a partnership between the Fostering Connected Care's Clinical team and Quality team. We anticipate using a combination of phone and mailed surveys.

Given the higher prevalence of chronic conditions in the child welfare population, in addition to the core Child CAHPS survey, we will enhance the survey with supplemental items for Children with Chronic Conditions. The results of the CAHPS for Children with Chronic Conditions will

provide us with detailed data on the more complex service needs and care experience for our most vulnerable youth Members and their caregivers. An NCQA-certified Vendor will administer these surveys annually. In partnership with this Vendor, we will work to maximize participation and achieve a representative sample each year.

To help foster optimal Member and Caregiver experience, Anthem will measure and monitor a number of Member Experience metrics, such as "Member Satisfaction with Care Coordination Services," likelihood of recommending the program and several CAHPS domains (Table G.9-6).

Table G.9-6. Member Experience Measure Set

Category 4: Member Experience
Percent of Members indicating satisfaction with overall Care Coordination services
Percent of Members indicating they would recommend the program to others
The CAHPS for Children with Chronic Conditions, which measures the following domains of service: • Access to Specialized Services • Family-centered Care • Having a Personal Doctor or Nurse who knows the child • Shared Decision-making • Getting Needed Information • Coordination of Care and Services

Improvement Strategies

Our Georgia affiliate's Adoption Assistance Members have high rates of satisfaction with Care Coordination.

- **94% were satisfied** overall (with Care Coordination)
- **91% were likely to recommend the program to others**

KY_Hlth2020_Adoption_DP_01

The Quality Improvement Director will oversee the survey administration process, data analysis, and presentation of year-over-year results to discern trends and comparisons. Each year, we will compare data to national benchmarks, Anthem affiliates that are also serving the child welfare population, and our own internal quantitative goals for Member experience. This process will inform the identification of improvement opportunities.

The survey data will help us evaluate the effectiveness of our Care Coordination services and customer satisfaction. The Medical Director, Quality Improvement Director, and CCT will review survey data and use it to inform staff training needs and program modifications to optimize Member experience.

Results of the Child CAHPS survey, including the Children with Chronic Conditions supplemental questions, will be reviewed by a broader group. Anthem's Service Quality Committee is tasked with bringing together clinical, customer service, and operations team leads with Network stakeholders to identify improvement opportunities and specific strategies for improvement.

In 2018, the Kentucky Child CAHPS survey results put Anthem in the **top 25% of health plans** on the following composite measures:

- Rating of Personal Doctor
- Rating of Specialist
- Ease of Getting Care Quickly

KY_Hlth2020_SKY-CAHPS_COB_01

Anthem's Quality Improvement team is responsible for updating the Quality Plan with the proposed measures across all four domains, highlighting areas for improvement, and documenting and supporting improvement strategies.

Anthem's Commitment to Health Outcomes

Anthem's commitment to Health Outcomes goes above the requirements of the Contract. We care about the health, safety, and well-being of our Members and are committed to providing excellent care management. The measures and programs we have implemented for previous Members like Kentucky Enrollees demonstrates our excellence in innovation. We will continue to develop improvements to processes to better monitor our Member's health outcomes to ensure the best care.

Anthem Medicaid

10. Population Health Management and Care Coordination

Committed to the *Future* of **Kentucky Medicaid**

Enhancing the Kentucky Medicaid Program

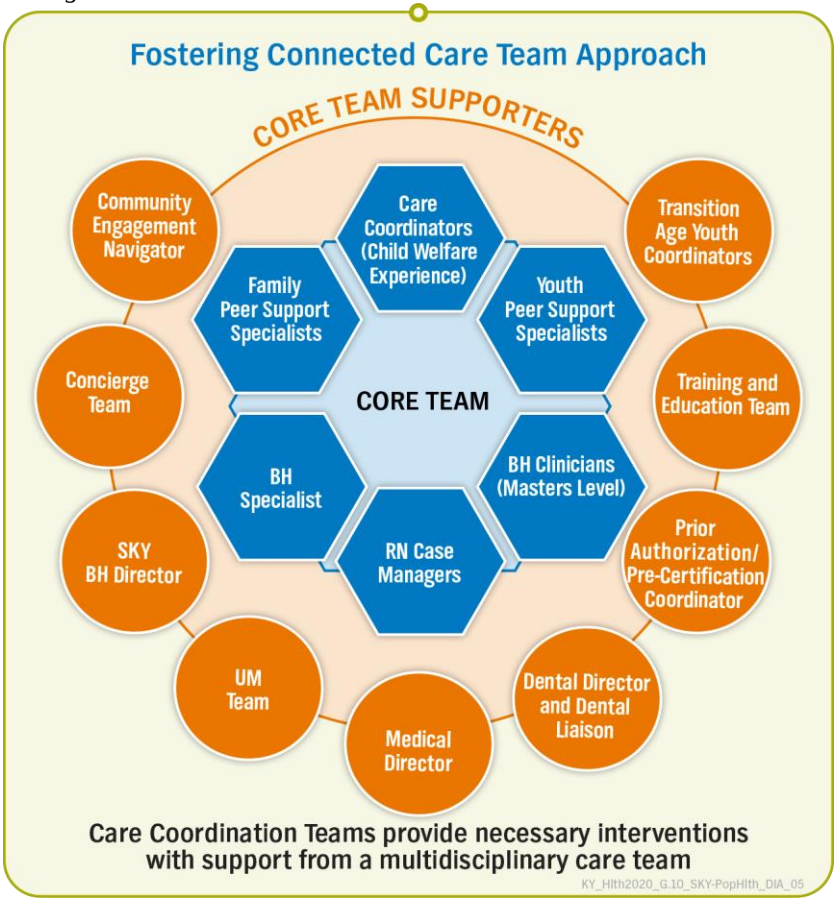
We are committed to the future of Kentucky Medicaid, and are raising the bar with new initiatives we expect will take the Kentucky Medicaid program to the next level.

G.10. Population Health Management and Care Coordination

Anthem's Population Health Management and Care Coordination for SKY Members is operationalized by a team of staff working in a coordinated manner to address the Member's health and social needs directly through our Care Coordination process and indirectly by supporting Providers and other system partners. Our team approach is depicted in Figure G.10.-1 Collaborative Team Approach Supports Population Health Management and described in more detail below and throughout our response.

Core Coordination Teams (CCT) have lead responsibility for coordinating care for Members, connecting them to services and supports in collaboration and coordination with Department for Community Based Services Social Service Worker (DCBS SSW), Department of Juvenile Justice Social Worker (DJJ SW), Caregivers, Providers, and others who support the Member. The Care Coordinator is the single point-of-contact for the Member and Caregiver, and uses a multidisciplinary team approach to engage other Anthem staff in supporting the Member's needs, as shown in Figure G.10.-1.

Figure G.10.-1. Collaborative Team Approach Supports Population Health Management



CCTs are supported by the ***Fostering Connected Care Concierge team***, which responds to and makes calls to Members or DCBS staff and coordinates and schedules assessments and appointments. The CCTs also receive support from the ***SKY Behavioral Health Director, Medical Director, Dental Director, and Dental Liaison***. The team works collaboratively with the ***Prior Authorization/Pre-Certification and Utilization Management Team*** to ensure service authorization decisions are made using all available information to better coordinate Member care. In addition, ***Community Engagement Navigators and Transition Age Youth Coordinators*** ensure that members and caregivers are connected to the needed social and community supports.

Our ***Training and Education team*** led by our ***Training and Education Specialist***, and including ***Court and Justice Liaison***, a ***Trauma Specialist***, and five regionally focused ***Training and***

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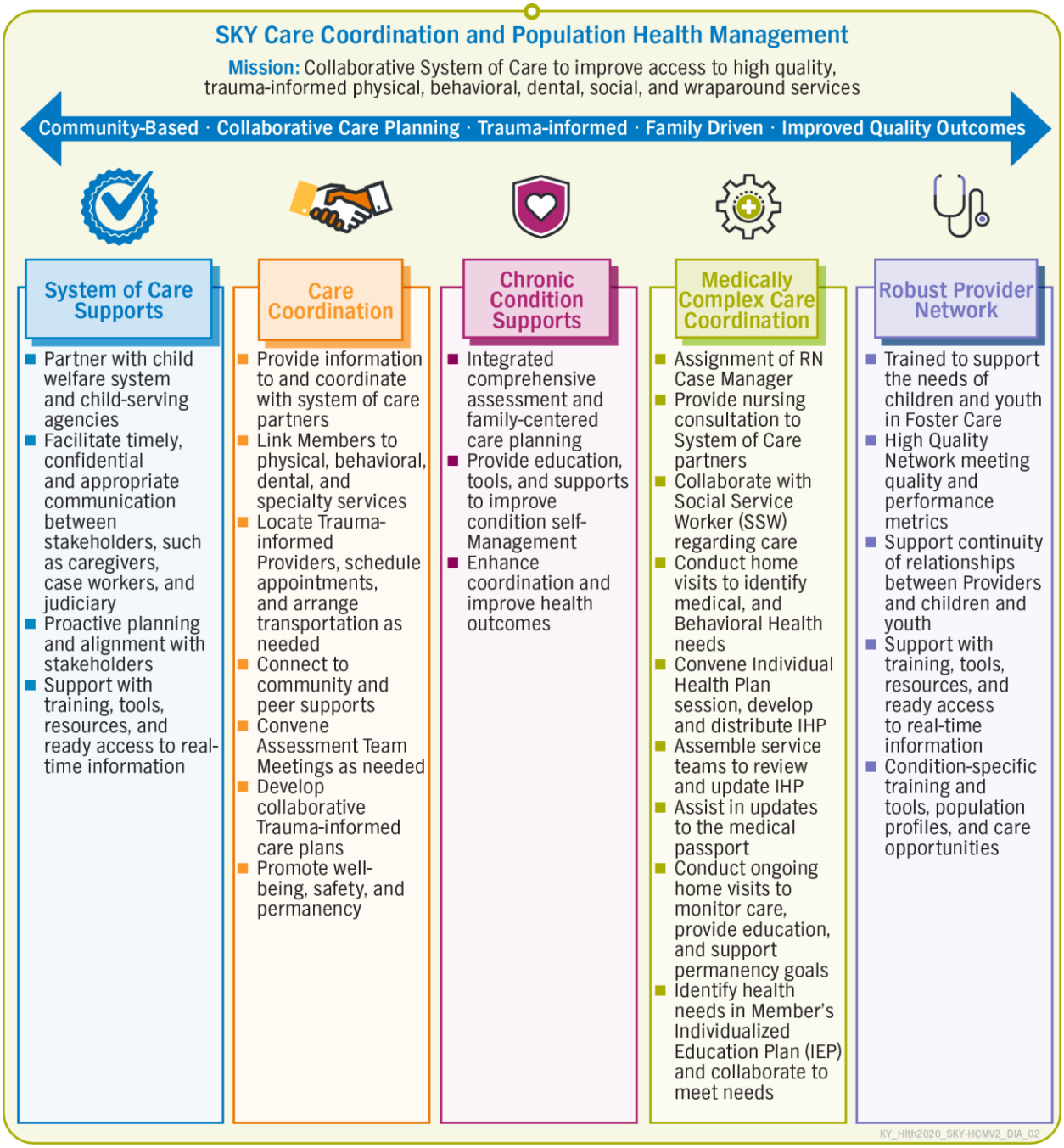
Education Representatives supports Population Health Management by developing and providing the right training to ensure Providers, law enforcement and judicial system staff, Commonwealth staff, caregivers and other stakeholders are prepared to address the unique needs of SKY Members. This team and two Provider Relations Specialists also create community partnerships and engage with Providers to support them in increasing their ability to provide Trauma-informed Care and implement evidence-based practices.

Figure G.10.-2. Anthem's Care Coordination and Population Health Management Approach



Anthem's approach to Population Health Management (PHM) and Care Coordination builds on our fully integrated approach to meeting Members' physical health (PH), Behavioral Health (BH), dental, prescribed drug, and social support needs. Our PHM program emphasizes collaboration throughout the system of care to assure access to high quality, Trauma-informed services and improve health outcomes. Through our model, which we refer to as **Fostering Connected Care**, we will deliver individualized services and linkages to a full array of community services and supports. We accomplish this by providing System of Care Supports, Care Coordination, Chronic Condition Supports, Complex Medical Care Coordination and by supporting and assuring a Robust Network as summarized in Figure G.10.-2.

G10.a. Plan for SKY Member Transition and Service Initiation

a. Describe plan for identifying and coordinating care for those Kentucky SKY Enrollees with the most immediate service needs leading up to and immediately following implementation of the Kentucky SKY program.

We have a comprehensive plan to leverage our existing capacity, tools, relationships with sister agencies, and policies and procedures to effectively transition children and youth from another MCO, or, if applicable, fee-for-service (FFS) Medicaid to Anthem. Our Care Coordination Team is equipped to obtain immediately actionable information in order to assure care is not disrupted and immediate service needs are identified and addressed.

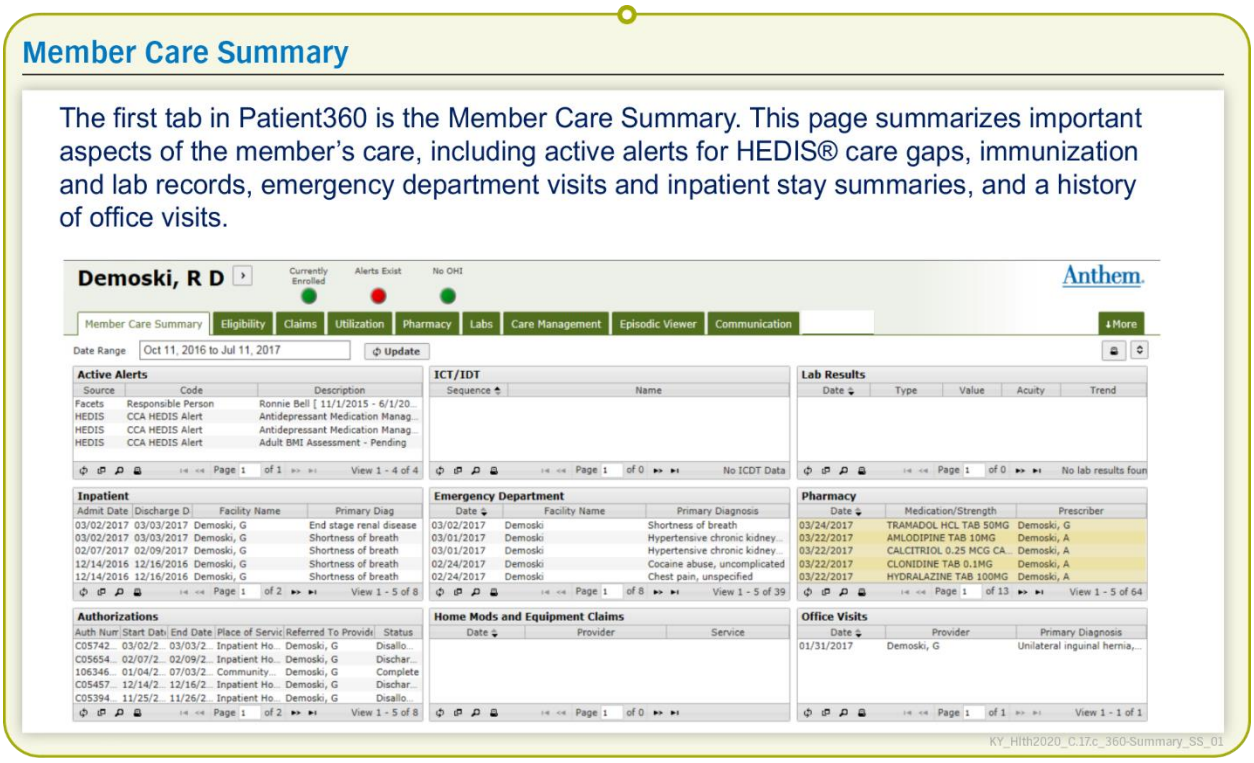
Specifically, during the readiness phase (prior to program implementation), we will use our Fostering Connected Care Concierge Representatives to help gather information. We will use all available sources of information provided by DMS, DCBS, sister agencies, and other MCOs to identify newly enrolling SKY Members with intensive service needs, including Members identified as Medically Complex by DCBS, as early as possible following Contract award. We will also work closely with Members, caregivers, and agency staff to quickly obtain existing Member demographic information, assessment results, Prior Authorization information, care plans, safety plans, and other pertinent information. To the extent claims data can be made available, we will use our advanced analytics and Foster Care-specific predictive models to analyze this data identifying Members with intensive service use and high claims costs, and will include these Members in our prioritized outreach process.

We will dedicate a multidisciplinary care team (MDT) who will use the information available to quickly assess and coordinate services and supports for Members with the most intensive service needs and help assure continuity of care. ***We will coordinate with the Commonwealth so our Regional Care Coordination Teams and Fostering Connected Care Concierge team can be linked with members and caregivers through early outreach, screening, and care planning prior to implementation.*** The team will consult with our Medical Director, BH Director, Dental Director, Pharmacy Director, and other professional subject matter experts as needed.

This process will continue throughout readiness planning and following transition, making sure each newly identified SKY Member with immediate needs, their Foster or Adoptive Family, and primary Provider, are immediately prioritized for outreach and engagement. Each SKY Member who is newly enrolled with Anthem will have a Care Coordinator assigned who will develop transition care plans to assure timely and continued access to services with no gaps in care.

Care Coordinators honor and review existing care plans for appropriateness of care, assure medically necessary services and supports are in place, continually screen for potential concerns, identify any gaps in care, and engage any additional services needed. During this review, Care Coordinators may contact any specialty care Providers, including BH Providers, to assess the Members' current prescribed treatment and services. They track existing authorizations and Providers to make sure Members receive services without interruption as part of our continuity of care process. For Members with two or more psychotropic medications, we conduct a medication review to make sure they have the most appropriate medications for their conditions during transition. Care Coordinators make sure the assigned Members have necessary refills and resolve authorization issues if they arise.

Figure G-10.1a-1. Provider View of Member Care Summary Support Providers in Addressing Member Needs.



Our care management platform, Health Intech, combines Member data and information from various sources into a single record to provide a holistic picture of the Member's utilization, Care Coordination services, gaps in care, and authorizations. Care Coordinators monitor Member authorizations and service utilization through Health Intech. As they identify care gaps, they contact the Member's PCP and family to determine the cause and coordinate needed appointments, testing, equipment, or take other necessary actions to make sure the Member's needs are being met. A Health Intech dashboard view is available to Providers online and access will be available to authorized DCBS staff through the Youth Records Access Portal (YouthRAP) described in Section G.10.h. A screenshot of this view can be seen in Figure G-10.1a-1.

Within 30 calendar days of enrollment, the Member's assigned Care Coordinator will obtain and use the results of all assessments and screenings to develop a person-centered care plan with the

Member and caregivers, which identifies the individual's needs, continuing and newly identified services, and Providers. The Care Coordinator reviews the Member's current authorizations and Providers and makes sure existing services and Providers continue in accordance with our continuity of care process.

For Anthem, continuity of care does not merely mean honoring the services the Member receives at the time of transition. It also means early identification of new, unmet, or undiagnosed conditions, and engagement in care that is holistic, continually assessed for appropriateness, adjusted as necessary, and monitored for outcomes. Critical activities include making sure the Member has a PCP, dental home, and pharmacy, and is able to make scheduled appointments and pick up medications. Care Coordinators confirm the Member has necessary transportation to access and continue services, and helps coordinate initial or continuing transportation through the Kentucky Transportation Cabinet, Office of Transportation Delivery. They also track completion of required assessments by Providers and Prior Authorization expiration dates, working with our Utilization Managers to make sure services continue without interruption, and provision of required services, such as well checks and immunizations are in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) periodicity schedule.

To promote continuity of care, ***we will honor all existing Prior Authorizations with out-of-network Providers to assure continued access to services and Providers without interruption during and following transition***. We will identify any out-of-network Providers rendering services to Members before or at the time of transition, working to enroll the Provider in the Network. We will contact these Providers directly to discuss the Members' well-being, health status, treatment, and care plans; initiate a single-case agreement; and discuss the opportunity for the Provider to join our Network. For qualified Providers, we will expedite the credentialing process to assure timely participation. We will continue to authorize out-of-network Providers when it is in the best interests of the Member.

For Members transferring from another MCO, we suggest DMS help facilitate a transfer of key files including: the child's or youth's care plan, social determinants of health (SDOH) plan, the current list of engaged Providers, and Prior Authorizations for any active treatment so services and supports will continue without any interruption.

G.10.b. Identification and Monitoring of New High-needs SKY Members

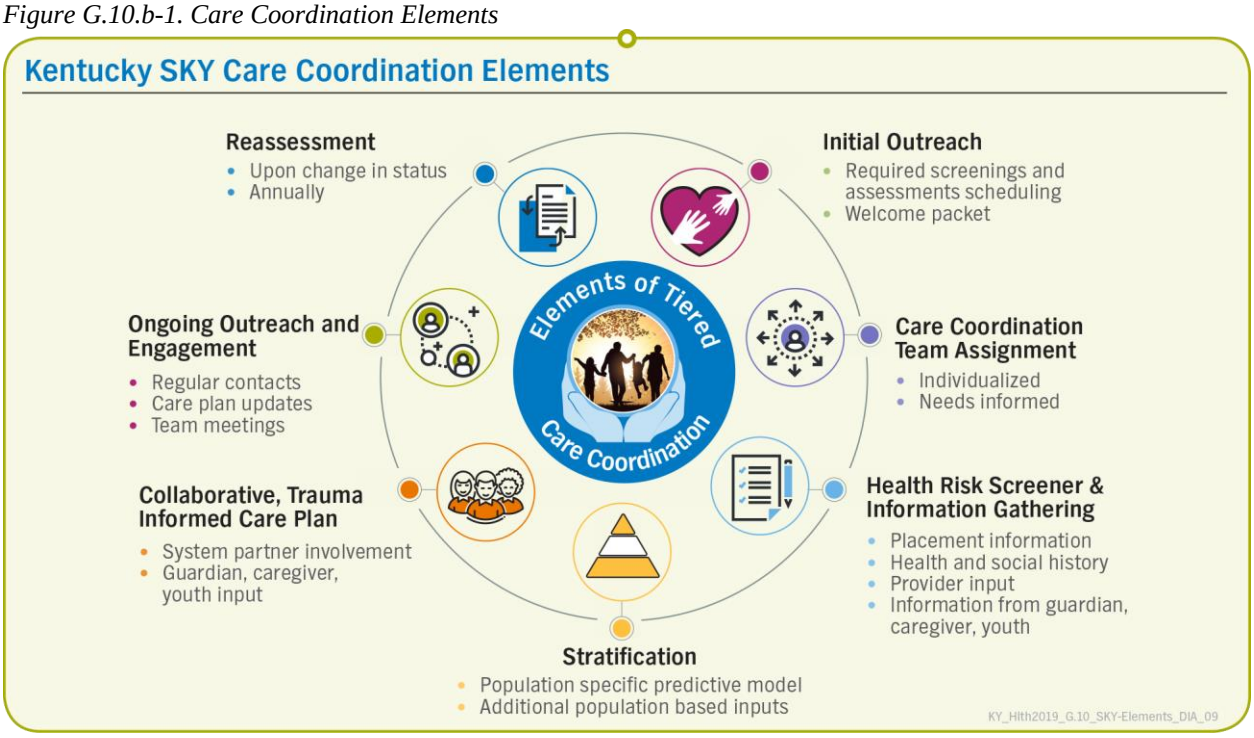
b. Describe how the Vendor would identify and monitor new Kentucky SKY Enrollees with high physical or behavioral health needs to ensure continuity of care.

We will identify new SKY Members with high PH and BH needs as early as possible following enrollment to understand what has been done to meet their needs, make sure they continue to be met, address any new needs, and promote continuity of care. As explained above, we will honor all existing Prior Authorizations with out-of-network Providers to assure continued access to services and Providers without interruption during and following transition.

Our approach supports our philosophy that all transitions, whether from MCO to MCO, FFS Medicaid to MCO, or from one level of care to another, must be well coordinated, with planning that begins early, reflects Members' preferences, and continues throughout their care. The key

elements of our Care Coordination approach, summarized in Figure G.10.b-1, will support timely assessment, identification and stratification, care plan development, and monitoring for all Kentucky SKY Members.

Figure G.10.b-1. Care Coordination Elements



Initial Identification of Members with High Behavioral or Physical Health Needs

Initial Outreach

- Upon initial enrollment, our Care Coordination Team will contact the Member and Caregiver to welcome them to Anthem, describe the continuity of care process, and help them schedule required screenings and assessments.
- Through this contact, we may learn that a Member has high BH and PH needs, which would assure the Member is stratified into Complex Care Coordination.

Care Coordination Assignment

On the first Business Day of a SKY Member's enrollment, we will assign the child or youth to the CCT in their region. Based on information available, the assignment will be individualized to the Member's needs. The CCT staff may change based on new information received or changes in the Member's needs. For example, a Member with high BH needs would be assigned to a BH clinician to lead the team.

Health Risk Screener and Information Gathering

- The Concierge Representative supports the Care Coordination process by collecting prior health information from all sources.
- Our Care Coordination Team will also complete the Foster Care Health Risk Screener.

Our proprietary Foster Care Health Risk Screener includes questions designed specifically to assess the needs of SKY Members and identify those with high and emergent needs. It is also Trauma-informed and designed to reduce duplication of efforts that might re-traumatize a child. The Health Risk Screener includes questions about Member demographics; information about who is completing the screening on behalf of a child (if the Member is under 18); current health status and services; mental and BH status; SDOH, education, and caregiver strain.

We also obtain information from the child's or youth's initial state PH screening; the medical, dental, and vision exams; as well as the child's mental health (MH) screening, which helps us identify Members with high PH and BH needs. For example, if we find that the child or youth has previously received a trauma screening or assessment, we can identify the Member as high-needs and help make the appropriate referrals.

We will assure our Care Coordinators communicate with the Member's guardian, DCBS SSW, or DJJ SW in order to obtain an accurate and complete picture that is necessary to help us identify Members with high needs. For example, a child's clinical data may reveal no pressing or significant needs; however, we may learn from DCBS or DJJ that the child was removed from the home after witnessing a violent act or has experienced severe abuse. We will also review the child's or youth's crisis plan, which gives us insight into areas of risk, such as suicidal behaviors and self-harm.

Stratification

Our stratification process takes into account all the information gathered during our initial outreach, through the Health Risk Screening and information gathering process, and from our predictive analytics to help us identify Members with high PH and BH conditions.

Ongoing Identification and Monitoring of Members with High Physical and Behavioral Needs

Collaborative, Trauma-informed Care Plan

- Through initial care plan development, we may identify that the Member has high PH or BH needs that were not identified or communicated during the outreach, information gathering, and stratification process.
- All Members will have a care plan. For our Members with high BH or PH needs, the Care Coordination Team, in collaboration with system partners, the caregivers, and the Member, will develop a care plan that will include goals to address any behavioral and physical health needs that were identified. This will include providing non-traditional supports, outside of actual health care services that can help the Member become or remain stable, building on the Member's strength and resiliency.

Ongoing Outreach and Engagement

- Members with high PH and PH needs will be stratified into complex or intensive Care Coordination levels that include weekly contact and monthly updates to the care plan. Through these contacts and care plan updates, we will continually monitor the needs of our Members. For example, during our weekly contact, we may monitor a Member's new medication and evaluate any side effects or improvement in their condition. For a Member with high BH needs, we may monitor an

increase or decrease of a behavior such as depression or anxiety and follow up on the Member's visit to a therapist.

Reassessment

- Our SKY Members are reassessed annually or if there is a change in their health status. This helps us monitor the well-being and changing needs of our Members and supports our ongoing process of identifying Members who may not have had high behavioral or physical needs in the past. With this process, we can re-stratify Members into the appropriate level of Care Coordination.

Medically Complex Members

Our process for identifying and monitoring the needs of Medically Complex Members starts by using information from the 834 files and electronic or other notifications. ***If we receive information that a Member has been determined to be "Medically Complex," we immediately assign the Member to a Nurse Case Manager and stratify the Member in our Complex Care Coordination level.*** The Nurse Case Manager works alongside the DCBS SSW to obtain medical records and conduct home visits to complete the FC Health Risk Screening and begin planning for the Individual Health Plan (IHP). The Nurse Case Manager assists the DCBS SSW and the caregiver with identified medical issues; provides education, counseling, and support; coordinates care with the child's PCP; and serves as an advocate for the child. From the results of the Health Risk Screening and discussion with the DCBS SSW, the Nurse Case Manager confirms the Member's current Providers and services covered by Anthem and assures these are continued in accordance with continuity of care requirements described previously.

MY WHY **Deborah Meador**
Nurse Case Manager

MY WHY is feeling that our Members in Medicaid need and deserve the best care. I also feel that our Members need to be empowered and involved in their care as much as possible. I know that insurance can be extremely complicated, and I have experienced it in my own life. I take pride in the fact that I am able to help our Members in many ways that give quality to their lives. After all, isn't that the goal? I think one of our Members said it best: "I appreciate everything you do. I have never had an insurance care for me in the ways Anthem does, and you folks definitely go above and beyond for me."

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Within 30 calendar days, the Nurse Case Manager invites the DCBS SSW, Family Services office Supervisor (FSOS), Medically Complex Liaison, caregivers, and medical and other service Providers to an initial IHP session. In compliance with the Contract, the Nurse Case Manager will assure the creation, signing, and distribution of The Individual Health Plan Form (DPP-104B) to all parties invited to the initial session. Additionally, an overarching care plan will be developed to track care goals related to health and the IHP, but will also encompass goals related to other areas of focus such as strengths, family and caregiver supports, and permanency.

The Nurse Case Manager monitors Medically Complex Members' continued need for authorized services. The IHP is completed in conjunction with the care plan and the Member's DCBS case plan. An IHP meeting is convened every three months with updates to the IHP made at least every six months. ***If the child or youth is in an inpatient setting or Psychiatric Residential Treatment Facility (PRTF) at the time of enrollment, we implement transitional care management.*** A transitional nurse or BH Care Manager (as appropriate to the type of inpatient stay), will contact a Member of the CCT. The Care Coordinator contacts the facility

discharge staff to coordinate discharge planning and the DCBS case worker to confirm the child's or youth's placement following discharge, identify Providers for post-discharge visits, and coordinate those visits with the Caregiver or caseworker.

G.10.c. Stratifying SKY Members into Care Management

c. Describe how the Vendor will stratify Kentucky SKY Enrollees into tiers for Care Management services.

Anthem will stratify SKY Members into tiers for Care Coordination based on information identified through required assessments, as well as predictive modeling, data, Provider input, and information from guardians, caregivers, and youth. Our stratification process is dynamic, being updated as soon as we have new information. We adjust and adapt because we understand our processes have to match the lives of our Members.

Gathering Information to Identify Members' Care Coordination Needs

As described in Section G.10.b, within one Business Day of a Kentucky SKY Member's enrollment, we will assign the child or youth to the CCT in their region and a Care Coordinator or Concierge Representative will contact the Member or Caregiver to complete or schedule our Child Welfare Health Risk Screening by phone or in-person. Our Health Risk Screening includes questions about Member demographics; information about who is completing the screening on behalf of a child (if the Member is under 18); current health status; current health services; MH and substance use disorder (SUD) status; SDOH; education; and caregiver strain.

The Care Coordinator or Concierge Representative also contacts the Member's DCBS SSW or DJJ SW to obtain or review existing assessments and screenings to make sure we have current, accurate, and complete information. They gather this information on an ongoing basis to support continuous Care Coordination. We also consider the child or youth's initial PH screening, the medical, dental, and vision exams, as well as the child's MH screening. Information from a completed DPP-106B form *Initial Physical and Behavioral Health History* provided by DCBS can help us assign the Member to the appropriate level of Care Coordination.

Care Coordinators also review a child or youth's risk factors identified from our proven data analytics and predictive modeling tools that include our Child Welfare-specific predictive model. As claims data, assessment data, and other information becomes available, it is incorporated into our data analytics process generating a risk score that may be helpful to the Care Coordinator in making a final determination of the Member's appropriate level of Care Coordination engagement.

Our Chronic Illness Intensity Index (CI^3) is an Anthem-developed predictive model based on claims data aggregated from a 12-month look-back period that identifies Members' complexity, from lower to high complexity. We use all available sources of data, such as claims, inpatient and Emergency Room (ER) utilization data, and FFS data (if available) to identify known PH and BH issues, medications, and other relevant health information. Our tool predicts a Member's likelihood of a PH or BH inpatient admission in the next 60 days and the likelihood a Member will have a low intensity ER visit in the next three months.

Anthem's Foster Care-specific Predictive Model

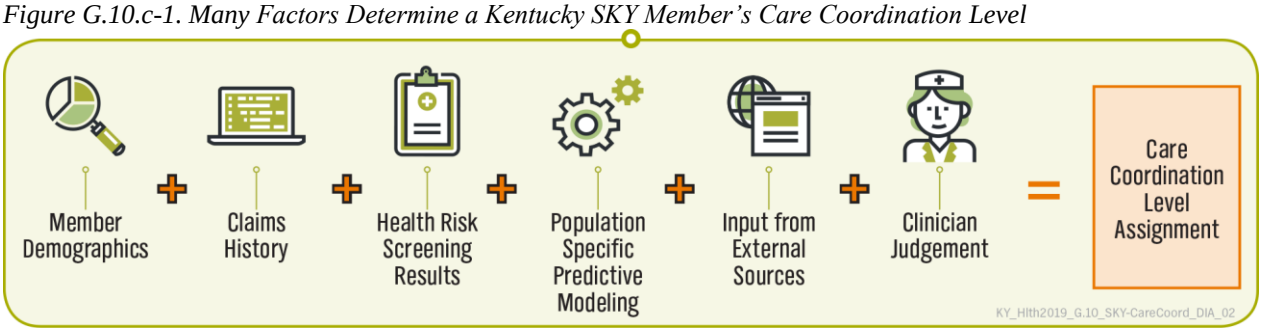
Our FC-specific predictive model was built and tested against a broad segment of our Members with Child Welfare involvement, which yielded a better reliability value, resulting in being more predictive for children in lower levels of need. This model can more accurately and reliably predict which Members with Child Welfare involvement may benefit from more extensive Care Coordination.

Stratifying SKY Members into Care Coordination Tiers

Our Care Coordination stratification approach, summarized in Figure G.10.c-1, is much more comprehensive than models based solely on clinical indicators. Factors considered include:

- Number of placements and reasons for placement changes
- Being designated by DCBS as medically complex
- Legal and justice involvement (outside of FC related proceedings)
- Frequency of inpatient and PRTF admissions
- Medication use and management
- Suicidal ideation or attempts
- Level of involvement with State agencies
- PH and BH conditions, including substance use
- Risk of runaway behavior
- History of human trafficking, domestic violence, or other trauma

Figure G.10.c-1. Many Factors Determine a Kentucky SKY Member's Care Coordination Level



Member characteristics and the guidelines that accompany them are meant to provide general parameters for stratification, but are not substitutes for the judgement of our experienced staff who recognize that every child is different, every child's circumstances are different, and every child has different levels of resiliency. The Care Coordinator, after reviewing these factors and the results from our Foster Care predictive model powered by CI^3, use their professional judgement to ***stratify Members into one of four levels of Care Coordination (Figure G.10.c-2)***.

Figure G.10.c-2. Our Care Coordinators Will Match SKY Members to the Appropriate Stratification Level

SKY Member Stratifcation

Connected	Connected Plus	Intensive	Complex
Increasing Intensity →			
• Stable	• Stable with higher level of need	• Higher level of instability	• Highest level of instability
• Low predictive modeling score	• Low predictive modeling score	• Higher predictive modeling score	• Highest predictive modeling score
• Minimal changes in placements	• More than one placement in conjunction with other characteristics	• Multiple placements resulting from difficulty in managing the child	• Multiple placements resulting from behaviors that have been very difficult to manage and address • Experiencing homelessness
• Minimal involvement with State agencies	• Legal involvement outside of FC proceedings	• Involvement of many State agencies • Recent legal involvement	• Continual involvement of many State agencies
• No medications or stable PH and BH condition	• Prescribed medications, generally stable PH and BH condition	• Comorbid conditions requiring management • Higher medication use or indications of non-adherence • Pregnant with no additional risks	• Medically or behaviorally complex • Medication management is complex or non-adherent • Pregnant, high-risk
• No recent admission	• May have had a recent admission but stable	• PRTF admission or stay	• Multiple, recent inpatient or PRTF admissions or residential placements with failure to improve or comply with treatment

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Ongoing Review and Stratification Informs Responsive Care Coordination

As SKY Members' needs change, they may move in and out of specific Care Coordination levels, but will remain aligned with their local Care Coordinator to assure continuity and relationship building. Our Care Coordination process is flexible and individualized. While we keep the Member aligned with their Care Coordinator, their CCT may include different staff with appropriate expertise to support changing needs. We will continually identify SKY Members' Care Coordination needs through the CCT's ongoing review of new or updated screening, assessment, and care plan information and our Continuous Case Finding process that includes monthly data mining. Through analysis of the past 12 months of claims data and Member historical information, including diagnosis and demographics, we predict possible future risks and Care Coordination needs. Additionally, we will accept referrals for more intensive Care Coordination from DCBS, DJJ, caregivers, Providers, internal staff, or by a Member's self-referral, promoting a flexible and fluid model that is responsive to the needs of children and youth eligible for the Kentucky SKY program.

G.10.d. Evidence-based Approaches Applicable to SKY Populations

d. Provide a description of the Vendor's targeted evidence based approaches applicable to the Kentucky SKY populations. Provide details on the Vendor's approach for ensuring Network Providers' compliance with evidence based approaches mandated by the Vendor for Kentucky SKY Enrollees.

Anthem's Fostering Connected Care model is founded on the tenets of a High Fidelity Wraparound approach and grounded in Trauma-informed Care principles. It is also predicated on System of Care principles, which recognizes the unique issues faced by children and youth in the Child Welfare system are not isolated to the individual, but exist within the context of an entire system.

We promote the use of evidence-based approaches throughout our health plan, Provider Network, and in our work with members and caregivers. For example:

- We use Trauma-informed approaches when engaging with Members, families, and caregivers.
- We offer training to our staff and Providers on evidence-based practice topics, such as Trauma-informed Care, Adverse Childhood Experiences (ACEs), Motivational Interviewing, High Fidelity Wraparound, Parent-Child Interaction Therapy, and Trauma-Focused Cognitive Behavioral Therapy.
- Through Provider trainings, we promote the use of evidence-based assessment tools like the Early Childhood Service Intensity Instrument (ECSII), Child and Adolescent Needs and Strengths (CANS), Child and Adolescent Service Intensity Instrument (CASII), and the CRAFFT Adolescent SUD Screening. We coordinate care planning with DSBS SW. As part of this coordination, we incorporate assessment results in care planning.
- We apply established evidence-based clinical criteria when assessing medical necessity, such as InterQual® and American Society of Addiction Medicine (ASAM).
- We promote access to evidence-based services and treatment, such as peer supports, through Provider contracting and development activities and Member and family Care Coordination.
- We promote delivery of services, including BH services, consistent with established evidence-based clinical criteria through distribution of Clinical Practice Guidelines and Provider education and monitoring.
- We have two SKY dedicated Provider Relations Liaisons who will focus on working with Providers to build their ability and capacity to implement Trauma-informed and evidence-based practices and engage in unique SKY focused Provider collaborations. This dedicated staff will also implement approaches to support Kentucky Providers in adopting practices supported by the Family First Prevention Services Act.

Targeted Evidence-based Approaches

As a partner to DMS and its sister agencies, we fully support and have been actively engaged in the dialogue and planning for restructuring of the State's FC program through its Child Welfare Transformation initiative. To support Providers in the implementation of the Family First Prevention Services Act, (FFPSA), we are closely aligning our support of evidence-based practices to the publication by the United States Administration of Children and Families of practices they have determined and will continue to determine to be a promising practice, supported practice, or well-supported treatment.

Some practices, displayed in *Table G.10.d-1*, have already been recognized by the Administration of Children and Families and published in their recent guidance.

Table G.10.d-1. Administration of Children and Families FFPSA Recognized Evidence-based Practices

Prevention Services and Programs Mental Health	Substance Abuse
• Parent-Child Interaction Therapy (PCIT) • Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) • Multi-systemic Therapy • Functional Family Therapy • Parents as Teachers	• Motivational Interviewing • Multi-systemic Therapy • Methadone Maintenance Therapy • Healthy Families America • Nurse-Family Partnership

We also monitor the federal FFPSA guidance from the United States Department of Health and Human Services (DHHS), Administration of Children and Families notices, and the publication of practices on the California Evidence-Based Clearinghouse on Child Welfare to identify other approved practices as they become available.

Our targeted, evidence-based practices for the Kentucky SKY population are:

Parent-Child Interaction Therapy

Despite the effectiveness of Parent-Child Interaction Therapy (PCIT), this treatment modality, and its applicability to the Medicaid population, access to this evidence-based practice is very limited in Kentucky. Currently, there are only four certified PCIT therapists and one Level 1 PCIT therapist/trainer in the entire Commonwealth. To expand access to this treatment modality and to facilitate the implementation of the multi-family treatment format for the SKY population, Anthem is proposing a pilot to support the training of three therapists in three geographically dispersed BH Centers. Identification of pilot sites will be based on Provider performance, readiness, and investment as well as identification of need based on analysis of eligible Member care management tier, diagnoses, utilization, placement stability, and location. We have already identified trainers located in Kentucky and West Virginia who are interested in supporting this expansion effort. We are also developing a PCIT Webinar for Providers that explains what PCIT is and whom they should refer for therapy.

Trauma Focused-Cognitive Behavioral Therapy

We currently support use of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) for our Kentucky Members, including our Members in the Child Welfare system, and will continue to promote this modality for our SKY membership. ***We have 41 Network Providers certified to provide this therapy.*** We will continue to evaluate Member and regional data to assure access to TF-CBT Providers and work with our Network of Providers to expand access to TF-CBT.

Multi-systemic Therapy

Multi-systemic Therapy (MST) is an evidence-based program that is currently not a Covered Service in Kentucky. Because we believe this service would add a great deal of value to some of the youth enrolled in Kentucky SKY, we will be pursuing a partnership and collaboration with local Providers to develop an MST initiative. Through this intensive, family and community-based evidence-based practice for youth at risk of placement or removal from their homes, we will support placement permanency. It includes services for our Members as well as caregivers, with service intensity varying based on the needs of the youth and their supports. All interventions are evidenced-based and evidence-informed and designed to reduce residential placement, address SUD, and improve success in managing disruptive behaviors. We have

started to explore opportunities to bring MST to Kentucky and look forward to working with DMS and local Providers on these efforts.

Functional Family Therapy

Despite the proven efficacy of Functional Family Therapy for youth ages 11 to 18, Kentucky currently has no access within the Commonwealth to this proven intervention. Functional Family Therapy has been proven effective in addressing the needs of youth with behavioral or emotional problems engaged with the Juvenile Justice (JJ), mental health, or Child Welfare systems. We will work to identify Providers who may be interested in becoming authorized Functional Family Therapy Providers, provide training about Functional Family Therapy to promote interest, and link those Providers to authorized trainers through our Provider Relations Liaison.

We will also be leveraging a program developed in Ohio, through the Learning Independence and Family Empowerment (LIFE) program, a community-based family therapist delivers home-based MH services using Functional Family Therapy with youth and their families, in conjunction with JJ programming. The program, in operation since 2006, is designed to reduce recidivism for youth with JJ involvement. Of the 634 youth the LIFE program has served since its program inception, less than 1% (0.9%) were sent to an Ohio Department of Youth Services facility at any time following their enrollment.[1] Anthem looks forward to developing similar models in Kentucky to bring this necessary service to SKY Members.

High Fidelity Wraparound

Our Fostering Connected Care model is aligned with the 10 principles of High Fidelity Wraparound, which include: 1) Family voice and choice; 2) Individualized planning; 3) Strength-based planning; 4) Incorporation of natural supports; 5) Collaboration between all team members; 6) Unconditional care; 7) Community-based services and supports; 8) Culturally competent process; 9) Team-based planning; 10) Outcomes-based planning. Anthem supports High Fidelity Wraparound, an intensive, person-centered care planning and management process that promotes positive outcomes through structured, creative, and individualized planning by the Member's MDT. Resulting care plans are more effective and relevant to each Member, their family, and caregivers. All Anthem Kentucky SKY Care Coordinators will be trained in High Fidelity Wraparound.

We will also promote High Fidelity Wraparound and collaborate with Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID) to train and support Providers as they continue to build their capacity to initiate and sustain this evidence-based practice. Research demonstrates that the best outcomes are achieved for children, youth, and families when wraparound adheres most strictly to the model — that is, with a high degree of fidelity. Anthem's Provider education will include training on evidence-based practice education and treatment requirements for Members with intensive BH and complex care needs. We will continue to work with DBHDID and the CMHCs to promote the Impact Model that began in 2016 and work collaboratively to assure success.

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[1] Montgomery County, Ohio: Learning Independence and Family Empowerment (LIFE) Program. Improving the Lives of Youth Involved in the Juvenile Justice System.
https://www.fftllc.com/documents/LIFE%20Program%20FFT%20Article.pdf

Peer Supports Utilization (Youth and Caregiver)

Peer supports are a proven and evidence-based approach that connects individuals with peers who have experienced similar situations and have been successful in recovery and resiliency processes. Through shared understanding, respect, and mutual empowerment, peer supports help people become and stay engaged in treatments, services, and Care Coordination. We will promote the use of both Youth and Family Peer Support Specialist on our regional CCTs. In addition, we will continue to collaborate with local organizations, such as Centerstone and the Kentucky Partnership for Families and Children, to promote and link SKY Members, their caregivers, and families of origin to peer supports.

Motivational Interviewing

We will provide Motivational Interviewing training to staff and Providers through our Anthem Training Academy. We already train our clinical staff in the use of the four principles of Motivational Interviewing: expressing empathy and avoiding arguing, exploring the discrepancy between current and desired behavior, rolling with resistance, and supporting self-efficacy (the Member's belief they can successfully make a change).

Methadone Maintenance Treatment

Methadone maintenance therapy is a Covered Service for those diagnosed with a SUD effective July 1, 2019. We are working with the Provider community to promote evidence-based practices for opioid use disorder (OUD) treatment as outlined in the ASAM guidelines.

We will continue to promote the use of a comprehensive array of PH and BH evidence-based practices and evidence-based approaches relevant to the SKY population through online access to evidence-based practices and Anthem clinical practice guidelines, educational webinars, and Provider-specific training.

Anthem's Innovative Evidence-based Programs for High-risk Members

We excel in the development of evidence-based programs for Members who are high-risk. These programs have been developed through the combined resources of our local and national subject matter experts. For example, Anthem's Neonatal Abstinence Syndrome (NAS) program incorporates evidence-based approaches shown to be effective in identifying, engaging, and working with pregnant Members with SUD to prevent NAS. The program includes:

- Advanced analytics and predictive modeling
- Peer support for the mother
- Intensive care management, including facility and home-based in-person visits through six months post-deliveryw
- An OB Practice Consultant who conducts outreach to high-volume family practices, obstetrics, and pediatric Providers
- A PCP toolkit that incorporates screening, brief intervention, and referral to treatment (SBIRT), and prevention and care of NAS and Neonatal Opioid Withdrawal Syndrome (NOWS)

This program has also been incorporated into Provider quality incentive programs and requires participating Providers' adherence to Progression of Care Guidelines that promote evidence-based approaches, such as mother and baby "rooming in" to avoid NICU admission,

breastfeeding promotion, and non-pharmacologic care maximization throughout hospitalization. ***Our affiliate in West Virginia realized a 29% reduction in perinatal substance abuse utilization from 2017 to 2018 since initiating this program***.

We will offer this program, and others, to our Kentucky SKY Members as applicable.

Increasing Access to Providers Offering Evidence-based Approaches

We will promote Provider compliance with the targeted evidence-based approaches and evidence-based practices through Provider training and tools and our value-based payment (VBP) portfolio.

We will develop Provider toolkits and offer Provider training, through our Training and Education Team and Provider Relations Liaisons dedicated to working with Kentucky SKY Network Providers. We will also inform Providers of our mandated evidence-based approaches and evidence-based practices for Kentucky SKY through the Anthem Kentucky Provider Manual and targeted Provider mailings, during new Provider Orientation, and through online content and webinars available on the Provider website.

We incorporate evidence-based practices into our clinical practice guidelines, train Providers on these guidelines, and include these guidelines in our Provider monitoring. Our Medical Directors, Provider Relations Staff, Care Coordinators, and Quality Management (QM) Practice Consultants will be available to provide in-person consultation to Providers to promote use of the clinical practice guidelines and identify needed training or other follow-up. We will help expand access to evidence-based practices through Provider collaboration, developing pilots such as our PCIT Certification pilot, described previously.

We also promote use of evidence-based practices and quality practices as part of Anthem's VBP portfolio, described in detail in our response to Section G.6.a, and proposed for Kentucky SKY Providers. At a high level, our strategy includes an array of VBP programs and other Provider incentive programs focused on expanding access and wellness and incentivizing improvements in PHM. These programs will help drive integration of PH and BH services, incenting increased engagement of specialists and facilities in meeting Members' needs, and increased focus and engagement with SDOH that influence Members' health and well-being. We also promote innovation and expansion of evidence-based best practices through recognition programs that recognize Provider expertise and achievement in key areas important to our Members in Foster Care. Our portfolio of VBP programs and incentives, summarized in Figure G.10.d-1, assures the delivery of evidence-based practices rooted in the foundation of Trauma-informed Care. Our three VBPs focused specifically on the SKY population are also described in detail.

Figure G.10.d-1. Anthem's Existing and Proposed VBP Offerings

Improving Health Outcomes and Quality with Accountable Reimbursement

Access and Wellness	Population Health	Specialized Services	Social Determinants and Supports	Provider Recognition Incentives
Focus on enhancing access, preventive care, and wellness ∘ *Pay for Quality HEDIS (P4Q HEDIS)** ∘ *Foster Care Access Incentive Program (FCAIP)**	**Focus on enhancing quality, efficiency and total cost of care savings** ∘ Provider Quality Incentive Program (PQIP) ∘ PQIP Essentials ∘ Provider Incentives • Toxicology screening in first trimester of pregnancy • Tobacco screening • Colorectal cancer screening • Hemoglobin A1c (HbA1c) testing	**Focus on specialized services and PH/BH integration** ∘ Behavioral Health Quality Incentive Program (BHQIP) ∘ Behavioral Health Facility Incentive Program (BHFIP) ∘ *Integrated Care Quality Incentive Program (ICQIP)** ∘ *Obstetrical Care Quality Incentive Program (OBQIP)** ∘ *Pediatric Residential Treatment Quality Incentive Program (PRTQIP)**	**Focus on social determinants of health and socially necessary services and supports** ∘ Social Determinants of Health Provider Incentive Program (SDOHPIP)	**Focus on recognition of Providers who demonstrate innovation and best practices** ∘ Adverse Childhood Experiences Provider Champions (ACEs Provider Champions) ∘ Trauma-informed Care Blue Ribbon Providers (Blue Ribbon Providers)

* *Indicates proposed programming subject to approval from DMS.*

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ACEs Provider Champions

Another approach to increasing access to Providers offering evidence-based approaches is through our Provider Champions program. We have identified high-performing Providers and work with them to share their best practices. For example, we have identified local ACEs Provider Champions, organizations already delivering great care to our Members in Medicaid, who have a successful track record and willingness to address ACEs, disparities in care, help mitigate SDOH, increase the resiliency of our communities, and are ready and willing to expand their reach. ACEs Provider Champions will receive small grants from Anthem to help offset one-time startup or other costs to expand their reach and Member impact. They will spearhead projects to increase understanding of and address ACEs in their communities, support Members who have experienced ACEs, serve as role models for other Network Providers, and may be featured in Anthem Provider communications. We expect ACEs Provider Champions will be available to give informal guidance and answer questions from other Providers in their region who want to implement similar initiatives. We will use this approach to expand access to the four mandated evidence-based approaches.

Blue Ribbon Providers

Anthem's trauma-responsive Care Provider Recognition Program identifies those who complete a specified series of Anthem Foster Care Academy Trauma-informed Care and System of Care trainings by placing them in a "Blue Ribbon" status and on a "trained Provider list" for reference by staff and stakeholders. Additionally, we will provide a small financial incentive upon completion of training.

By obtaining Blue Ribbon status, Providers demonstrate a greater comprehension of the effects of trauma, approaches for treatment and services, and meeting the complex needs of our

vulnerable children and families who have experienced a traumatic event. Our affiliate in Georgia has developed this incentive and recognition, and we are excited to strengthen our community-based services and supports for Members with this initiative. Upon Contract award, we will seek approval from DMS to formalize this program and make the reference known in the online directory, at a minimum.

Foster Care Access Incentive Program

Our Foster Care Access Incentive Program (FCAIP) offers Providers an opportunity to earn an enhanced payment rate for each eligible encounter for completion of State required PH screening with the required 48 hours, medical exam within two weeks, including comprehensive EPSDT exams, as well as a mental health screening within 30 days. We will pay earned incentives quarterly at an enhanced fee for eligible claims for specified CPT® and diagnosis codes. As part of the criteria for participation in many of our APMs, PCPs must have open panel status and other Provider types must be willing to accept all Members within the required time frames.

Behavioral Health Foster Care Incentive Program

Our Behavioral Health Foster Care Incentive Program (BHFIP) incents BH inpatient facilities for providing quality care and service to our Members with long-term service and support needs. Facilities participating in the program that meet quality, service, and utilization goals will be eligible to receive incentive payments for improvements in indicators related to clinical quality, patient outcomes, patient satisfaction, cost management, and integration with PH (such as 30-day readmission rates, seven-day follow-up rates, and admission screening for violence, SUD, and psychological trauma risk).

Pediatric Residential Treatment Quality Incentive Program

PRTQIP incents eligible PRTFs to provide quality care and service to our pediatric Members, and for collaborating to support effective discharge and post-discharge management of both BH and PH services. PRTQIP Providers who meet specified quality and utilization performance targets receive incentive payments twice annually. In addition, PRTFs receive a bonus for each occurrence of a successful transition of a Member from the PRTF to the in-state community setting when the Member remains in the setting for at least six months following the PRTF discharge.

Additional Provider Support

We recognize not all Providers are appropriate to be certified, authorized to provide evidence-based practices, or have adequate capacity and expertise. However, all Kentucky SKY Providers should employ Trauma-informed approaches during their interactions with Members and their families. Therefore, we will support our Providers in assessing their current ability to provide Trauma-informed Care and a Provider Relations Liaison will work with the Provider through our ***Guide for Supporting Integration of Trauma-informed Care into Provider Practice*** to enhance the Provider's capacity. In addition, we offer extensive training on trauma and related topics through our Training Academy, including web-based trainings, many of which allow Providers to obtain CEUs.

Assuring Provider Compliance with Targeted Evidence-based Approaches

Our process for assuring Provider compliance with evidence-based practices includes:

- **Training.** Our extensive training program includes training about evidence-based practices and will include post-training and post-visit surveys to identify if training objectives were met. These surveys will be collected by our Training and Education Team, compiled, and reviewed, with findings used to revise trainings as needed.
- **Toolkits.** We will develop toolkits specific to evidence-based practices to support Providers in building their capacity to provide evidence-based practices. This will support Provider adoption of best practices specific to each Provider type, to make sure they understand how to monitor their progress.
- **Monitoring certification, approvals, and authorization to provide evidence-based practices.** We will support and track Provider's required certification and recertification as applicable to each evidence-based practice, including:
  - TF-CBT and PCIT Provider certification
  - Focused Family Therapy Provider site authorization
  - Compliance with ASAM criteria by Methadone Maintenance Therapy Providers
  - Specified requirements and documentation to deliver MST

Quality Team Onsite Medical Record Reviews

Our locally based QM team performs onsite medical record reviews to identify new opportunities for Provider education. QM Practice Consultants work with Providers where data indicates the opportunity to improve adherence to CPGs to identify new opportunities for Provider education. For Methadone Maintenance Therapy, our Quality staff will monitor their compliance through our Quality Improvement process, conducting periodic reviews using ASAM criteria, while encouraging the adoption and expansion of Medication-Assisted Therapy.

Care Coordinator Treatment Plan Reviews

Care Coordinators also review and verify treatment plans received from Providers are consistent with evidence-based practice guidelines and refer Providers with inconsistencies to our QM Practice Consultants for discussion and coaching. QM Practice Consultants identify areas for improvement, providing targeted education and resources to support higher fidelity with scheduled re-engagement to check on progress.

G.10.e. Ensuring Delivery of Trauma Informed Care to SKY Members

e. Provide a description of the Vendor's approach for ensuring Network Providers are providing Trauma-informed Care to Kentucky SKY Enrollees.

In 2016, more than one in five children in the United States experienced two or more Adverse Childhood Experiences (ACEs) that included potentially traumatic events, including episodes of sexual, physical, or emotional abuse; and exposure to parental divorce and parental incarceration.[2] For children in the Child Welfare system, removal from their homes can in itself be a traumatic event. In accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) principles, our approach to meeting the needs of Kentucky SKY

[2] U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health

children and youth recognizes they have all been exposed to trauma. We also recognize that trauma impacts different children in different ways, and not all children experience or express their reaction to trauma in the same way or in the same time frames. As such, our approach to Trauma-informed Care involves Providers as a central component in ongoing identification of trauma and its impact; and as key partners in addressing the Members' needs in the context of trauma.

Confirming Providers Are Delivering Trauma-informed Care

Our process for making sure Providers are delivering Trauma-informed Care is comprehensive. Components of the training are highlighted in the paragraphs that follow.

Coordinated Training

Our extensive training program covers Trauma-informed Care and evidence-based practices. Our Anthem delivered training will include post- training and visit surveys to determine whether training objectives were met. These surveys will be collected by our Training and Education Team, compiled, and used to revise trainings as needed.

Toolkits

We develop specific toolkits to support Providers in building their capacity to provide evidence-based practices. This will help Providers adopt best practices for their type, to make sure they understand how to monitor their progress. Our Provider Relations Liaison will use our Trauma-informed Care Toolkit to work with Providers and assess their current ability to render Trauma-informed Care using nationally recognized tools, helping them improve upon those practices. This toolkit includes assessments and practice support tools by Provider type.

Monitoring Certification, Approvals, and Authorization to Provide Evidence-based Practices

Providers have to meet very specific requirements to provide evidence-based practices. For example, PCIT and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) Providers must be certified. We will support and track this process by monitoring certification and recertification through the credentialing process along with Provider designation attestations.

Reviewing Complaints and Grievances

As part of our review of complaints and Grievances, we will identify any complaint or Grievances about Providers' treatment approaches, Provider staff interactions, office environment, and other issues that could suggest the lack of a Trauma-informed approach. We will then provide training to the Provider and their staff on Trauma-informed Care.

Trauma-informed Reviews through Regular Chart Audits

We will design an audit tool, using information from national sources, which will be used as part of our chart reviews to assess that Providers are demonstrating their use of Trauma-informed Care. Sample items, which may be included in the audit tool, include:

- Evidence the Member was screened for trauma
- Evidence a Member needing further assessment based on the screen was referred to or received a comprehensive trauma assessment
- Evidence the Member with an identified need was referred to trauma-specific services (individual or group)

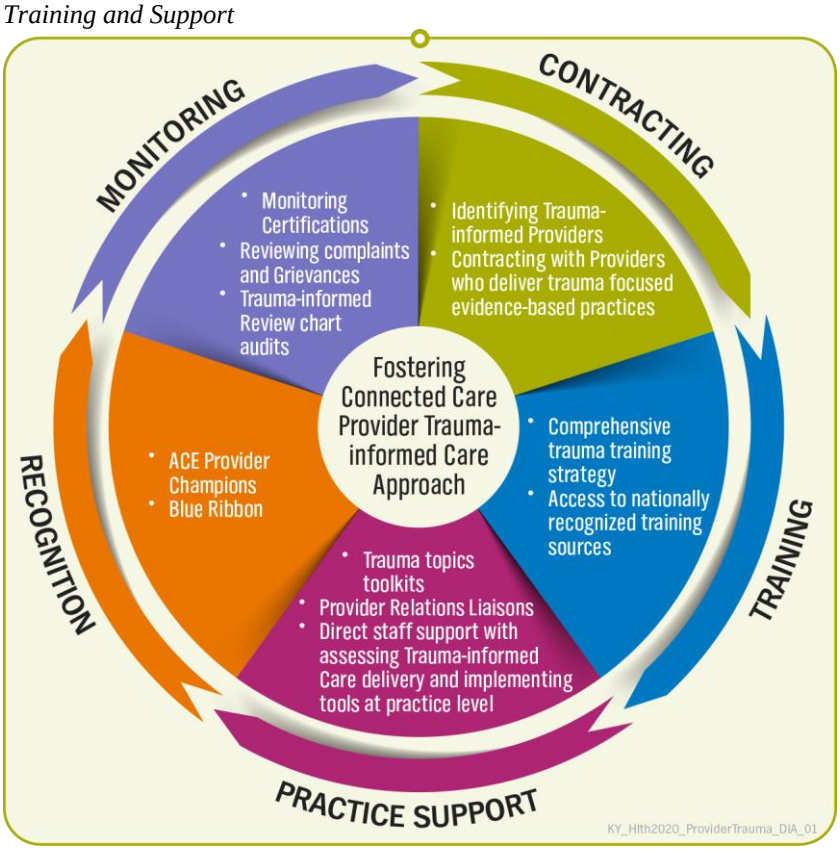
- Evidence the Member accepted the referral and attended trauma-specific services

Approach to Assuring Network Providers Deliver Trauma-informed Care

Our approach to making sure our Network Providers deliver Trauma-informed Care, illustrated in Figure G.10.e-1, will include:

- Contracting with Providers already certified or qualified to deliver specific Trauma-informed evidence-based practices
- Offering comprehensive Network Provider training on trauma and these evidence-based practices
- Helping Providers assess their ability to provide Trauma-informed Care and implement enhancements
- Recognizing Providers who are identifying and addressing trauma, and promoting the sharing of information between them
- Implementing quality oversight strategies to assess and confirm compliance and identify opportunities for improvement
- Working collaboratively with the State to offer non-covered evidence-based practices, such as Multi-Systemic Therapy (MST)

Figure G.10.e-1. Our Comprehensive Trauma-informed Care Provider Training and Support



Contracting with Qualified Providers

We identify and seek contracts with Providers certified in Trauma-informed evidence-based practices, such as PCIT and Trauma-Focused Cognitive Behavioral Therapy. We currently contract with these Provider types and support currently contracted Providers to become certified in PCIT as described in detail later within this response.

Training in Trauma-informed Practice

We will provide and connect our Network Providers to extensive training on Trauma-informed approaches and evidence-based practices, such as ACEs, PCIT, and TF-CBT.

In-person training will be delivered by our regionally based Training and Education Team that includes a full-time Specialist who will manage all aspects of training and education for the program, five full-time Representatives who will be deployed regionally, and one full-time Court and Justice Liaison. The team will use the National Child Traumatic Stress Network (NCTSN) Trauma Toolkit, which will support them in providing community-based trauma training. They will also develop training content and make it available through Anthem Training Academy webinars.

In addition, through the Academy, Providers will have access to extensive web-based trauma training. Our trainings include introductory-level training, as well as more targeted topics about trauma in Child Welfare, how to address trauma in different settings (judicial, Providers, and others), trauma and integrated health care, clinically focused trainings, and others.

Practice Support and Monitoring

To expand access to specific evidence-based practices, such as PCIT, we are proposing a pilot to support the training of three therapists in three geographically dispersed BH Centers as described previously in Section G.10.d. In addition, our Provider Services Liaison will assist Providers using our ***Guide for Supporting Integration of Trauma-informed Care into Provider Practice***, which*:*

- Offers practices different tools that suit their specific needs and goals
- Offers only evidence-based assessments, learning modules, and models to assure the best outcomes
- Includes a monitoring component to assess implementation performance and identify a Provider's continued training needs and barriers

Tables G.10.e-1 and G.10.e-2 list the tools we make available to Providers.

Table G.10.e-1. We Offer an Array of Tools to Support Provider Progression with Trauma-informed Care

Tool	Overview	Goals of program
Comprehensive Assessment and Strategy Building Tools		
Risking Connections Training Program	Offers multiple training modules, assessments, and integration practices	Train staff and Providers, develop integration plan, learn about Trauma-informed Care
The Sanctuary Model	Multiple books, training modules, and individualized services to prepare staff and develop comprehensive Trauma-informed Care implementation plan	Education, support, and framework for implementing Trauma-informed Care in practice
Creating Cultures of Trauma-informed Care (CCTIC)	Comprehensive self-assessment, concrete planning tools, and planner for integration	Understand current Trauma-informed Care attitudes and readiness to change; clear tools for implementation and monitoring progress
Trauma-informed Organizational Capacity Scale	Offers a process and curriculum for adopting organizational Trauma-informed Care	Develop policies for implementing Trauma-informed Care in multiple settings

Tool	Overview	Goals of program
Self-assessment Tools		
The Agency Self-Assessment for Trauma-informed Care	Self-assessment designed to gauge an organization's readiness to implement Trauma-informed Care	Compile responses from a variety of staff to assess readiness to change
Trauma-informed Care – Organizational Self-Assessment Tool	Self-assessment designed to measure Trauma-informed practices in all staff	Understand the current state of staff attitudes around Trauma-informed Care
Scale Attitudes Related to Trauma-informed Care	Multiple scales available to measure and demonstrate progress towards incorporating Trauma-informed Care into practice	Understand current attitudes for Trauma-informed Care and ways to make changes
Training Modules		
The National Child Traumatic Stress Network (NCTSN)	Comprehensive training modules for a variety of practice types and specialties	Learn about incorporating Trauma-informed Care in a variety of practice types
Specialized Training and Assessment Modules		
The Secondary Traumatic Stress (STS) Informed Organization Assessment	The STSI-OA is an assessment tool to respond to the impact of secondary traumatic stress in the workplace.	Determine the impact of STS on the organization, support strategic planning in specific areas of need
Professional Quality of Life Measure	Assessment to examine the burn-out and fatigue of front-line staff in the face of trauma	Understand the attitudes and concerns of front-line staff
National Center on Family Homelessness	Trauma-informed Organizational Toolkit for Homeless Services	Assess current practices in Trauma-informed Care related to homelessness and how to incorporate changes
Performance Monitoring Tools		
Trauma-informed Care Performance Monitoring Tool	Self-assessment to understand success and barriers to Trauma-informed Care implementation	Assure accurate and continued implementation of Trauma-informed Care changes
TICOMETER	A brief assessment tool that can measure Trauma-informed Care in organizations or repeatedly	Guide in implementation barriers, successes, and current training needs

Table G.10.e-2 displays assessment and screening tools we make available to Providers to support delivery of the most appropriate Trauma-informed evidence-based practices based on the child's or youth's symptoms.

Table G.10.e-2. Assessment Tools to Support Delivery of Trauma-informed Care

Screening and Assessment Tools	
Tool	**Description**
Trauma Symptom Checklist for Young Children	This is a 90-item checklist for the assessment of trauma-related symptoms
UCLA PTSD Reaction Index for DSM IV/V	This is a self-report questionnaire to screen for exposure to traumatic events and assess PTSD symptoms in school-age children and adolescents
Child PTSD Symptom Scale (CPSS)	Self-report measure assesses the frequency of all DSM-IV-defined PTSD symptoms; also designed to assess PTSD diagnosis

Screening and Assessment Tools	
Tool	**Description**
Child and Adolescent Needs and Strengths (CANS) 0-4, 5+	Multi-purpose tool to screen and assess all children who enter into the Child Welfare system for appropriate services and level of care
Patient Health Questionnaire-9	Determines who needs a referral for mental health and BH services; assesses suicidality and immediate risk assessment for whether more intensive care would be needed
PTSD Checklist - Civilian, two item version (PCL-C2) (Youth)	Categorizes patients into three categories of PTSD
Generalized Anxiety Disorder - 7 (GAD-7)	Assesses how often participant has been bothered by anxiety type symptoms
Symptoms Checklist 90	Assesses psychological distress in terms of nine primary symptom dimensions and three summary scores (termed global scores)
Pediatric Symptoms Checklist (PSC-17 externalizing subscale)	Assesses for emotional and behavioral problems during childhood and adolescence
Child Sexual Behavior Inventory (CSBI)	Thirty-eight item inventory assesses children who have been, or are suspected of being sexually abused
Clinician-Administered PTSD Scales for DSM-5 (CAPS-5) Past Week, Past Month, Worst Month	Structured diagnostic interviews for PTSD

Practice Recognition

Our clinicians, who are trained and experienced in Trauma-informed Care, will work collaboratively with the Kentucky SKY Training and Education Team to provide consultation and serve as mentors to Network Providers who need support understanding Trauma-informed Care, how to use its strategies in their daily work, and how to access additional training.

Blue Ribbon Providers

Anthem's trauma-responsive Care Provider Recognition Program, described in detail in Section G.10.d, identifies those who complete a specified series of Anthem Foster Care Academy Trauma-informed Care and System of Care trainings by placing them in a "Blue Ribbon" status and on a "trained Provider list" for reference by staff and stakeholders.

ACEs Provider Champions

As described previously in Section G.10.d, local Adverse Childhood Experiences (ACEs) Provider Champions, organizations already delivering great care to our Members in Medicaid who are ready and willing to expand their reach, will serve as role models and mentors for other Network Providers. They will be available to give informal guidance and answer questions from others in their region who want to implement similar initiatives. If selected, we will seek approval from DMS to formalize this program.

Non-covered Evidence-based Practices

Some Trauma-informed evidence-based practices, such as MST, are not currently reimbursed under the Kentucky Medicaid program. While we recognize that MST is a high-cost service, we believe access to it can be a cost-effective intervention for certain youth with DJJ involvement and for whom other modalities have not been successful. We are interested in working collaboratively with the State to identify appropriate opportunities to offer non-covered evidence-based practices.

G.10.f. Anthem Telemedicine and Telehealth Options

f. Describe how the Vendor will use telemedicine and telehealth to improve quality or access to physical and Behavioral Health services.

Anthem has developed a telehealth Network by collaborating with Providers, such as Clean Slate, Bright Heart Health, LiveHealth Online (LHO), and Project ECHO® (Extension for Community Healthcare Outcomes) that have had positive impacts on access to care and quality in our affiliate markets. Our approach offers options that increase access to PH, BH, and SUD treatment services, recognizing that Kentucky SKY Members and their caregivers may find it especially difficult to access care because of geographic access, frequent moves, and difficulty scheduling and getting to appointments when caring for multiple children. In addition, the greater likelihood of BH problems and more intensive health care needs among SKY Members compound this difficulty.

Telehealth solutions make consultation available on-demand, supporting caregivers, DCBS SSWs, and schools with issues, such as helping a child who is highly anxious or having behavioral problems, thereby potentially avoiding additional disruption and the need for more intensive services or higher levels of care. Group homes and other residential settings can also use telehealth solutions to access guidance on a child's medications.

We propose using telehealth solutions for the SKY population, ***subject to appropriate consent of the legal guardian for Members under 16 years of age***. Figure G.10.f-1 displays our full array of existing and proposed telehealth options.

Figure G.10.f-1. Anthem's Telehealth Resources for Kentucky SKY

MEMBER RESOURCES			
	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
PHYSICAL HEALTH			
LiveHealth Online	General Physical Health/ Preventable ER Visit(s)	Pediatrics* Young Adult	Consumer On Demand
TytoCare	General Physical Health/ Preventable ER Visit(s)	Pediatrics* Young Adult	Schools
Care Innovations	Remote health monitoring for chronic conditions	Young Adult	Home
BEHAVIORAL HEALTH			
Bright Heart Health	Medication Assisted Treatment/ Addiction Services	Young Adult	Provider Offices
LiveHealth Online – Psychology & Psychiatry	Low Acuity Behavioral Health	Pediatrics* Young Adult	Consumer on Demand
FasPsych	High Acuity Behavioral Health	Pediatrics* Young Adult	Consumer on Demand
PROVIDER RESOURCES			
	SPECIALTY/SERVICE	DEMOGRAPHIC	ACCESS POINT
ConferMED	Peer to Peer Consult	Pediatrics Young Adult	Provider Offices
FasPsych	Psychiatric Consultation	Pediatrics* Young Adult	Emergency Room
Project ECHO	Provider Enablement	Young Adult	Provider Offices
Practice Edition	Provider owned/managed telehealth solutions	Pediatrics* Young Adult	Provider Offices

**Subject to parental consent/supervised visits*

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The following options for telehealth and are explained in detail as they are especially relevant to SKY Members.

LiveHealth Online

We make LiveHealth Online (LHO) available to State employees through Anthem's commercial insurance and to Kentuckians enrolled in Medicare. Since 2017, these individuals have used LHO for more than 41,000 medical visits and almost 5,000 BH visits. ***We are now offering this telehealth option to our Medicaid enrolled Members.***

LHO facilitates consultations for Members' PH and BH concerns in any setting, including from home via an internet connection. It offers HIPAA-compliant 24/7 solutions using audio- and video-based technologies through video-enabled computers, tablets, or smartphones. Kentucky-licensed physicians can diagnose, make clinical recommendations, treat, and prescribe non-controlled substances for issues not requiring a trip to the ER or urgent care clinics. LHO also provides access to consultations with psychiatrists and licensed BH counselors.

Kentucky SKY caregivers may access LHO for their children or youth when their PCP is not readily accessible to discuss onset of PH or BH symptoms that may warrant follow-up with a Network Provider; get help identifying needed supports and options for care; and promote ongoing proactive Provider engagement to address unmet needs.

TytoCare

We propose deploying the TytoCare solution in small rural schools without a full-time school nurse who are in need of consultative medical services for students during the school day. TytoCare will allow video visits directly with licensed physicians from small rural school settings facilitated by a presenter at the school location. Details can be provided to the student's PCP via the cloud or the school nurse can connect the student to a clinician for immediate treatment on-demand.

Bright Heart Health

Bright Heart Health is a contracted, Kentucky-licensed Anthem telepsychiatry Provider connecting our Members to expert Providers for treatment of a full spectrum of BH disorders. Bright Heart Health is the first nationwide OUD treatment program to use telehealth. Members can meet with medical staff and counselors via video conferencing.

Anthem contracts with Bright Heart Health for their substance use intensive outpatient program and Medication-Assisted Treatment (MAT). Bright Heart Health prescribes and monitors medications that enable Anthem Members to stop using opioids without experiencing powerful drug withdrawal symptoms. It also offers an eating disorder program.

Young adult SKY Members may meet with a Bright Heart Health physician in-person for a medical evaluation and to develop a treatment plan, then continue their treatment with a licensed therapist via telehealth. In collaboration with treating physicians, counselors will help Members identify and develop strategies to deal with the issues and disorders that may have contributed to or been impacted by opioid use.

FasPsych

Currently operating in 17 states, FasPsych expands care and treatment through remote psychiatric services and is a pioneer in telepsychiatry, with approximately 12,000 virtual visits per month. It provides access to telehealth services from more than 4,000 qualified psychiatrists and psychiatric Advanced Practice Registered Nurses (APRNs). Remote services are accessible in a full array of Provider settings, including Community Mental Health Centers (CMHCs), hospitals, counseling practices, primary care clinics, correctional and detention facilities, universities and schools, and residential treatment centers.

Caregivers with their children or youth and SKY Members ages 18 and older will be able to access FasPsych when a psychiatrist is not readily available from their Providers' offices, clinics, or facilities.

Project ECHO®

We promote the use of Project ECHO as a collaborative model of medical education and Care Coordination that supports clinicians with evidence-based guidelines and tools to provide better care to more people where they live. The ECHO model increases access to specialty treatment in rural and underserved areas. In our partnership with the Project ECHO Opioid Addiction

Treatment program, we are offering no-cost training for identification and treatment of opioid addiction to Providers and their primary care teams. The training covers management of naloxone, buprenorphine (such as Suboxone), and injectable naltrexone (such as Vivitrol), as well as provides access to a virtual learning community for treatment guidelines, tools, and Member resources.

Anthem has collaborated with the West Virginia University School of Medicine Medication-Assisted Treatment (MAT) ECHO to expand quality MAT access to Kentucky. Working with the University of Kentucky Continuing Education Department through project START, we are in the process of identifying underserved areas of Eastern Kentucky where our Members could benefit from increased access to MAT treatment. Anthem's investment in this collaboration with the University of Kentucky and rural Provider practices will benefit Members and communities for many years to come. SKY Providers will have access to education and consultative resources that will support quality and evidence-based MAT services to our Transition Age Youth who may be experiencing issues with OUD.

ConferMED

ConferMED expands PCPs' scope via inter-professional internet consultation services (e-consults). We will work with ConferMED, a telehealth company with special expertise in asynchronous telehealth and experience with primary care and Federally Qualified Health Center (FQHC) deployment across the country. ConferMED's Provider-to-Provider consultation improves access to specialty care by substituting immediate specialist referrals with e-consults. PCPs benefit by being able to provide efficient and effective care to Members with timely guidance and answers to questions. They also benefit from increased knowledge and confidence gained from consultations with trusted specialists. CMS recently approved Medicare reimbursement for designated e-consult codes.

SKY Members will have the advantage of enhanced PCP capabilities for necessary specialty care and better coordination of care with specialists, helping meet their more complex needs in hard to access areas.

G.10.g. Identifying and Meeting SKY Members' Unmet SDOH Needs

g. Describe how the Vendor will capture data related to Social Determinants of Health and incorporate this information into its Care Management approach.

Identifying and addressing SKY Members' unmet SDOH needs and connecting Members and FC caregivers to resources to meet these needs is an integral part of our Care Coordination approach. Helping provide access to stable housing, healthy food, reliable transportation, interpersonal safety, and employment promotes improved health outcomes, supports recovery and resiliency, and promotes placement stability.

Licensed Foster Parents and kinship caregivers receive support from the State to help them care for their children but often have additional, uncovered needs. In addition, many non-licensed kinship caregivers and adoptive families assume responsibility for the child's or children's care with their own resources. Many of these caregivers have limited resources even before taking a child into their home. By capturing data on Members' SDOH from multiple sources, we can

work collaboratively to help connect members and caregivers to available services, Providers, community resources, and our value-added services (VAS) to make sure the child's or youth's total needs are met and to promote stability of placement.

Capturing SDOH Data

We use all available sources of information, including our Foster Care Health Risk Screening (HRS) and SDOH Assessment, along with information from DMS and its sister agencies, Providers, and internal and external referral sources, to capture data related to SDOH.

- Through ***initial outreach and information gathering***, our Fostering Connected Care Concierge Representative and Care Coordinators collect assessment information from all available sources including DMS, DCBS, DJJ, FC agencies, and Providers. The Care Coordinator uses this information to identify any unmet SDOH. We save these existing assessments in Health Intech and document them in the Member's care plan.
- Our ***Foster Care Health Risk Screener (HRS),*** completed following Member enrollment, annually and upon changes in health status, includes questions about unmet SDOH needs for both the Member and Caregiver such as food, education, transportation, employment and any other unmet needs the Member or family wishes to discuss. This information is loaded into Health Intech to support care planning.
- If the Care Coordinator needs additional information, such as greater detail about a youth's educational status and plans, they complete our ***SDOH Assessment*** in cooperation with the Member, Foster Parents, Kinship caregivers, or Fictive Kin. Our SDOH Assessment is especially helpful in identifying barriers, as well as the unique needs youth face as they prepare to age out of the FC program. The Care Coordinator loads the results of the SDOH Assessment directly into Health Intech for review during care planning.

Additionally, we understand the high incidence of homelessness among youth and young adults transitioning out of Foster Care, and are committed to capturing data related to housing instability to assist us in better serving them. We are working with the Louisville and other State Continuums of Care to gain access to the Homeless Management Information System (HMIS). HMIS is used by State and federally funded homeless and housing service Providers to collect and manage data gathered when providing housing assistance to people already experiencing homelessness and to households at risk of losing their housing. Our Fostering Connected Care Concierge team will use HMIS information to identify our Members and Caregiver experiencing homelessness or unstably housed and work to locate and engage these Members by connecting with the Member's street outreach, drop-in services, shelter, or rapid re-housing Providers. Once the Care Coordinator locates and engages with the Member, they can provide further support to coordinate resources and care.

Finally, we are incentivizing Providers to capture and code SDOH related data. Providers participating in our SDOHPIP program are incented to screen for SDOH needs and access the Community Resource Link tool to identify community-based organizations available to address any detected needs. Participating Providers will earn incentives by submitting the appropriate Z-Code with their claim. Through use of Z-Codes (International Classification of Diseases ICD-10-M codes used to identify persons with potential health hazards related to socioeconomic and psychosocial circumstances), we will be able to accurately assess Member needs and more effectively manage and coordinate SDOH resources for them. Providers also have the potential to earn an incentive for updating the "referral status" field in the Community Resources Link to

indicate that a Member has kept their scheduled appointment with a particular community-based organization.

We will perform a comparative data analysis of community-based organizations most often referred to within the Community Resource Link with claims data, identifying Z-Codes to determine potential gaps within our communities. This analysis will enable us to channel resources and support to help communities meet the needs of our Members. Additionally, we will have the ability to compare assessment responses to community-based organization referrals to identify potential opportunities.

Incorporating SDOH in Our Care Management Approach

A key component of our SKY Population Health Management (PHM) and Care Coordination program is making sure Members and their families have access to affordable permanent or supportive housing, as well as healthy, nutritious food and clean water, which influence the health and well-being of Members and the communities where they live. In addition, education and employment resources are critical to supporting Transition Age Youth and their families as the youth moves into the adult world. The Care Coordinator will include SDOH information in the SKY Member's care plan, including:

- Any identified social barrier that the Members and their Foster Parents or caregivers (Kinship or Fictive Kin) are facing
- Actions the CCT, working with DCBS SSW and DJJ SSW, will take to help address unmet social needs
- Identification of specific services, Providers, community resources, and natural supports available to the Member and family
- Specific goals related to addressing social barriers and monitoring each goal through completion

Our CCT works closely with community-based organizations, public health departments, and community resources to meet Members' specific SDOH needs. The CCT is supported in these efforts by Community Engagement Navigators, a Housing Liaison, and the Community Resource Link tool. Community Engagement Navigators are field-based and are able to provide Care Coordinators information about available resources in the community and, through the Care Coordinator, can help link the Member or Caregiver to those community resources.

Our Value-added Services Help Meet SDOH

We tailored our VAS for the Kentucky SKY population based on stakeholder engagement and our strong understanding of the needs of youth and families.

Our VAS are designed to meet the following goals:

- Promote or support education, a significant SDOH, as children and youth in the Foster Care System often lag behind their peers academically
- Foster a sense of normalcy to overcome the stigma of poverty that is common among these children and youth by covering the costs of Boys and Girls Club memberships and sports and school physicals to encourage social engagement
- Encourage family togetherness and caregiver-child bonding to strengthen families and promote stability — for example a Summer Reading Benefit and Family Activity Coupon book

Figures G.10.g-1 and G.10.g-2 display VAS available to SKY Members and their caregivers to address unmet needs.

Figure G.10.g-1. Our VAS Support Members and Their Caregivers

Anthem's Unique Value-added Services Meet Members' Needs

Transition Age Youth

Home Essentials Kit	For Members transitioning out of Foster Care, Anthem will provide a catalogue of items that will benefit Members as they look to set up their new living areas. Members can select up to $100 worth of goods. Catalogue offerings include basic household essentials such as sheets, bedding, cutlery, dishes, coffee pots, bathroom essentials, and more.
GED Assistance	To help encourage Members to obtain a high school-level education, Anthem will cover the costs of the high school equivalency test.
Lifeline Phone Benefit	Any Member who qualifies for the Federal Lifeline program, which provides smart phones to Members meeting certain criteria, will be eligible to receive a free cell phone with minutes and unlimited text messages. The cell phone, minutes, and data are supplied by the Federal Program. As a value-added service, Anthem Members receive unlimited calls through our toll-free line, as well as an additional 100 bonus minutes during Member's birth month and one-time 200 bonus minutes at enrollment.
Jump Start Program	Eligible Members will receive access to our online learning platform, Jump Start, where they can complete a skills assessment to identify and expand on their current skills, as well as see where they rank with health and financial literacy. Members will receive live one-on-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certification(s). The program also offers exam preparation for various certifications and has an imbedded personalized job search tool so Members can find job openings right in their area.

Tools for Foster Care Parents

Medicine Safety Kit	Eligible Members will receive our Medicine Safety Kit which includes lockable medicine box, prescription destroyer gel, childproof prescription caps, and pill case covers that reset when opened.
Foster Parent Welcome Kit	Members will receive a Welcome Kit that includes educational information specifically for new Foster Care Parents. Kit contents include a reusable organization folder, a welcome letter explaining what we can do to help, and informational resources such as non-profit resources, faith-based resources, and clothing resources.
Community Resource Link	Community Resource Link is an online resource tool which locates and displays all available local community-based programs, benefits, and services.

Education Supports

In-Home Tutoring Services	Anthem will provide up to 24 hours of one-on-one, in-person tutoring services. Tutoring is available in all subjects, including language arts, math, science, social sciences, and even foreign languages.
Summer Reading Benefit	Eligible Members will receive a $100 Barnes & Noble gift card to purchase books during the summer months.
Educational Milestone Program	Our Educational Milestone program is an incentive program designed to reward 11th and 12th grade students. When Members send us copies of their report cards showing that they have achieved at least a 10% improvement in grades from the previous report card, we reward them with their choice of a $25 retail store gift card.

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Figure G.10.g-2. Our VAS Support Members and Their Caregivers

Anthem's Unique Value-added Services Meet Members' Needs

New Placements

Comfort Kit	Members will receive an age-appropriate Comfort Kit filled with essential items to help ease their transition into their new home, and Foster Care Parents will receive educational information such as tip sheets, guides, and checklists as well as information on all available local resources.
New Placement Welcome Portfolio	Our Welcome Portfolio provides a unique way for our Members to introduce themselves to their Foster Care families. Contents include a coloring book, markers, crayons and colored pencils that allow the child to express themselves and provide a creative way to let their Foster Care families know more about them.

Healthy Lifestyles

Online Well-being Program	Members will receive access to our Online Well-being program which is an online community promoting BH and wellness through instruction, games, goal setting and monitoring.
Boys and Girls Club Memberships	Anthem will provide a no cost Boys & Girls Club membership for children between the ages of 6 and 18.
Sports & School Physicals	Eligible Members can receive one annual sports and school physical at no cost.

Promoting Togetherness

New Placement Welcome Wardrobe	Anthem will provide Members a $150 retail store gift card to help Members and their families purchase seasonal clothing such as winter jackets and other essentials such as shoes or pajamas.
Family Activity Coupon Book	Members will receive a Family Activity Coupon book filled with discounts from local retailers.

Weight Loss

Healthy Families Program	Our Healthy Families Program is a six-month telephonic coaching program designed to help families with overweight or obese children make healthier food choices and improve their activity level to reduce childhood obesity and live healthier lives.
Fitness Coach Program	Eligible Members will receive access to online fitness and exercise classes and access to quarterly newsletters that include articles on nutrition, weight management, and improved self-care.

KY_Hlth2019_VASCategories2_67_VAS_04

G.10.h. Access to Kentucky SKY Members' Medical Records

h. Describe how the Vendor will coordinate with the Department, DCBS, DJJ, and physical and Behavioral Health Providers to ensure each Provider has access to the most up-to-date medical records for Kentucky SKY Enrollees.

Our approach to coordination with DMS, sister agencies, and Providers leverages our existing information technology capabilities and sharing procedures to deliver a solution that meets the requirements specified in the Draft Contract, Attachment C, including Section 42.1(L). We will coordinate with DMS, DCBS, DJJ, PH, and BH Providers to make sure they have access to the most up-to-date medical records for Kentucky SKY Members. Our contracts will require all Network Providers to enroll in and use the Kentucky Health Information Exchange (KHIE) beginning in July 2020.

Information Technology Supports to Facilitate Medical Record Sharing

Providers already access Members' most up-to-date medical and clinical records through our Health Intech platform, which updates data in near real-time. Health Intech is a HIPAA-compliant website that facilitates access to a single view of Member data in an easy-to-navigate dashboard that includes HEDIS® care alerts, authorizations, prescriptions, and claims. It enables sharing of Member Care Coordination information, including screenings, assessments, and care plans.

Health Intech also aggregates Member data from all available sources and presents a single personal health record (PHR) for a complete picture of the Member's medical history. It is fully compliant with all applicable State and federal laws, including HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and supports role-based access to essential information and functionality.

The Health Intech platform includes available data from:

- Anthem's Care Coordination and claims processing systems
- Public health systems
- Continuity of care data, such as claims history or other information provided by DMS or other MCOs
- Other payers and Providers (including pharmacy, lab, and diagnostic data), and data from Providers' electronic health records (EHR)

Upon integration with KHIE, we will also source data for Health Intech from that platform as well.

Health Intech will house data for Kentucky SKY Members that aligns with American Academy of Pediatrics recommendations through their Fostering Health initiative. Each child's and youth's PHR will include, at a minimum, chronic health problems, allergies, pharmacy data received from the State, psychosocial and family histories, trauma history, and developmental and immunization information.

YouthRAP Provides Access for State Agencies

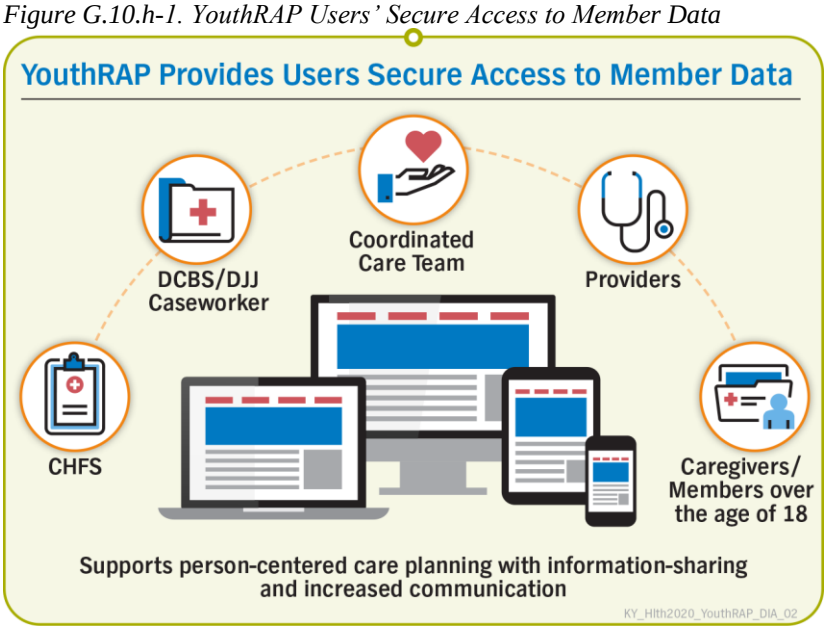
#YouthRAP

With DMS consent, we will implement Anthem's Youth Records Access Portal (YouthRAP) to facilitate communication and coordination among our clinical staff, DMS, DCBS, DJJ, and PH and BH Providers. Building upon our existing

information sharing platform, ***we will implement an EHR solution that will serve as a system of record for children and youth in Child Welfare — a repository of Member health information, aggregating data from our own internal systems (such as claims, encounters, and authorizations) with external data sources***. A longitudinal health and service record that travels with children over time and across placements can improve communication, avoid redundant assessment processes, and reduce service duplication and fragmentation. Through Health Intech and YouthRAP, DMS, DCBS, DJJ, and Providers can readily access the Member's complete health information, which is especially vital during placement transitions.

Data Sources. External data sources will include The Worker Information SysTem (TWIST) as made available by DMS, Kentucky HIE, and data gathered from sources such as third-party aggregators, other MCOs, or the State during continuity of care planning for new Members, and from our Providers. We propose that DCBS consider incorporating the child's or youth's required medical passport into our system, with role-based access protections to further support coordination among the systems of care, and support Caregivers in managing this document.

Figure G.10.h-1. YouthRAP Users' Secure Access to Member Data



Key Functions. As shown in Figure G.10.h-1, YouthRAP will provide authorized users access to a consolidated view of Member PH, BH, pharmacy, and care planning data in an easy-to-navigate dashboard. Accessible screenings and assessments will include Anthem's FC HRS and Provider-completed assessments such as Kentucky CANS, as well as HEDIS care alerts, authorizations, pharmacy, and claims organized by type. ***It will provide a multifaceted perspective on Member utilization and pharmacy patterns to prevent service duplication and identify care gaps and trends to coordinate more effective care.*** This includes care planning and gaps around SDOH and other non-medical services critical to a Member's overall health. This platform will provide a common space to bring together the extensive assessments, appointments, placements, and health information on our Members to provide a complete picture to provide the best care coordination.

This is also a place for ***members and caregivers to access and provide feedback*** on their care plan. They can also stay updated on PCP assignments and upcoming appointments.

YouthRAP will provide critical bridges across multiple teams to support High Fidelity Wraparound processes.

Additional Solutions

Our Fostering Connected Care Concierge team gathers assessments and other Member-specific information from all available sources, including DMS, DCBS, DJJ, FC agencies, and Providers, and saves it in Health Intech, documenting the information in the Member's care plan. Access to this and other medical record information is available subject to HIPAA requirements and user specific restrictions in collaboration with DCBS.

Linking in Members, Families, and Caregivers

Youth, their authorized representatives, or guardians will be able to view this information through our secure Member website. By making YouthRAP accessible to youths and families, we will promote continuity of care during any placement transition. In addition, sharing this tool with youth and their families promotes engagement and active participation in health care decision-making and self-care. They will also be able to send a message or question to our Fostering Connected Care Concierge team or to their Care Coordination Team through secure messaging. We will work with DMS and DCBS to establish safeguards that will limit access to authorized users only.

Assuring Positive Health Outcomes for SKY Members through Population Health Management and Care Coordination

As described in our response above, Anthem Fostering Connected Care model for SKY Members is poised to support Members in FC, Adoption Assistance (AA), and JJ through all their health and SDOH needs using Population Health Management approaches. This includes having dedicated, individualized, multidisciplinary teams and team supports who coordinate care by gathering information, using population specific methods for stratification, care planning and continuous monitoring in a Trauma-informed, person-centered and system-based process. Our innovative solutions, including Health Intech and YouthRAP, will integrate data and facilitate information sharing to support Members, caregiver, DCBS and DJJ staff, Providers and stakeholders involved in Members' lives. Through our SKY specific training, education, and capacity building efforts, inclusive of a specialized Training and Education team, we will support Providers and system partners in expanding and enhancing Trauma-informed Care and evidence-based practices. As a partner to the Commonwealth, our commitment to bringing innovative PHM-based solutions will assure positive health outcomes to our SKY Members.

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Anthem Medicaid

11. Utilization Management

Committed to the Future of Kentucky Medicaid

Helping Youth Transition to College Life

We joined efforts with Wednesday's Child to procure laptops for college-bound high school graduates who are in Kentucky Foster Care. Computers are among foster youths' top wish list items as they transition to college life.

G.11. Utilization Management

G.11.a. Monitoring Access to Appropriate Psychotropic Medications

a. Describe how the Vendor will collaborate with Network Providers, the Department, DCBS, and DJJ to provide coordinated care for those Kentucky SKY Enrollees accessing psychotropic medications.

Anthem Kentucky Managed Care Plan, Inc. (Anthem) understands that proactive, collaborative programs and meaningful communication and education with partners is key to high-quality coordinated pharmacy care, particularly for the youth engaged with the child welfare system. Recent studies have shown that nearly 30% of the 400,000 children in Foster Care in the United States are taking at least one psychotropic medication. Of those children, only 34% received required treatment planning or medication monitoring.[1]

Our Fostering Connected Care team has developed an evidence-based and comprehensive care model based on our collaboration with Dr. David Lohr from the University of Louisville, School of Medicine.

- Leverage our ***Youth Records Access Portal (YouthRAP) to communicate with Enrollees (Members), caregivers, Providers, DCBS, and DJJ Agencies*** about current psychotropic medication use and any changes to the care plan. Beyond using YouthRAP, we also make deliberate telephonic and mail outreach in order to guarantee every opportunity of communication.
- ***Assure continuity of care during transitions*** through collaborating with DCBS and DJJ and other sister agencies.
- ***Educate our Members, caregivers, and agency partners*** on the appropriate use of psychotropic medications.
- ***Collaborate with our Providers*** to confirm the administration of evidence-based psychotropic treatment guidelines[2], participate in our successful Psychotropic Medication Management program, and offer toolkits on prescribing guidelines.

Using YouthRAP for Communication Across Multiple Partners

All communication, suggested medication changes, and Member and Provider trainings related to psychotropic medication use will be available in YouthRAP. This allows for seamless communication and oversight across multiple agencies, stakeholders, the family unit, and Anthem teams.

We will also hold regular meetings with DCBS, DJJ and our Network Providers to identify, discuss, and resolve additional issues and needs of our Members, including psychotropic medication-related needs and concerns.

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[1] Treatment Planning and Medication Monitoring Were Lacking for Children in Foster Care. Office of Inspector General, September 2018.

[2] Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems. System of Care Resource from the American Academy of Child and Adolescent Psychiatry 2015.

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Anthem looks forward to building upon our current collaborative processes, and enhancing our ability to work together to provide oversight of psychotropic medications through our innovative technology solution, YouthRAP. We will build upon our existing information-sharing platform to implement an electronic health record (EHR) solution that will serve as a system of record for children and youth in child welfare — a repository of Member health information, aggregating data from our own internal systems (such as claims, encounters, and authorizations) with external data sources. External data sources will include The Worker Information SysTem (TWIST), Kentucky Health Information Exchange, and data gathered from sources such as third-party aggregators, our Providers, other Managed Care Organizations (MCOs), or the Commonwealth during continuity of care planning for new Members. Through this solution, we will also work with the DMS, DCBS, and DJJ to develop and implement program performance measures and reporting mechanisms to enable secure data transmission that will support abilities for all partners to monitor utilization of psychotropic medications.

> Anthem's technology solution supports the foundational belief that the enhanced coordination of high quality services and supports to SKY Members must be supported by consistent and robust data sharing and access to accurate and up to date records.
>
> KY_Hlth2019_G.11.a_SKY-Technology_66_COB_01

This solution will facilitate communication and enable us to efficiently coordinate care with DMS, DCBS, DJJ, physical health (PH) and Behavioral Health (BH) Providers, and our clinical staff to make sure all involved parties have access to the most up-to-date medical records for Kentucky SKY Members. Through our secure, roles-based website, Providers, DCBS, and DJJ staff will have access to YouthRAP, which will include a consolidated view of Member PH, BH, pharmacy, and care planning data in an easy-to-navigate dashboard that supports coordinated care. For example, Primary Care Providers (PCPs) can identify a Member for whom their BH Provider has prescribed psychotropic medications and work with the BH Provider to identify and resolve concerns, such as prescribing of multiple psychotropic medications.

Our SKY Care Coordination Team (CCT) actively coordinates the sharing of Member information, including medical records, among DMS, DCBS, DJJ, and Members' PCPs and other treating Providers, including BH Providers. In addition to sharing Members' care plans, Care Coordinators communicate with treating Providers to gather and share information. This is of particular importance for Members with complex PH or BH needs. Care Coordinators make sure Providers have all available records for the Member, including involvement in child welfare and Juvenile Justice, screening and assessment results, and PCP records to complete a well-informed and thorough evaluation. This includes a medication review and reconciliation and metabolic risk profile, as well as identifying side effects the Member may be experiencing. When warranted, the Care Coordinator will engage a child's current prescribers with Anthem's Medical Director, BH Medical Director, and Pharmacist to review medications for determination of appropriateness, adherence, and contraindications. IngenioRx, our in house Pharmacy Benefit Manager, uses proprietary algorithms to review Members' claims against program rules, like a Member taking an inappropriate medication based on their age, to triggers a communication to the Member and/or Provider either via letter or telephonic outreach.

42% of Foster Care Members targeted in Kentucky's Psychotropic Medication Monitoring Program during 2018 experienced a positive change in behavior.
KY_Hlth2019_C.11.a_SKY-Medication_49_COB_01

Collaborating with DCBS to Ensure Optimal Case Management

Currently, we work with DCBS' clinical team and Medical Director to make sure that we initiate action and follow-up for children that DCBS identifies, through their internal tool, with psychotropic medication utilization outside of expected parameters. We will continue to work collaboratively by using process improvement methods to align our program to the methodology of DCBS and collaboratively share information, such as DCBS notifying us of every child they have any concern about so we can promptly follow up. We will continue to offer data on children that we have identified and conducted outreach to through our Psychotropic Medication Monitoring program to inform DCBS staff of our activities and to coordinate and eliminate potential duplicative efforts.

Assuring Uninterrupted Access to Psychotropic Medications During Transitions

For children and youth in Foster Care, the Care Coordinator eases transition by verifying that the Members' care and medication regimen is not disrupted as Members move (for a new placement or other reasons, such as going to college).

They will verify the Member's access to currently prescribed medications, and help assure a new Provider has access to all previous medical records, assessments, care plans, and Provider treatment plans. With a clear understanding of a child or youth's history, needs and care plan services across the system of care, the Care Coordinator will continue to act as the link across stakeholders, including Providers (both PCP and BH Providers), DMS, DCBS, DJJ, schools, and the judicial system.

Care Coordination Helps Assure a Young Member Has the Medication He Needs to Remain Healthy

Sam, a 13 year old Foster Care Member, has a diagnosis of autism and PTSD, regularly presents with mood dysregulation and impulsivity, and is non-verbal with a history of aggression, destruction of property, elopement, and acting out sexually. After being newly enrolled with Anthem, Sam was about to run out of his medication, Geodon. The prescribing provider's office was closed until Tuesday of the following week, and Sam needed his medication refill. Sam's Care Coordinator stepped in quickly, spoke with his DCBS Social Service Worker, and confirmed Sam's history of being on this medication. The Care Coordinator was able to get an override approved to fill this medication until Sam could be seen by his Provider the following week. The Care Coordinator followed up with Sam's Provider to arrange for an appointment and to make sure the physician completed the Prior Authorization that following week. The Prior Authorization was approved and Sam continued medication management, filling the prescription monthly.
KY_Hlth2020_11.a_Sam_49_RS_02

Access to Medications Post-discharge

Anthem's hospital-based Care Managers make sure that Members have all prescribed medications, including psychotropic medications, post-discharge. They identify medications that may be difficult to obtain, and make sure these medications will be available to the Member post-discharge either through local pharmacies or an onsite facility pharmacy. The Member's Care Coordinator confirms authorization of all medications and proactively identifies and resolves any problems or barriers related to availability or access to the medications before the Member is discharged. The Care Coordinator also confirms that the Member received the medications after discharge. Anthem's SKY Discharge Management program, described in

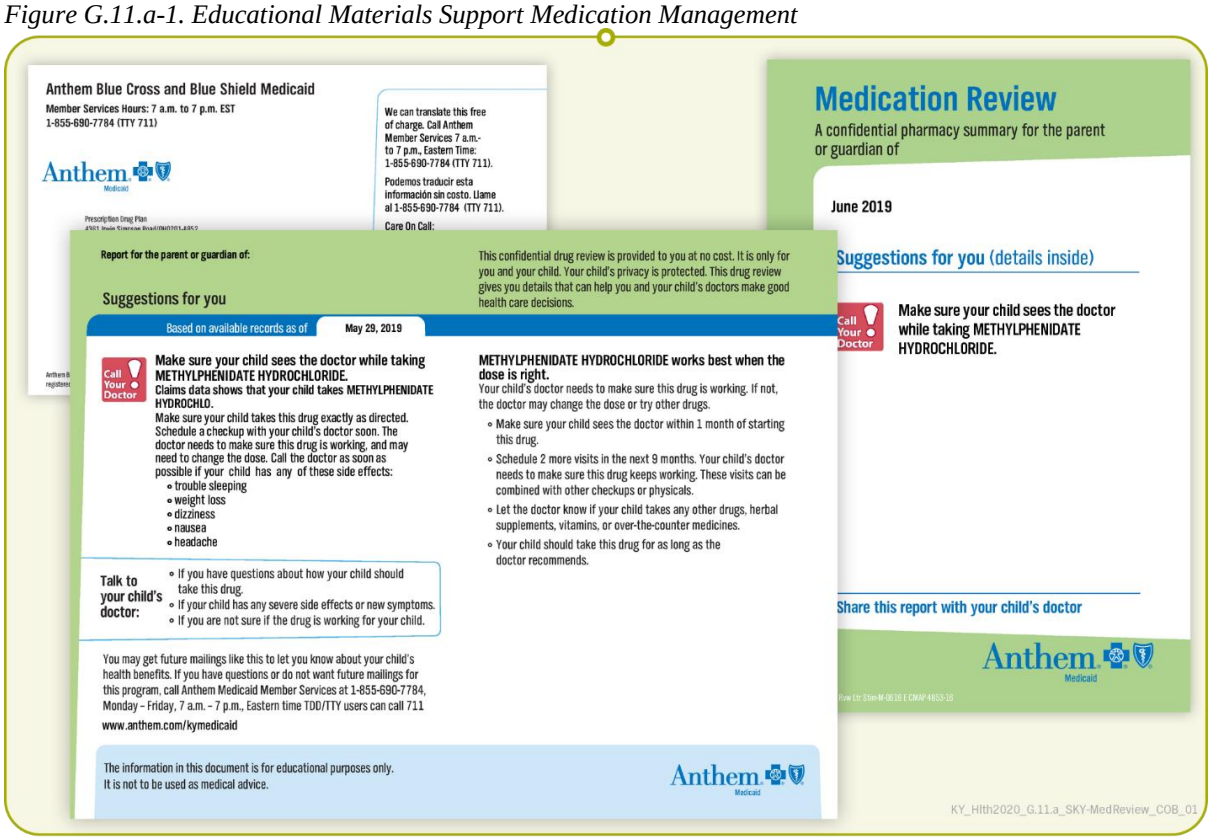
Figure G.11.b-1, provides additional steps we take to assure prescribed medications are verified and received after discharge or between treatment settings.

Engaging Caregivers to Support Appropriate Use of Psychotropic Medications

Care Coordinators also make sure that caregivers understand the importance of administering psychotropic medications as prescribed, side effects that the child may experience, and who and when to call with any questions or concerns. Care Coordinators work closely with the caregivers to make sure the Member is receiving other appropriate psychosocial care services to support their medication regimen, such as therapeutic services.

Figure G.11.a-1 provides a sample of materials we provide to caregivers to reinforce the importance of adhering to medications as prescribed, potential side effects of which to be aware, and follow-up appointments with the Provider that should be kept.

Figure G.11.a-1. Educational Materials Support Medication Management



Collaborating with Prescribing Providers Using Anthem's successful Psychotropic Medication Monitoring Program

Anthem's Kentucky SKY Psychotropic Medication Monitoring program will continue to be instrumental in supporting appropriate access to psychotropic medications as well as coordinated care for Members accessing psychotropic medications through real-time messaging alerts and follow-up with the prescribing Provider. In this program, ***we stratify pharmacy claims data,*** evaluate prescribing patterns related to diagnosis, patient age, polypharmacy, dosage, and

psychosocial therapy and interventions ***to identify prescribing and utilization trends***. Follow-up action is quickly taken when warranted based on utilization parameters that fall outside of evidence-based psychotropic treatment guidelines.

When warranted, pharmacists will call the prescribing Provider to help coordinate care and encourage alternative or additional supportive treatment. Our program protocols include:

- Prior Authorization for antipsychotic use in children 17 years of age and younger.
- Point of Sale soft edit to prevent the dispensing of duplicate mental health therapy with use of psychotropic medications (antipsychotics included).
- ***Use of multiple antipsychotic medications from multiple Providers.*** We notify the child's Providers through fax and telephonic outreach to help coordinate the child's care.
- ***Use of antipsychotics in children less than six years of age.*** Antipsychotic use in children less than six years of age is not FDA-approved or supported in treatment guidelines. We engage the child's Provider through fax and telephonic outreach to discuss the current medication, discontinuation of therapy, and other treatment options. Our pharmacist also encourages the use of psychosocial care.
- ***Use of antipsychotics in children and no psychosocial care.*** We notify the child's Provider through fax to encourage use of psychosocial care as first-line therapy.
- ***Use of antipsychotics in children and no metabolic monitoring.*** We notify the Provider of identified gaps in care through fax.

Kentucky Psychotropic Medication Monitoring Program - 2018

- **38%** of the children in Foster Care under the age of 6 identified as using a psychotropic medication inappropriate for their age, discontinued that medication
- **57%** of the children in Foster Care identified with polypharmacy, discontinued one or more of the multiple psychotropic medications

KY_Hlth2019_C.11.a_SKY-Psychotropic_49_COB_03

In addition, we will enhance our Psychotropic Medication Monitoring program for the Kentucky SKY program to include additional components that our affiliate successfully implemented for Georgia Families 360°SM. We will add prescriber messaging on drug-drug interactions and high dose alerts (dosages that are higher than the FDA-approved doses), which include new rules for children under 18 years of age. These rules look at compliance of taking antidepressants and the maximum dose of stimulant medications to make sure the prescription does not exceed the FDA-approved maximum dose.

Provider Toolkit on Guidelines and Practices Around Psychotropic Medication Use in Child Welfare

We will offer our "Toolkit for Providers with Children on Psychotropic Medication" to provide guidance on current guidelines, specialty topics within Foster Care, and prescribing guidelines available to Providers and stakeholders on demand on the Anthem Training Academy (Academy) platform. The toolkit will provide critical information and resources for Providers to access, familiarizing them with the unique challenges in prescribing, monitoring and ensuring safety in the child welfare population.

Toolkit

Toolkit for Providers with Children on Psychotropic Medication

- Background of prevalence of BH conditions in children in the child welfare system (link to our Screening and Identification of BH disorder toolkit)
- Prevalence of children in Child Welfare (CW) system on psychotropic medications
- Legislation outlining rules around psychotropic medications in CW children
- Outline of relevant organizations for reference
- Tools for PCPs when prescribing PH medications; connecting with the BH specialist
- Talking to caregivers about psychotropic medications
- Talking to youths about psychotropic medications
- Current research on prescribing rules and best practices

G.11.b. Approach to Collaborative Discharge Planning

b. Describe how the Vendor will collaborate with the Department, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential providers, physical and Behavioral Health Providers and others on Discharge Planning needs of Kentucky SKY Enrollees across all levels of care.

Supporting Members and their caregivers during pre- and post-discharge planning coordination and care is one of the most crucial Care Coordination functions. We capitalize on developed relationships with DMS, DCBS, DJJ, hospitals, psychiatric residential treatment facilities (PRTFs), residential Providers, physical and BH Providers, and others, on discharge planning needs of our Kentucky SKY Members across all levels of care.

The goal of our pre-discharge care planning is to assure the safety and well-being of our Members during their stay and to formulate a comprehensive and patient-centered discharge plan. ***The goal of post-discharge care planning*** is to provide support for permanency through enacting the care plan to prevent further trauma and disruption. We will achieve this through utilization of medical and non-medical services and supports that maximize the Member's success in the community and minimize the risk of Member readmission.

Using YouthRAP to Support Patient-centered Discharge Planning

During times of transition, Members needs are changing and communication across multiple parties is critical. The Member's Care Coordinator will be the heart of the CCT, consistently updating YouthRAP to provide consistent communication across internal Anthem teams, state agencies, the Member, Caregiver and Providers.

YouthRAP makes the discharge planning process collaborative, patient-centered and transparent. It is equipped with innovative technology allowing multiple parties to view, suggest edits and accept changes to the Discharge Care Plan. In this model, Care Coordinators work closely with internal Anthem teams, PRFT/hospital staff, and the Member and caregivers to develop each aspect of the discharge plan. This gives a collaborative space to coordinate medical and non-medical care needs post-discharge, such as Caregiver support, transportation needs and resiliency programs.

Anthem also understands that children or youth may sometimes be placed out-of-state for situations that may include Foster Care, temporary placement for services in residential treatment facilities between states, or as a preliminary to adoption. While we will work to avoid this when possible, in situations that will require out-of-state placement close collaboration with DCBS SSW through YouthRAP will allow for easier submissions to the Interstate Compact on the Placement of Children (ICPC).

Building on Past Programs to Pave the Way for Future Success

Through best practices and lesson learned from our current Medicaid discharge planning process and our highly successful discharge planning program in Georgia Families 360° SM program, Our Kentucky SKY process will expand upon these best practices.

SKY Discharge Planning and Follow-up Care Processes

The pre- and post-discharge planning activities guide our team and give stability and choice to our Members and caregivers.

The discharge planning process that Anthem will use for Kentucky SKY was instrumental in reducing our Georgia affiliate plan's admission rate to inpatient BH facilities by **9% from 2016 to 2017**

KY_Hlth2019_11.b_Discharge_66_COB_01

Figure G.11.b-1. SKY Discharge Planning Process

SKY Discharge Management Program

Receive notification of admission
Hospital-based Care Manager obtains information about the hospitalization upon notification of admission

Collaborate with other Providers
Hospital-based Care Manager notifies the child's other Providers, as appropriate, and makes sure that any services authorized are postponed and rescheduled

Monitor Member and begin discharge planning
Hospital-based Care Manager monitors the child's status and consults appropriate parties to assure appropriate placement is in place at discharge. Appropriate parties will include the SKY Care Coordinator and may include DCBS, DJJ, placement (Foster Parent/Kinship Caregiver) if the child is going back into the community, or another facility

Consults with the Member's SKY Care Coordinator
Hospital-based Care Manager engages the SKY Care Coordinator, who communicates the child's status with the placement (Foster Parent/Kinship Caregiver), DCBS Social Service Worker (SSW) or the DJJ Social Worker, and works collaboratively with all relevant parties to assist discharge planning

Engage multidisciplinary care team
Hospital-based Care Manager engages clinical and non-clinical staff, including the child's SKY Care Coordinator, to work collaboratively to assure receipt of needed services in relation to care planning

Authorize services and coordinate referrals
The SKY Care Coordinator works closely with utilization management to make sure the appropriate community services are authorized for the child prior to discharge so there are no gaps in care. The SKY Care Coordinator will also participate in the exit conference for DJJ enrollees being discharged from an inpatient psychiatric stay

Follow-up care and check-in
SKY Care Coordination Team verifies that scheduled services and follow-up appointments are made, that proper services are in place for the child, that a crisis/safety plan is in place, and that Foster Parent/Kinship Caregiver have additional supports or assistance in place to care for the Member to prevent unnecessary readmissions

Reconcile prescribed medications
SKY Care Coordinator verifies that the child has all medications prescribed and proactively identifies and resolves any problems related to availability of medications post discharge

KY_Hlth2020_11.b_SKY-TransitionsOfCare_66_COB_01

Receive Notification of an Admission

Discharge planning begins prior to planned admissions, immediately upon unexpected admissions or during transitions between services. Care Coordinators take the lead in Discharge Care Plan develop, working closely with the entire Care Team. Because every Member is assigned a Care Coordinator with the expertise most closely aligned with their needs and conditions and who has close contact with the Member, Caregiver, DCBS, and DJJ as applicable on a continual basis, **we are positioned to know immediately when our Members are admitted to a higher level of care.** By working together with facility staff and the Care Team, our Care Coordinators have direct knowledge of the treatment provided while the Member is admitted as well as near real-time information as the Member stabilizes.

Collaborate with Providers

Our hospital-based Care Managers immediately connect with the Member's Care Coordinator on the day of the Member's admission. The Care Manager reaches out to the Member's Providers to schedule any needed follow-up care or reschedule current appointments. This ensures a smooth transition back into the community to promote stability.

Monitor Member and Begin Discharge Planning

Discharge planning begins on Day 1 (or prior to for planned admissions). Hospital-based Care Coordinators work with the Anthem Care Team to develop a comprehensive and feasible discharge plan. Hospital-based staff work collaboratively with the Care Team to be mindful of the individual needs and strengths of each Member.

Consults with Member's SKY Care Coordinator

The SKY Care Coordinator communicates with the Member and the Care Team immediately, including other relevant parties such as caregivers, DCBS, DJJ, the hospital staff, and the Member's PCP. The CCT serving this population will be knowledgeable about child welfare policies and procedures and facilitate communication with the assigned DCBS and DJJ Case Manager to assure a timely and appropriate transition.

From the moment a Member enters the hospital, PRTF, or other residential setting, ***our Care Coordinator immediately engages their caregivers*** and encourages participation in family therapy while the Member is in the hospital or residential facility to promote connection and compassion. Our Care Coordinator ***also works closely with the DCBS SSW, DJJ Social Worker, and the Private Placing Agency***, as applicable, to make sure everyone involved in supporting the child or youth is in agreement about the discharge plan from the first day of hospitalization and ongoing thereafter. This enables us to quickly revise discharge plans in the event that new placement is needed post-discharge. We identify and set up all expected community services early so that we can recognize and plan for delays that could result from situations such as a waiting list or extensive admission requirements for intensive home services.

Engage Multidisciplinary Care Team

Holistic discharge planning is achieved through a multidisciplinary approach. Under the direction of our SKY Medical Director, bi-weekly or ad-hoc multidisciplinary clinical case rounds are conducted to bring together multiple information sources to develop the most appropriate care plan for the Member. ***These meetings include employees from Utilization Management, Hospital/PRTF-based care management, BH, pharmacy, psychiatrist and chronic condition management. The purpose of these rounds is to make recommendations on care and service coordination based on information from the Member's past medical history, problems relating to the Member's care, evaluations by servicing Providers and non-medical factors, such as access to transportation.***

MY WHY

Maria Capps, RN
Utilization Management Clinician

MY WHY is believing that every person deserves the gold standard in health care, regardless of socioeconomic status or disability. Medicaid serves the most delicate populations, and I am proud to be a part of an MCO that cares about more than just the Members. Anthem cares about the communities, families, and Providers we serve. This organization reaches out further than just medical needs to help every adult and child. We do this, for example, by providing resources for healthy nutrition, resources to attain financial independence, and programs to promote wellness. I am driven to meet the gold standard for our Members by hearing the success stories and seeing the joy on their faces at events in the community.

KY_Hlth2019_MyWhy-Maria_COB_01

Authorize Services and Coordinate Referrals

The Care Coordinator works closely with Utilization Management to confirm authorization of the appropriate services for the child prior to discharge so there are no gaps in care. It also helps Utilization Management staff have a more complete clinical picture when making authorization decisions. Care Coordinators facilitates collaboration across all Entities.

Primary tasks of our Care Coordinator assigned to a youth in any type of inpatient setting include:

- Coordinating admission discharge planning, post-discharge care, and continued services (for example, rehabilitation)
- Providing assistance to our Members in obtaining and coordinating PH and BH, pharmacy, and other community services
- Engaging the Member, caregivers, DCBS, and DJJ as applicable in care planning to maintain permanency and address changes, as well as provide for appropriate transition of care across settings
- Monitor progress with home-based interventions
- Facilitate follow up appointments
- Identify any gaps in care or new challenges to care
- Contact Members and their caregivers telephonically or face-to-face following discharge in the Member's home, Provider's office, or hospital, depending on the Member's risk level

Care Coordinators will work with hospital and PRTF-based Care Managers to identify the root causes of the admission and to develop a BH Crisis plan for the future, communicating this to the care teams and assisting in determining changes in the array of supports and services that may be needed in order to avoid disruptions and keep the youth in the community. We will leverage YouthRAP to enhance communication among the system of care and will make sure that information is updated upon discharge so that all relevant parties — DCBS, DJJ, physical and

BH Providers, Members and their caregivers — have access to current information to enhance coordination and avoid the common pitfalls of poorly coordinated transitions.

Follow-up Care and Check in

The Care Coordinator is tasked with bringing all of these varied teams, state agencies, the Member and caregiver together to build a comprehensive, feasible, and patient-centered discharge plan. This discharge plan includes transition needs, adequate pre-authorizations and access to medications, appointments for needed BH and PH follow-up care, and connection to needed social services and community supports. This complex planning is supported through YouthRAP, ensuring all parties are able to see the process of discharge planning and the follow-through on the post-discharge care.
The next step is critical: ensuring the discharge plan is enacted. Our Care Coordinators, using YouthRAP, will ensure that the Member is receiving the care outlined in their discharge plan through follow-up with the Member and caregiver, Providers, and DCBS, DJJ, as applicable.

Reconcile Prescribed Medications

Hospital-based CMs will ensure adequate medication authorization and availability through:

- Assuring the completion of needed assessments when our Members experience a change in condition to make sure the Care Plan continues to meet the Member's needs as well as adjust services and service settings, as needed.
- Assist in removing barriers to obtaining necessary medications through:
  - Arranging transportation and delivery of medications, particularly if they are difficult to obtain
  - Assuring medications are authorized as planned in collaboration with Utilization Management (UM)
  - Assessing key transition components, including medication management programs and consultation programs, nutrition, adequacy of the care plan, and physician follow-up after the transition to provide additional support and education based on their evaluation of the Member's health status, and identified gaps in care

Assuring the Needs of Medically Complex Children are Supported

Our holistic, multidisciplinary care teams go above the bar to provide support our most medically complex Members through enhanced engagement, coordination, and care planning. The RN Case Manager will support discharge planning for Medically Complex Children through:

- Updating the Individualized Health Plan (IHP) and disseminating through YouthRAP and meetings
- Setting up Single-Service Agreement with Providers who are out-of-network to get care when it is needed
- Engaging the DCBS SSW, Family Services Office Supervisor (FSOS), and the Medically Complex Liaison from DCBS
- Assisting the Foster Parents in updating the medical passport with any new information associated with the hospital admission
- Identifying impacts to the child's Individualized Education Plan (IEP)
- Providing training and support to caregivers regarding any changes in the child's care or needs upon their return home

- Connecting the Member and caregiver with Zero Suicide support services as the risk of suicide is highly elevated post-discharge from a psychiatric facility. We want to ensure our Members have access to every support during this time.

Processes for Step-Down or Transitions of Care

Our processes help assure all children in a PRTF receive enhanced coordination and communication to ensure appropriate services and supports are in place prior to discharge. Collaboratively, the Care Coordinator, PRTF-based Care Manager, facility nurse, and the internal designated facility point of contact work together to make sure we meet the needs of the child, that stabilization has occurred, and that there is a solid transition plan. The Care Coordinator will be responsible for proactively assuring all the internal and external stakeholders are working towards a safe and timely discharge. The Care Coordinator, in close partnership with the UM Clinicians, will play a crucial role in facilitating a transition plan that the Member and caregiver have adequately prepared for. This will also include early and frequent communication with the DCBS SSW to determine the placement upon discharge to assure continuity for the child, reduce time in out-of-home care, and affirm placement decisions to avoid delays and inappropriate utilization of higher-level care. Realizing the high needs and presenting behaviors of SKY Members can be a barrier to finding the appropriate placement to ensure safety and step down from a higher level of care. Anthem is committed to a transparent process with our Medical Directors and CCT team members to collaborate with DCBS clinical staff, placing agencies and various Providers to wrap appropriate services around the Member to ensure their timely discharge from an inpatient or PRTF setting. We are committed to continuing to meet all contractual requirements around communication and coordination of services when a Member no longer appears to meets clinical criteria for medical necessity guidelines.

Anthem Goes Above and Beyond to Help Preserve Current Placements and Avoid Hospitalization

Joey, a 12-year-old Anthem Member, has been in a residential placement located in a rural area of Kentucky since February 2019 (currently a carved out benefit that is administered by DCBS). Joey was displaying some very extreme and unsafe behaviors towards himself and others, and the Cabinet for Health and Family Services was attempting to get Joey placed in a facility that could provide more structure and services. There were no available beds in such facilities, so Joey was at risk of psychiatric hospitalization. During a collaborative conference call to discuss Joey's needs, his team (including Providers, Children's Review Program, DCBS Central office and regional leadership, and Anthem's SKY Medical Director) determined that additional applied behavior analysis (ABA) support services (a service DCBS did not offer) could enable Joey to be treated in his current placement rather than move him to a hospital until a more appropriate placement could be found. Emily, Joey's Case Manager, looked for ABA Providers in the region and did not find any participating with us. Emily continued to search and identified some out-of-network Providers that typically only do ABA for Waivered individuals. She explained Joey's situation to these Providers, and they agreed to go into Joey's current residential placement and provide additional support for Joey. Our Provider Promise team and BH Utilization Manager worked together to get a single-case agreement (SCA) approved within three weeks. Joey is now stabilized, maintained his current residential placement, and has been able to avoid unnecessary hospitalization.

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Anthem understands that PRTF placement is a challenge and that there are limited numbers of facilities and services available, and therefore it is sometimes necessary for children to be diverted to other states, although rarely and only under clinical necessity. In these situations, the Care Coordinator continues to work closely with DCBS to keep Members who go to PRTFs in-state whenever possible, or minimize the period of time children are placed in out-of-state facilities when necessary. Our Medical Director and Utilization Management Manager will

conduct an ongoing review of placement data. They will appropriately shorten length of stay in in-state facilities, and closely review Members in out-of-state facilities, monitoring process and availability of services in Kentucky to facilitate appropriate returns. Alternatives to PRTFs, for example, require deploying a wide array of community services and supports. Our Fostering Connected Care program will support caregivers through appropriate resources such as intensive BH outpatient services, Parent-Child Interaction Therapy (PCIT), respite care, medication review, behavior management training, and other community services to stabilize families and reduce further trauma exposure from multiple placements.

Anthem Medicaid

12. Aging Out Services

Committed to the *Future* of **Kentucky Medicaid**

Recognizing that Cultural Competency Matters

Cultural competency is crucial to providing high-quality health care to diverse populations, and Anthem is proud to be recognized by NCQA with Multicultural Health Care Distinction.

G.12. Aging Out Services

Provide the Vendor's recommendations for enhancing the services and outcomes for FC Enrollees, Former Foster Care Enrollees, and JJ Enrollees aging out of Care and the Kentucky SKY program. Provide examples of services or tools the Vendor has used for other similar programs and detail how these tools have contributed to the Vendor achieving program goals.

At Anthem Kentucky Managed Care Plan, Inc. (Anthem), we know that young adults who age out of the child welfare system are more susceptible to poverty, homelessness, poor educational outcomes, low wages, unemployment, adverse health issues, and incarceration. ***Not only are these poor outcomes unacceptable to us, they are the reasons we do whatever it takes to get our Enrollees (Members) what they need for short- and long-term safety, wellness, and permanency.***

Key findings from The Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) research of youth through their mid-twenties who age out of Foster Care show low rates of employment through age 24, and substantially lower earnings persist through age 24. The National Institutes of Health research findings suggest between 11% and 36% of youth aging out of Foster Care experience homelessness during the transition to adulthood. In Kentucky, those trends have held consistent among youth in child welfare ages 17 and older.

Examples of Effective Services and Tools

Based on our affiliates' experience in other markets, there are a variety of services and tools that we will use to fully address the risks and disruptive effects for Members aging out of child welfare to support a smooth transition to independence.

This starts with ***Uplifting Futures***, our established transition support program that aids youth transitioning from adolescence to adulthood, a pivotal developmental stage. Uplifting Futures helps youth develop skills necessary to become healthy and productive adults, often complicated for youth who are aging out of child welfare without a permanent family. We consider transition planning as a process rather than a checklist of required steps. Uplifting Futures provides Members with a transition plan that develops over time with both short and long-term goals, and involves close engagement with the Member, caregiver, Department for Community Based Services (DCBS) Social Service Worker (SSW), and, as appropriate, Department for Juvenile Justice (DJJ) Social Worker. As demonstrated in Figure G.12-1, our model identifies the Member's individual strengths, preferences, needs, goals, and supports youth self-sufficiency through education, skill building, resource linkage, and compassion.

Uplifting Futures supplements DCBS planning which starts at age 12 with an independent life skills plan, under the Chafee Foster Care Independence Program, and continues through the creation of a transition plan. This plan is initiated by DCBS when the youth turns 17 and is updated prior to the youth's 21st birthday, if the youth has elected to continue services to age 21.

Uplifting Futures supplements this plan and supports when we begin planning for the Member's transition at age 14, or at the earliest date the Member is enrolled with us after the age of 14. We continue services through age 21 for those Members who elect to continue enrollment in SKY

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and to age 26 for those Members electing to continue services and who choose to continue receiving our transition support.

We are in the process of developing a Transition Age Youth (TAY) Screener to supplement our Health Risk Screening (HRS) to promote a youth-focused process for Members who are aging out of the child welfare system. While our HRS already includes questions about social determinants of health (SDOH), our TAY screener will focus in on more detailed areas of inquiry addressing the unique needs of children in Foster Care, particularly on issues related to the transition process for youth aging out.

Our Uplifting Futures program resides within the larger Care Coordination Team (CCT), thus assuring there is continuity for the youth and coordination among all team members supporting the youth. The Uplifting Futures team adds either a TAY Coordinator who serves as a special Member Liaison and family and/or youth peer support specialists. The CCT works with Members to create an individualized plan to meet their goals for aging out, using a strengths-based, youth-guided approach. We assess risks and needs, and coordinate access to Covered Services and community-based resources, as well as educate our Members and their families about the availability of continued Medicaid coverage until the age of 26 for former youth in child welfare. The planning is guided by the Member's wishes, goals, hopes and dreams, and sets forth a collaborative process to manage expectations and overcome barriers. ***This individualized plan complements the DCBS transition plan***.

Figure G.12-1. Anthem's Uplifting Futures Program Surrounds the Member

Recommendations for Members in Child Welfare

Age 14 to 16. Based on our affiliate's successes helping to transition Members in Foster Care in Georgia, we begin transitional activities at age 14. At this age, we encourage caregivers to teach daily living skills as would occur in an intact family of origin. To facilitate this process, our TAY Coordinators include goals and interventions to support how to master daily living skills in the Member's care plan. For example, a goal may be "Member will learn three independent living skills in the next three months." Types of interventions may include "caregiver will help Member learn and master cooking a meal of Member's choice" or "caregiver will help Member learn and master doing laundry."

We also acquaint Members with Kentucky RISE, the Commonwealth's new digital portal for links to resources including education, job training, employment, and housing options for TAY youth, to help them learn about important resources needed for their transition plans. For example, the portal has a link to the "Fostering Success" program, a summer employment initiative. More than 80 employers with various opportunities have signed on for this year's program. While Kentucky RISE is geared toward youth ages 14 and older, the website is also accessible to Foster Parents, community partners, and the public. In addition, our case managers utilize the Kentucky RISE website today as a way to link our Members of transitional age

quickly to answers they have about schools that accept the Tuition Waiver, where they can find a list of essential documents, or where to learn about Foster resources such as links to jobs.

Age 17+. As Members near their 17th birthday, our TAY Coordinator will work closely with the DCBS SSW on the transition planning process, with participation from the Member, caregiver, Primary Care Provider (PCP), specialty Providers, and natural supports. If a youth is already 17 when they enroll in SKY, we will initiate this process within one month of enrollment. The team focuses on what is needed to maximize the Member's safety, well-being, stability, and independence in the community based on their condition, strengths, and needs. This may include:

- Collaboration with the DCBS SSW to educate the Member on the services and supports available after eligibility terminates such as Independence Plus and IDEA participation; education, vocation, and housing options; how to apply for Medicaid under Former Foster Care coverage until the age of 26; and accessing disability services available from educational institutions and employers where appropriate
- Working with other individuals of the Member's CCT to determine and identify all of the services and providers they need, including adult-system PCP, specialty Providers, and community-based resources such as peer and family supports
- Assessing transitional needs and providing recommendations for transitional continuity of care supports such as durable medical equipment, communication devices, or vehicle or home adaptations

Our TAY Coordinators encourage Members and caregivers to communicate their interest in participating in the DCBS Independent Living program to the DCBS SSW. Whether they participate or not, we support our Members by:

- Educating Members at age 17 about the medical and Behavioral Health (BH) benefits available beginning age 18, even if the Member signs out of DCBS custody, and we reinforce this education at age 17 and a half
- Educating the Member about the benefits of remaining engaged in TAY Care Coordination
- Contacting DCBS to ensure that Members with developmental disabilities apply for the Michelle P. Waiver (MPW)
- Acquiring a copy of the Transitional Living plan to support the Member in achieving stated goals at age 17 and a half

Recommendations for Members Formerly in Child Welfare

At age 18, we will shift the focus of Care Coordination from close monitoring and facilitation of overall well-being of the Member to guiding and supporting the Member to becoming self-sufficient. Once the Member reaches age 18, the TAY Coordinator will work with them to create a self-sufficiency plan to gain and maintain control of their overall well-being.

The Member's self-sufficiency plan occurs in conjunction with the DCBS Transitional Living plan. The self-sufficiency plan is based on outcomes generated by an evidence-based assessment, the Self-Sufficiency Matrix (SSM). The SSM consists of 15 life domains in which a Member's point-in-time status on each domain is measured, resulting in a holistic and dynamic picture of a Member's progression toward self-sufficiency. The TAY Coordinator uses our SSM to assess the Member's strengths, readiness, goals, and short-term action steps across these domains, such as family relations, housing, employment, and income. Self-sufficiency scores enable Care Coordinators, in collaboration with the Member, to provide appropriate and relevant support to the Member on an individual basis.

The TAY Coordinator will guide Members who age out of DCBS custody at age 18-21 to apply for Former Foster Care Medicaid to assure medical and BH benefits continue to age 26. We will work closely with the Members to reestablish TAY Medicaid eligibility status to prevent loss of coverage. Our TAY Coordinator will remain involved with youth from ages 21 through 26 as a support. We understand that successful completion of transitioning to full independence does not always occur by a certain age, and we will support youth regardless of their status of Foster Care, extended Foster Care, aged out or Former Foster Care.

VALUE-ADDED SERVICES

Our enrollment systems are built and capable of accepting Kentucky 834 presumptive eligibility files and will perform presumptive eligibility in working with DMS.

Recommendations for Members Aging Out of the Juvenile Justice System

Once our Members involved in Juvenile Justice turn 18, they either return to the community, to their parent(s), Adoptive Parent(s), or legal guardian, or become emancipated. If the Member returns home, they may receive health care benefits through the family's benefits if they have private insurance. In this case, the Member's Care Coordinator, DCBS SSW, and DJJ Social Worker facilitate a team meeting prior to the Member's return home to assure the Member and family have the most up-to-date information. In this meeting, the Care Coordinator, DCBS SSW, and DJJ Social Worker provide recommendations for continuous care, including medical, dental, and BH care, as well as resources or community supports, as needed.

If the Member will be living independently, the TAY Coordinator guides the Member to apply for health care coverage from Medicaid or Kentucky's health exchange with support from a Commonwealth-contracted Enrollment Application Assister. Once covered, the TAY Coordinator supports continuity of care through information sharing with Providers and/or the Member's new health plan, with the Member's authorization.

We encourage Members involved in Juvenile Justice to pursue their GED to earn a high school equivalency diploma if they have not graduated from high school. ***As a value-added service (VAS), we cover the costs of the high school equivalency test to incentivize qualified Members to gain a GED, which will improve their chances of obtaining employment, present options for attending college, and improve their confidence and self-esteem.***

Our Jump Start Program, also offered as a VAS, helps Members take steps in job training, vocational education, and job searching. It includes a library of work-related modules accessible by tablet or smartphone. These modules include training on soft skills needed to succeed in any workplace environment. Anthem has invested in employment-based partnerships to support TAY Members preparing to enter the workforce; we will explore community partners in Kentucky to apply the principles learned from these employment programs in other states.

Key Highlights of Our Uplifting Futures Program for Transition Age Youth in or Formerly in Foster Care

We believe there is an opportunity through selection of a single SKY Managed Care Organization (MCO) to strengthen the transition planning process. This approach builds on our established transition support program, Uplifting Futures, and the experience of our affiliate

Georgia health plan, which seeks to engage with TAY early to improve their outcomes upon transition as outlined in Table G.12-1.

Table G.12-1. Uplifting Futures Engagement Approach

Uplifting Futures Engagement Approach	Key Steps/Elements
Permanency Planning	• Verify the youth's current permanency plan • Integrate permanency plan into the care plan • Update the care plan as appropriate
Engage Youth and Family	• Motivational interviewing • Person-centered, strengths-based care planning • Setting measurable, attainable goals
Refer Youth to Local Resources	• Educational supports • Community supports • Chafee Independence program • Medicaid benefits
Discuss/Address High-risk Adolescent Behaviors	• Identify common mental health conditions such as anxiety and depression • Pregnancy prevention • Personal responsibility • Sexual risk avoidance • Suicide prevention
Collaborate with Youth	• Discuss what they want as they plan for their future • Educate them about the transition planning process • Partner with the Member, DCBS SSW, and DJJ Social Worker to develop the DCBS transition plan at age 17
Arrange for Value-added Services	• Home Essentials Kit • Jump Start Program • GED Assistance • Lifeline Phone benefit

We will implement a structured transition planning process beginning at age 14 by age grouping using the approach detailed below in Table G.12-2.

Table G.12-2. Recommended Transition Planning Approach for Youth and Young Adults in Child Welfare

Primary Objective	Interventions
Age 14: Begin Learning Skills for Independence	
Laying the Foundation for Transition Through Skills Progression	• Verify the youth's current permanency plan • Help the youth identify goals and interventions to support skills learning in the Member's care plan • Encourage caregivers to teach daily living skills • Working with the youth and caregiver, support progress on tasks like cooking, basic money management, and self-advocacy and connects
Age 17: Learning Skills for Transition to Adulthood	
Preparing for Independence	• Collaborate with the DCBS SSW or DJJ Social Worker and youth on their transition plan • Educate the youth about the medical and BH benefits available after age 18, including Medicaid coverage for former youths in Foster Care and options available through the exchange • Educate the youth on the benefits of remaining engaged in Care Coordination services
Age 18: Supporting Self-sufficiency	
Assuring Readiness for Adult Responsibilities	• Administer the SSM. Self-sufficiency scores enable Care Coordinators, in collaboration with the youth, to provide appropriate and relevant support to the Member on an individual basis

	• Work with the youth to create a self-sufficiency plan to gain and maintain control of their overall well-being • Reinforce previous education on medical and BH services coverage and the benefit of Care Coordination • Educate the youth about educational benefits and Chaffee benefits and work with partners to access those services, as appropriate.
Ages 18–26: Aging Out of Custody and Former Foster Youth	
Supporting Transition and Continued Benefits	• Guide the youth to apply for Former Foster Care Medicaid to assure medical and BH benefits continue to age 26 • Help the youth review and update their self-sufficiency plan in conjunction with the DCBS transition plan • Work with Youth who age out, chose to extend until age 21, or Former Foster Youth up to age 26 to reach independence with supports to attain their individual goals

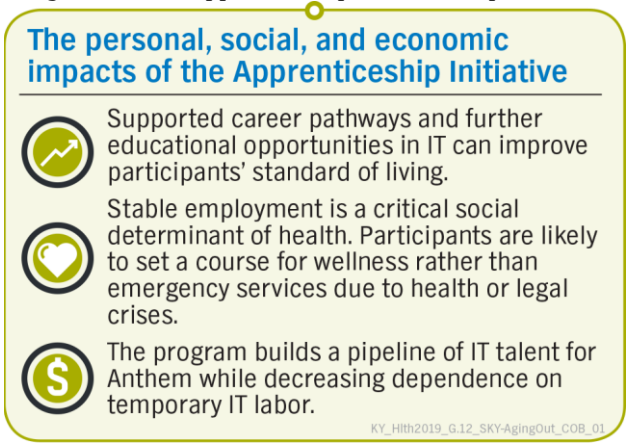
Proposed Programs for Kentucky SKY Transition Age Youth

We propose to leverage existing apprenticeships and employer relationships in Eastern Kentucky to support connections between the workforce and child welfare systems. The Apprenticeship Initiative in Georgia mirrors how partners such as Shaping Our Appalachian Region, Inc. (SOAR) and Eastern Kentucky Consolidated Employment Program (EKCEP) can support the development of career paths for TAY in Kentucky. We will work with these organizations to better connect our child welfare Members to these organizations and the workforce to child welfare.

Career Opportunities in Information Technology

The Apprenticeship Initiative piloted in 2018 for young adults enrolled in the Georgia Families 360°SM program. Eight transitioning Members in Foster Care took part in a yearlong pre-apprenticeship in preparation for a Registered Apprenticeship, a two- to five-year career pathway with Anthem, Inc.'s information technology team, leading to personal, social, and economic impacts shown in Figure G.12-2. They learn and earn from day one, with a monthly stipend during the pre-apprenticeship, and with starting apprenticeship salaries averaging $34,000 in the Greater Atlanta area. Participants are encouraged to simultaneously enroll in postsecondary education and qualify for tuition and education-related expenses from the Education and Training Voucher program administered by the J.W. Fanning Institute for Leadership Development. To date all eight are successfully employed at Anthem's Technology Center and have achieved additional industry-recognized IT certifications over the past six months. Two of our apprentices have aged out of Foster Care. Anthem relaunched an additional eight transitioning Members in Foster Care who are currently being introduced to Anthem's IT department for the next phase of the program. Further barriers, such as trainees need to continue their current jobs were identified and removed so they could successfully complete the eight-week IT Certification training with Per Scholas, a nonprofit that provides technology training to unemployed or underemployed adults for careers as IT

Figure G.12-2. Apprenticeship Initiative Impact



professionals. The apprenticeship team will mentor and support trainees daily through phone calls, virtual meetings, and in-person to do professional development and soft skills twice a week.

The Apprentice Initiative partners with the J.W. Fanning Institute for Leadership Development through the University of Georgia, and Multi-agency Alliance for Children (MAAC) to offer Members key supportive services to minimize barriers to success, such as orientations, transportation assistance, childcare, and housing assistance. A Real Story of real impact can be seen through Danyelle in Figure G.12-3.

Figure G.12-3. Danyelle's Story

Anthem, Inc. Apprenticeship Program Supports Young Adults' Transition to Independence

Danyelle, 19, is a single mom to two-year-old Zachariah and has a long history of involvement with the Foster Care system. She is currently in an independent living program, and continues to receive transition support from the Department of Children and Family Services. Danyelle chose to pursue her career and education through Anthem, Inc.'s five year Apprenticeship Program. She is learning to live more independently with the support from program partners who are providing her with critical skills to be successful, including parenting skills, financial literacy skills, on-going professional development, and so much more. Additionally and so important to her success, Danyelle receives transportation to get to work and daycare for her son while she is at work. Today, Danyelle works full-time as an IT apprentice at our affiliate health plan in Georgia. As part of the program, she will enroll at Georgia State in September 2020, and begin working toward her bachelor's degree, while continuing to work. The Anthem, Inc. Apprenticeship Program is committed to supporting participants like Danyelle in any way they may need. There are no limits! Danyelle is on her way to securing a bright future for her son and herself.

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Innovative Solutions to Address Social Determinants

As described in our response to G.8.f, Covered Services, regarding the role of non-medical factors, we plan to address the social needs of Members aging out of the system with several of the following proven innovative initiatives from our work with child welfare in other Medicaid markets.

TAY Housing Stability Pilot

We will implement the TAY Housing Stability Pilot in collaboration with the Office of Homeless Prevention to provide safe transitional housing solutions for TAY, many of whom are transitioning from child welfare. The program uses emergency housing funds to cover start-up housing costs. We track ICD-10-CM Z codes associated with socioeconomic and psychosocial circumstances to identify all Members who have experienced housing or homeless challenges and to address housing barriers, with a special focus on the TAY population.

SOAR/EKCEP and Anthem Foster Youth Employment Initiative

We will staff a dedicated position within the program to address the needs of child welfare youth who use SOAR, EKCEP, and employment partners. This staff member will provide outreach, advocacy, systems connections, and support to address workforce barriers for TAY and other Anthem Members and serve as a liaison with the Apprenticeship Initiative. Funding for this position will be released pending bid award.

KentuckianaWorks — ShelterWorks

Youth transitioning out of child welfare will have access to ShelterWorks, a housing and workforce partnership that supports individuals who are homeless to enter career pathway employment and permanent housing. This program provides short-term occupational training

and to help individuals gain industry-recognized credentials. Our dedicated TAY Care Coordinators will refer Members as needed.

Code Louisville Summer Program

High school students in child welfare will have an opportunity to take part in a 12-week, online training along with weekly sessions with a mentor to cultivate the next generation of software developers. This program collaborates will with Jefferson Community and Technical College to offer these classes to TAY. Code Louisville Summer Program is a program we will engage for potential expansion and collaboration to further our commitment to providing youth opportunities within the growing Information Technology career path.

Voices of the Commonwealth (VOC)

Consists of nine regional councils offering leadership opportunities to three to five youth who are currently in Foster Care, youth who have aged out of the Foster Care system, or youth who have been adopted. In addition to the regional councils, one youth from each region is selected to participate on the statewide council. All of the youth are instrumental in speaking to resource parents, the department and private agency staff, and community partners about the issues and needs of youth in care and those who have aged out of the Foster Care system. The council is involved with planning and coordinating activities for nine regional events, the annual statewide teen conference, and the Legislature as needed. The group seeks to change negative stereotypes about youth in Foster Care, represent a united voice for all youth in Foster Care, and create a speaker's bureau of youth for public engagements. We also will support unique leadership and engagement opportunities that are available in the Commonwealth. We propose our Transition Aged Youth Care Coordinators collaborating with VOC to increase knowledge of their mission and promote Transition Age Youth participation.

Our Experience Creating Unique Programs that Support Members Aging Out of Child Welfare

Each Member aging out of the child welfare system has unique and diverse needs. In response to this understanding, Anthem and our affiliates have developed unique, local collaborations between system of care partners and our state affiliates on unique programs to provide additional, individualized support during youth transition. For example, our Georgia affiliate launched our ***Coaching and Comprehensive Health Services (COACHES) program and Pathways to Permanency (P2P) partnership***, each with unique results. Should the Commonwealth select Anthem as the SKY MCO, we will engage with DMS, DCBS, DJJ, the Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), and other key stakeholders, to explore locally driven collaborations in Kentucky to enhance our internal capacities, build community, support local efforts, and create innovative approaches like these.

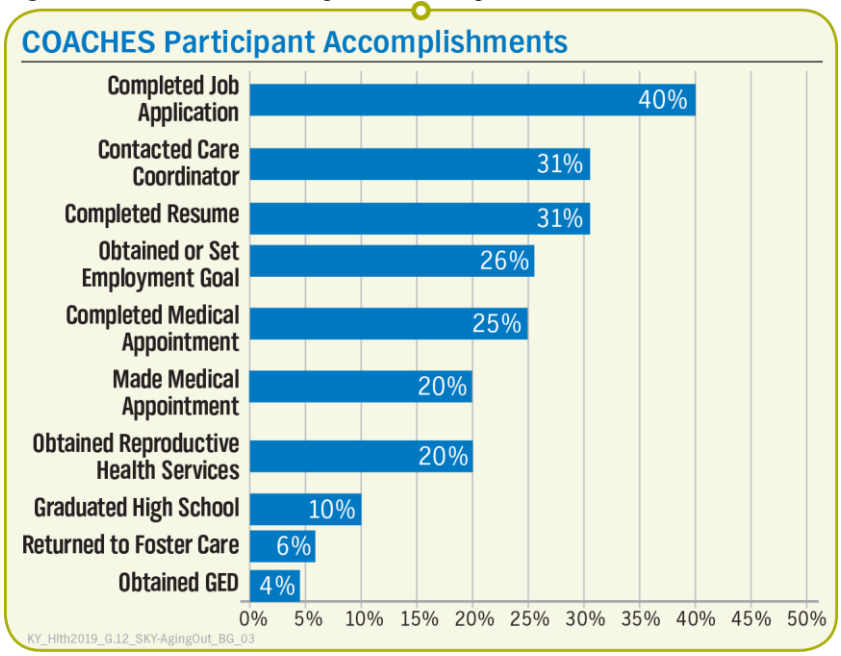
Our Georgia affiliate also launched the ***Anthem Apprenticeship Initiative***, an innovative employment solution; designed to provide career opportunities in Information Technology for Members aging out of child welfare, with wraparound social, educational, and financial supports. In addition, our affiliate Louisiana health plan has supported TAY with ***targeted outreach to determine if they had a State transition plan.*** The TAY Coordinator engaged with Members who did not have a State transition plan and initiated outreach to the Commonwealth on a Member's behalf to begin transition planning. In addition, many of our affiliates have ***innovative***

solutions to address social determinants of health, which have led to meaningful results for supporting TAY as described next.

Coaching and Comprehensive Health Services Program

The COACHES program is a partnership between Families First, a nonprofit child service agency, and our Georgia affiliate, previously grant funded by the Centers for Medicaid & Medicare Services (CMS). This collaborative program designed to improve outcomes for TAY ages 17 to 20 enrolled in our affiliate's Georgia Families 360°SM program with select counties. While this program is no longer funded, Anthem will work with the Commonwealth to identify or help support development of a similar model in Kentucky.

Figure G.12-4. COACHES Improves Participants' Outcomes



The goals of the COACHES program are to:

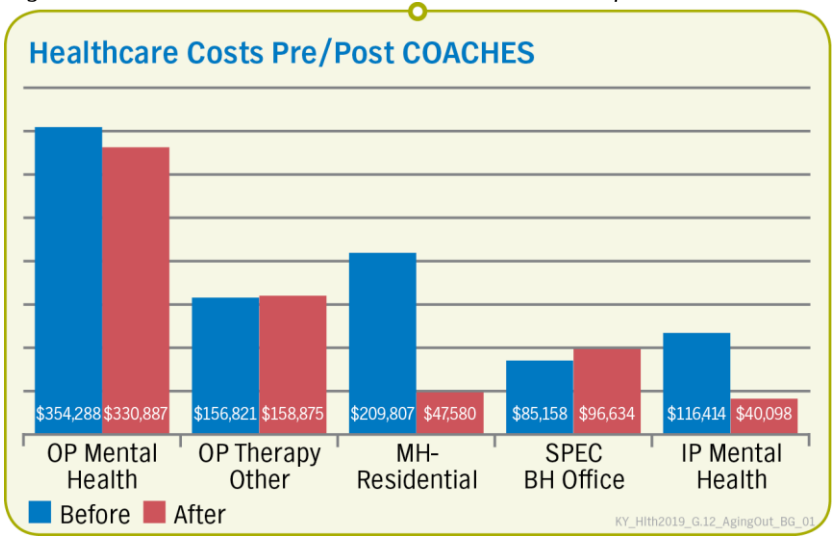
- Reduce utilization of inpatient and residential treatment
- Improve access to primary care
- Improve employment outcomes
- Improve educational outcomes

The COACHES interventions helped youths gain the knowledge and skills necessary to access health care services, enhance their life skills, and prepare to live self-sufficiently as contributing members of their communities upon transition to adulthood. Participants had to be in Foster Care for 12 months or longer, reside in a group home setting, and have a documented history of BH needs. Care Coordinators worked closely with the Member and the child and family team to develop a transition plan and provide system navigation support as the Member prepared for independence.

Figure G.12-4 demonstrates progress in all 10 priority areas among COACHES participants. Nearly one half (40%) applied for a job following enrollment in COACHES; 31% completed a resume and contacted their Care Coordinator; 25% completed medical appointments; and 26% obtained or set employment goals.

Figure G.12-5 summarizes the top five drivers of health care costs for participants during the 90 days before and following entry into COACHES. Among the most compelling findings is the substantial decrease in some of the most restrictive (and expensive) services, including a 77% decrease in the costs of residential mental health treatment and 66% decrease for inpatient mental health service costs. We will draw upon the lessons learned from the COACHES program to inform our local strategies and pilots in Kentucky.

Figure G.12-5. Health Care Costs Have Been Reduced After COACHES



Pathways to Permanency (P2P)

The P2P pilot is designed to provide enhanced services to youth with significant BH challenges that could affect their permanency goals. Our affiliate Georgia health plan participated in this pilot, launched in 2015, which is a joint initiative between our affiliate Georgia health plan, Chris Kids, Youth Villages, and the Multi-agency Alliance for Children. P2P was developed to provide enhanced services for our Members under the age of 18 with significant or complex BH challenges. These included children and youth residing in Psychiatric Residential Treatment Facilities, psychiatric hospitals, or Crisis stabilization units; with one or more admissions to these types of facilities; or those at high-risk for admission or readmission to one of these facilities. Each eligible Member's care team was comprised of a trauma-informed licensed therapist and an Intensive Community Interventions Coordinator (ICIC), both available on a 24/7 basis.

Through innovative funding, the agencies pursue individualized and creative interventions to create individualized care plans. Throughout the Care Coordination efforts, the youth is engaged in the planning and development of their health care plan. ***The P2P pilot focuses on ensuring that these youth access primary and preventive care (as this population usually has not had access to this type of care due to abuse and neglect), targeted BH Services, and flexible funding to help purchase non-traditional supports for the youth to increase their stability in their placement and avoid in patient and residential treatment.***

Key components of the program included:

- Team facilitation and evaluation tracking for all youth by MAAC
- Chris Kids Pathways to Recovery program for all youth whose parents' rights had been terminated or had no identified or potential family placement
- Youth Villages Intercept program for youth who had an identified or potential family placement

- Trainings on trauma and mental health first aid provided to all placement providers, families of Foster Care-enrolled youth, Division of Family and Children Services (DFCS) Case Managers, direct care staff, and our affiliate's clinical staff members through direct coaching and monthly telephonic contact
- Training providers on intervention strategies based on best practices such as the Attachment, Self-Regulation, and Competency (ARC) Model

The P2P program defined additional outcome goals, including:

- Reductions in days in a facility or hospital
- Increases in days spent in a community placement
- Successful discharges of Members from the program due to a permanent placement

As a result of our 2017 collaboration on the P2P team, there was a decrease in utilization of the Emergency Room (25%), Inpatient Care (46%), and Outpatient Services (69%).

In addition to connecting youths to health care services to support permanency, the Multi-agency Alliance for Children (Alliance) receives the referrals for the program, assigning the youth to one of two pathways: **Pathway 1** for youth identified for potential adoption, and **Pathway 2** for youth who are not identified for adoption. Under Pathway 1, the Alliance supports the adoption process and helps maintain stability in the new home. Under Pathway 2, the Alliance helps to maintain stability in either a group home or foster home. They also maintain records and evaluations of the Member and outcomes. As a result of the P2P program, 80% of participating youth maintained a stable placement. The P2P program received praise from a diverse group of stakeholders, including juvenile court judges, Commonwealth agency staff, and child serving non-profits. These results will inform local strategies and collaborations under consideration in Kentucky.

Comprehensive Transition Planning for TAY in Louisiana

Our TAY Coordinators in our affiliate Louisiana health plan actively coordinate with the Commonwealth's Outreach Care Specialist, who provides Foster Care case management. Our affiliate provides input to the youth's transition plan to connect Members to an age-appropriate PCP, mental health services, and food or housing resources. TAY Members who need assistance beyond referrals to providers are referred to one of the Case Managers.

Our affiliate shares monthly reports of Member transition plans with the Foster Care Program Manager at the Louisiana Department of Health, Office of Behavioral Health, and the Department of Children and Family Service's Manager of Behavioral Health and Placement Services unit to support transition planning. In June 2019, Louisiana enacted legislation that will extend Foster Care to age 21. Our affiliate will be developing a comprehensive plan to continue serving these Members in Foster Care. We would propose a similar service here in Kentucky.

Anthem Medicaid

13. Use Cases for Kentucky SKY

Committed to the *Future* of **Kentucky Medicaid**

Improving Access and Health Outcomes

Outreach programs improve health outcomes. Our outreach campaigns include texting and personal phone calls to remind Members when they are due for an appointment. Also, to ensure that all of our eligible Members remain covered, we reach out to those who are due to re-enroll by automated IVR calls, text messages, and mailings.

G.13. Use Cases For Kentucky SKY

G.13.1. Use Case 1 – Assuring Delivery of Trauma-informed Care

Anthem has the right staff and resources to educate Providers in the Eastern Mountain Service Region on trauma-informed evidence-based practices (EBPs). We have been coordinating health care services for children and youth in the Kentucky child welfare system for over five years. Child welfare best practices inform us that all health assessments should be conducted in an environment that is supportive of the child and that works to minimize any additional trauma that the child may experience. Utilizing a pediatric or child friendly office setting can reduce stress for children and youth undergoing assessment. Although Emergency Room assessment is not an ideal setting for children coming into care, there are times it is necessary and it is our responsibility to provide targeted Provider training in Emergency Room (ER) settings while concurrently growing access with Providers who have after hours availability, weekend hours, and can provide flexibility for urgent assessment.

We will focus on assuring that all our Network Providers in the Commonwealth comprehend and implement the principles of Trauma-informed Care as the foundation of care for Enrollees (Members) in the SKY program. ***We will achieve this through targeted support and education.***

Targeted Support

All Providers will receive support from our Provider Solutions team, facilitated by Andy Fox, Anthem's Provider Relations Liaison, in learning, developing, and incorporating Trauma-informed Care principles into their practices. To best support these different organizations, we will deploy our ***Trauma-informed Care Provider Toolkit*** that assures practices have a variety of tools at their disposable to integrate Trauma-informed Care into their practice. The Provider Relations Liaison will work with Providers to choose the best tools for implementing Trauma-informed Care, develop mutually agreeable timelines for implementation, and then complete follow-up assessments to ensure optimal integration. Our Trauma-informed Care toolkit will:

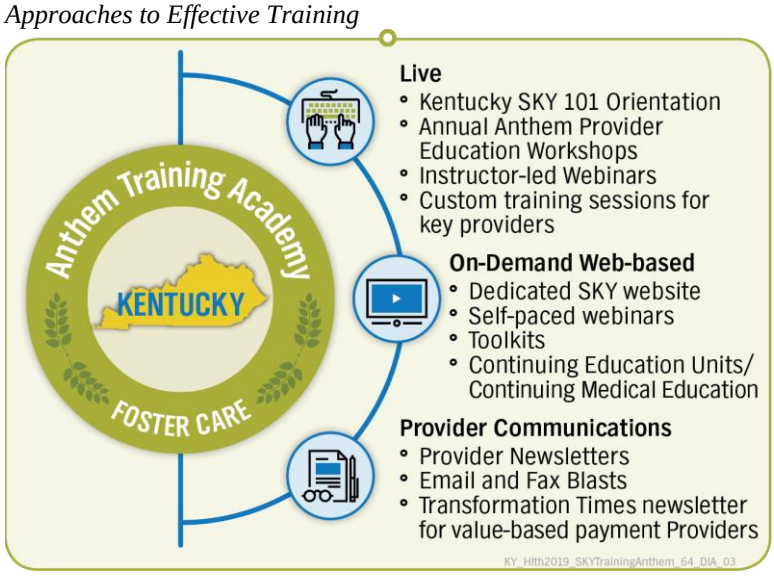
- Offer practices a number of different tools that can complement their specific needs and goals
- Feature evidence-based assessments, learning modules, and models to ensure the best outcomes
- Support practice integration through our Provider Relations Liaison
- Monitor implementation performance to understand continued training needs and barriers

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association.

Education

As a foundation to educating Providers, we will deploy Trauma-informed Care training to all Network Providers through our multi-modal Anthem Training Academy (Academy). Our education approach includes the modes highlighted in Figure G.13.1-1. In response to the Department for Community Based Services (DCBS) feedback regarding limited capabilities of Emergency Rooms and Providers, we will employ a targeted re-education campaign, delivered through our Kentucky SKY Training and Education team, and implement additional assessments to monitor Provider compliance and improvement.

Figure G.13.1-1. Anthem's Training Academy Brings Multiple Approaches to Effective Training



a. Evidence-based Practices and Trauma-informed Care

Anthem Providers and their staff will have access to more than 18 trainings through the Academy focused on:

- Principles of Trauma-informed Care
- Trauma Assessment
- Trauma Treatment in Behavioral Health (BH)
- Trauma Treatment that adheres to EBPs

Anthem has focused on the following EBPs, identified by the Federal Administration of Children and Families, as being compliant with the Family First Prevention Services Act EBP requirements, as well as other trauma-specific strategies:

- **Parent-Child Interaction Therapy (PCIT).** Despite the effectiveness of this treatment modality and its applicability to the Medicaid population, access to this EBP is very limited in Kentucky with only four certified PCIT therapists and one Level 1 PCIT therapist/trainer in the entire Commonwealth. To expand access to this treatment modality and to facilitate the implementation of the multi-family treatment format for the Kentucky SKY population, Anthem is implementing the training of three therapists in three geographically dispersed BH centers.
- **Trauma-focused Cognitive Behavioral Therapy.** We have supported use of this EBP for our Members in Kentucky Medicaid, including those in the child welfare system, and will continue to promote this modality for our Kentucky SKY membership. Our Provider Network currently includes 41 Providers certified to provide this therapy and we will continue to identify and recruit additional therapists.
- **Adverse Childhood Experiences (ACEs).** ***We are collaborating with Providers to serve as designated Anthem ACEs Provider Champions*** who will be available as mentors to other Commonwealth Providers and to guide them in best practices related to the delivery of Trauma-informed Care. ACEs Provider Champions are among our high performing Provider

partners already delivering great care to our Members in Medicaid, who are ready and willing to expand their reach. ACEs Provider Champions will serve as role models and mentors for other Network Providers, sharing their experiences and lessons learned through our annual Anthem Provider Education Workshops.

ACEs Provider Champion*	Region
Maryhurst	3
KVC Kentucky	5, 7, & 8

*Signed LOIs

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We also recognize that not all Providers are appropriate or have the capacity or expertise to be certified in these EBPs. However, we support our Providers in assessing their current ability to provide Trauma-informed Care and offer them multiple resources for assessing their knowledge and understanding, as described in this section.

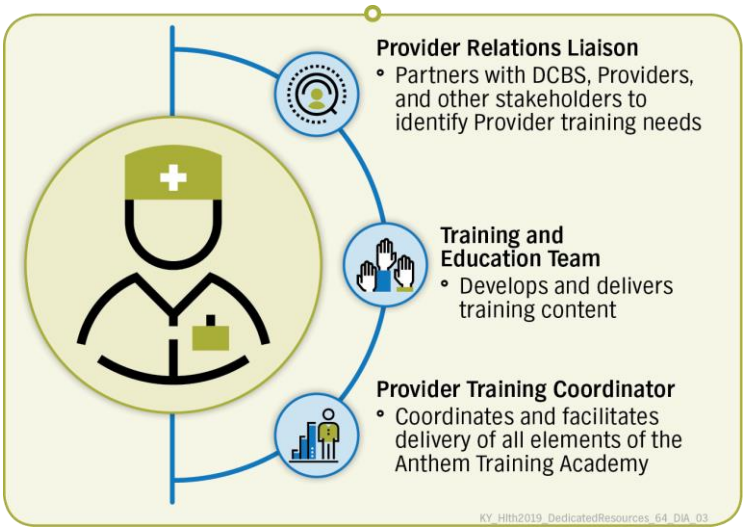
We will work with the University of Kentucky Center on Trauma and Children to promote the findings of their research by incorporating into our Provider education the knowledge and best practices that will contribute to a reduction of the effects of trauma on children and families. We will educate our rural Providers about the Child and Adolescent Trauma Treatment and Training Institute for connection with a Clinical Associate in their region.

b. Unique Needs of Children and Youth in Foster Care (FC)

We will improve awareness and capacity of Providers to address the unique needs of children and youth in FC. This includes potentially traumatic events, including episodes of sexual, physical, or emotional abuse and exposure to parental death, divorce, or incarceration. We deliver supplemental training that enables our Providers to practice culturally sensitive and appropriate levels of care.

Based on the information provided by DCBS, it is apparent that Providers may need more targeted outreach to help them engage in training. Our Provider Relations Liaison will work with Anthem's Provider Training Coordinator to develop region-specific training plans that will be delivered by our regional Training and Education Representative for Kentucky SKY. Figure G.13.1-2 illustrates this approach. Topics for supplemental training include Trauma-informed Care principles, Trauma-related Diagnosis, Anxiety, Impulse Disorders, Depressive Disorders, Vicarious Trauma, and others. We have also developed training on "BH Conditions Prevalent in Child Welfare" and "Substance Use and the Child Welfare Population," Provider contractual obligations, and cultural sensitivity. Additionally, Provider Toolkits, available through the Academy, address unique needs of children in FC, such as Crisis services, screening, and identification of BH disorders, children on psychiatric medication, and substance use.

Figure G.13.1-2. Provider Relations Liaison Educates and Supports Providers



c. Access to and Ability to Share Medical Records

Anthem currently encourages all Network Providers to utilize electronic health records (EHR) and enroll in and utilize the Kentucky Health Information Exchange (KHIE) to share medical records. This connectivity helps assure Providers are fully informed with up-to-date information as they serve Members. Further, consistent with Contract requirements, all new Providers will be required to sign a Participation Agreement with the KHIE within one month of executing a contract with Anthem, as outlined in our proposed Provider contract template. Existing Providers will be notified of this new requirement via contract amendment, Provider Newsletter, and updates to our Provider Manual. Complementing the KHIE and Provider EHR, our Kentucky SKY Care Coordination Team (CCT) will coordinate the sharing of Member information, including medical records, among the Department for Medicaid Services (DMS), DCBS, Department of Juvenile Justice (DJJ), Members' PCPs, BH Providers, and other treating Providers with appropriate consents. The CCT will gather Kentucky SKY Members' assessment, treatment plan, and other information from Providers, incorporate this information into our Youth Records Access Portal (YouthRAP) system, and document this in Members' care plans, which will be shared with the care team. YouthRAP will provide secure role based access and will be compliant with HIPAA guidelines.

We will educate Providers about the availability of this information to support them in delivering coordinated care and prevent potential re-traumatization by conducting assessments and procedures that may have already been done and by having access to health histories.

d. Provider Contracting

To serve the SKY population, Anthem's Kentucky Medicaid Network provides adequate access to youth in FC. Figure G.13.1-3 outlines the Provider types critical to ensuring successful delivery of Trauma-informed Care.

Figure G.13.1-3. Providers Critical to Successful Trauma-informed Care

- Primary Care Physicians (Pediatricians)
- BH Specialists with a focus on children, adolescents, and families Including:
  - Psychologists, psychiatrists, therapists, counselors
  - Comprehensive Community Providers
  - Substance Use Providers
- Dental Providers
- Vision Providers
- Developmental Specialists
- Early Intervention programs
- Providers with Autism specialty
- High Risk OB/GYN Providers
- Endocrinologist (high prevalence of diabetes)
- Pulmonologists/Respiratory Therapists/ENT (asthma)
- Comprehensive Community Providers
- Substance Use Disorder Specialists

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All Anthem Network Providers are required to execute program requirements for Kentucky SKY, such as conducting and reporting assessments for Members; we will deploy remedial education to our Providers to refresh them on their contractual obligations as needed. As part of the remediation process, we develop a formal Action Plan that highlights key topics and action items necessary to ensure compliance. Additionally, the Action Plan will establish monitoring and evaluation for each task to ensure trending toward compliance.

e. Provider Education and Ongoing Support

As previously noted, to help Providers establish capabilities and continually expand their understanding of Trauma-informed Care principles and the unique needs of youth in FC, Anthem

will provide several types of training in Trauma-informed Care and evidence-based interventions to promote early identification and treatment for children and youth who have experienced trauma.

Dedicated Training and Education Team and Trauma-informed Care Trainings

Our Kentucky SKY Training and Education team will collaborate with our Provider Relations Liaison to execute the ***Trauma-informed Toolkit to Support Practice Integration*** that identifies specific training needs of Providers and hospitals. Working with Trauma-informed Care experts, we are creating targeted trainings to recommend to Providers for their consideration and suggested utilization. We are working with Provider associations such as the Kentucky Medical Association, the Kentucky Rural Health Association, and the Kentucky Chapter of the American Academy of Pediatrics to offer trauma training at existing meetings or conferences and expanding our Network of trauma-trained PCPs.

Evidence-based Trauma-informed Care Toolkit to Support Practice Integration

Anthem has developed a toolkit to help Providers incorporate the five principles of Trauma-informed Care (safety, trustworthiness, choice, collaboration, and empowerment) into their daily operation. We support Providers in learning, developing, and incorporating Trauma-informed Care principles into their practice. To best support these different organizations, the toolkit offers a variety of tools to ensure the best integration into their particular practice. The Provider Relations Liaison will work with Provider groups and hospitals to understand their practice goals, choose the best tools for implementing Trauma-informed Care, establish timelines to implementation, and complete follow-up assessments to assure fidelity with the chosen model. As described in Table G.13.1-1, the Provider Relations Liaison will recommend and facilitate adoption of tools to support the practice's mission for Trauma-informed Care integration.

Table G.13.1-1. Trauma-informed Care Toolkit: Evidence-based Tools for Practice Integration

Tool Type	Tools
Comprehensive Assessment and Strategy Building Tools	• Risking Connections Training Program© • The Sanctuary Model® • Creating Cultures of Trauma-informed Care • Trauma-informed Care Organizational Capacity Scale
Self-assessment Tools	• The Agency Self-assessment for Trauma-informed Care • Trauma-informed Care – Organizational Self-Assessment Tool • Scale Attitudes Related to Trauma-informed Care
Training Modules	• The Child Welfare Trauma Training Toolkit, The National Child Traumatic Stress Network
Specialized Training/Assessment Modules	• The Secondary Traumatic Stress (STS) Informed Organization Assessment • Professional Quality of Life Measure • National Center on Family Homelessness
Performance Monitoring Tools	• Trauma-informed Care Performance Monitoring Tool • TICOMETER
Tools for Assessing Trauma in Patients	• Trauma Symptom Checklist for Young Children • UCLA PTSD Reaction Index for DSM IV/V • Columbia-Suicide Severity Rating Scale • Child and Adolescent Needs and Strengths (CANS) • Patient Health Questionnaire-9 • PTSD Checklist: Civilian, two item version (PCL-C2) (Youth) • Generalized Anxiety Disorder-7 (GAD-7) • Symptoms Checklist 90 • Pediatric Symptoms Checklist (PSC-17 Externalizing subscale)

f. Performance Monitoring

Targeted Support

We will address information we receive from complaints and concerns expressed by DCBS staff, Caregivers, and the SKY Advisory Committee, particularly regarding those Providers requiring immediate attention to assure appropriate treatment of our Members. Upon receiving this information we will develop a formal Action Plan that establishes action items for remediation, as well as Provider-specific components. In partnership with these Providers, we will assess complaints, seek to understand cause and establish mutually agreeable action items for the Provider to address their gaps, and identify Anthem's resources to assist the Provider in improvement. We will meet with Providers on a monthly basis to track progress over the next year and reassess the Provider for competency at the close of the Action Plan.

Self-assessment

In addition to monitoring and action taken by Anthem, Providers will be able to continually assess their own capacity through various self-assessments through the Trauma-informed Care Provider Toolkit. These assessments are tailored for different Provider types and available online through the Anthem Kentucky SKY portal. Some examples of available self-assessments for Providers in the Eastern Mountain Service Region include Trauma-informed Care Performance Monitoring Tool, Trauma-informed Care Organizational Capacity Scale, The Agency Self-assessment for Trauma-informed Care, and more.

g. Cultural Competency

All health care assessments of children in out of home placement should be conducted with an understanding of the culture, ethnicity, language, gender identity, sexual orientation, disability status, and any other cultural competency factors that would influence care and create bias, conscious or unconscious, in the care received by the child and family. We will seek out Providers who can directly communicate in the child's primary language or who have translators available. All Providers are required to complete cultural competency training annually, delivered through the Academy online training platform. Upon completion, Providers are required to complete an assessment and subsequent attestation of successful fulfillment of their contractual obligations.

We will execute a targeted campaign to advise Providers who have not completed training within the required timeframe that continued Network Participation requires completion. In addition to providing cultural competency training during Provider orientations, we offer Providers in the region access to our cultural competency toolkit "Caring for Diverse Populations," which contains information, tips, and resources regarding language, interpreter services, and cross-cultural issues. We also offer free access to MyDiversePatients.com, an online tool and resource for working with diverse patients and addressing disparities. Further, we offer translation services for Providers to communicate with Members in more than 200 languages.

h. Community Engagement and Collaborating with DMS

In response to the DCBS feedback regarding limited Trauma-Informed EBP's in the Eastern Mountain Service Region, we will convene a collaborative strategy workgroup with DMS, DCBS, DJJ, and other key stakeholders, including Provider associations, to assess current Trauma-informed Care training gaps, including specialized approaches for children and youth in Kentucky. This supplements our ongoing collaboration with federal, State, local, and community-based partners in a range of initiatives designed to support our Members. Updates on the progress of the targeted support plan and subsequent monitoring will be shared within this

workgroup during regularly occurring meetings with DMS along with creating lessons learned and best practices.

G.13.2. Use Case 2 — Kimberly — Stronger Together

Anthem is committed to supporting every child, youth, and young adult enrolled in the SKY program in the most integrated environment possible through a holistic, person-centered, trauma-responsive approach that assures safety, permanency, and well-being.

a. Care Management

Based on the information gathered by our CCT and through our risk stratification process, we identify Kimberly has high BH needs and assign her to Complex Care Coordination, our highest Care Coordination level. Kimberly is assigned an Anthem Care Coordinator, Lisa, who is a licensed Masters level BH Clinician with more than 21 years' experience in child welfare and specializes in working with Transition Age Youth (TAY). Lisa also has experience as a school counselor and is trained in High Fidelity Wraparound and in Trauma-informed Care.

Kimberly resides with her current Foster Parents in Leitchfield, which is more than 200 miles from Pikeville, where her biological mother and siblings now live together. We have identified Kimberly as a new enrollee who is currently hospitalized after three days spent in the Emergency Room (ER) through review of the 834 enrollment file and our daily hospital census. Based on this information, our Fostering Connected Care Concierge Team Representative (Concierge Representative), who is co-located at the local DCBS office, connects with Kimberly's Social Service Worker (SSW), Patrice, to gather pertinent information.

IDENTIFYING KIMBERLY'S STRENGTHS

- Cared for and bonded with her siblings
- Strong relationship with her PCP
- Still attending school
- Reached out to friends about suicidal ideation
- Has committed Foster Parents

ASSURING KIMBERLY'S SAFETY

- Stabilize physical healthcare needs
- Focus on BH needs, including self-harm, trauma, depression, and anger
- Address ACEs, such as parental violence and drug use and food scarcity

SUPPORTING KIMBERLY'S PERMANENCY

- Gain independent living skills
- Support plan for family reunification
- Develop plan for transition to the adult system of care
- Involve Foster Parents in permanency planning

PROMOTING KIMBERLY'S WELL-BEING

- Stabilize and monitor medications
- Facilitate visits with family as appropriate
- Assure women's wellness care, including family planning
- Engage Provider support and resources for education
- Provide education on nutrition
- Engage in employment supports

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Initial Engagement

Lisa reaches out to Kimberly's DCBS SSW, Patrice, to introduce herself; share information on how she can collaborate with Patrice on identifying and accessing the care, services, and supports Kimberly needs and wants; partner with Patrice in Kimberly's Health Risk Screening and care planning processes; and engage Kimberly's mother and siblings in her care, if appropriate. Lisa and Patrice develop and convene a multidisciplinary care team (MDT) that includes participants of Kimberly's choosing. The MDT will support Kimberly to develop a holistic discharge plan for a safe and successful transition from the hospital, as well as an individualized care plan that supports Kimberly in identifying and achieving her short- and long-term goals and needs.

With Patrice's approval, Lisa reaches out to Kimberly in the hospital to establish rapport, identify any emergent or unmet needs, talk to Kimberly about who she would like to involve in

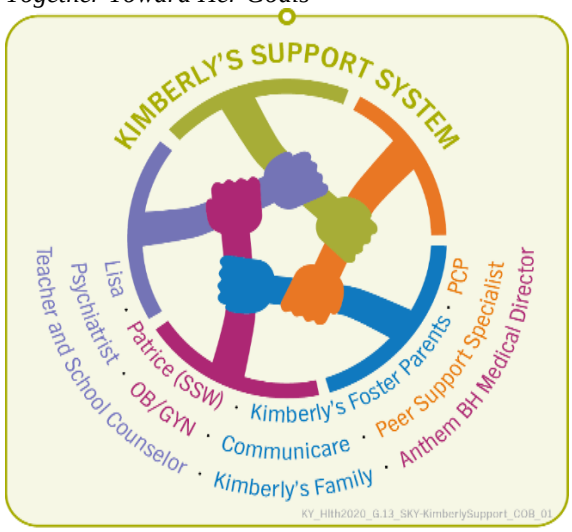
her health care decisions, and schedule a face-to-face visit to complete the Health Risk Screening. Kimberly decides that she would like Patrice, her Foster Parents, and PCP to participate and asks if her mom can be involved as well. With Patrice's permission, Lisa reaches out to Kimberly's identified individuals to request participation and provide meeting information. Due to scheduling challenges, Patrice and Kimberly's PCP cannot attend in-person, so Lisa arranges for them to attend via telephone or video-conferencing.

Health Risk Screening Completion

Because Kimberly has participated in numerous screenings and assessments over the past two years while in FC, Lisa reviews available claims data and information provided by Patrice prior to the Health Risk Screening. ***This avoids repeat trauma from having to relive past experiences through multiple assessments.*** Because she is familiar with Leitchville, Lisa is knowledgeable about the services and supports available in the area, such as Lincoln Trail BH System that provides inpatient, trauma-focused residential and outpatient programs, including Community Mental Health Center (CMHC) resources.

During the Health Risk Screening, Lisa uses motivational interviewing and Trauma-informed Care techniques to engage Kimberly and her MDT members, as illustrated in Figure G.13.2-1., in providing new information that is key to developing a comprehensive transition and care plan, including a Safety Plan, should Kimberly consider harming herself again. This includes the following:

Figure G.13.2-1. Kimberly's Support System Works Together Toward Her Goals



- Events precipitating her suicide attempt and her current stabilization
- Current physical and mental health status, including physical and BH medications
- Kimberly's short- and long-term goals, such as her desires for returning to her foster home, finishing high school, going to college, employment, independence, and family reunification
- Patrice and the Foster Parents' participation in, and concerns about, Kimberly's transition
- Foster Parent needs such as education and respite, and strategies to strengthen support networks in hopes to sustain placement

Because Kimberly has previously been referred for residential treatment, Lisa talks to Kimberly and MDT about the types of challenges repeated changes in placement can create; other placements available (residential, therapeutic FC) if necessary; and the wraparound services Anthem can offer to Kimberly and her foster family.

b. Discharge Planning Between Levels of Care

Lisa works closely with Kimberly, her Foster Parents, Patrice, hospital staff, and MDT members to develop a discharge plan that supports Kimberly's safe and successful transition to the most integrated environment possible. Kimberly states that she wants help with her sadness, does not want to go to residential treatment, wants to stay with her Foster Parents, and is willing to

participate in services. Led by Kimberly, the team identifies the next steps in completing any additional needed assessments, such as the CANS, trauma assessment, and ACEs Questionnaire, Columbia-Suicide Severity Rating Scale, and developing a holistic care plan. Together, the team agrees on a Transition Plan as described in Table G.13.2-1.

Table G.13.2-1. Transition Plan for Kimberly to Return to Her Foster Home

Transition Plan Activities, Roles, and Responsibilities	
Kimberly	**Foster Family**

• Outpatient Trauma-informed Care counseling to address self-harm, depression, and anger at CMHCs or other Provider
• Follow-up appointment with a child and adolescent psychiatrist who has access to diagnostic assessment tools appropriate for her age and developmental status for medication review, reconciliation, and adjustment as needed
• Follow-up appointment with her PCP to address any needs
• Peer Support Specialist to assist with behaviors and support engagement in services
• Access to and education on Anthem's value-added service (VAS), Online Well-Being Program, to help her self-manage her depression and anger through an online community that promotes BH and wellness
• Involvement of Kimberly's teacher and school counselor to offer a healthy outlet for to talk about her needs while avoiding additional suspensions
	• Transportation to appointments
	• Education and training on identifying and addressing suicidal ideation indicators, safe medication management, and who and when to call for help
	• Family therapy to support healthy interactions and promote better communication
	• Anthem's VAS, such as the following:
	  • Foster Parent Welcome Kit that includes a reusable organization folder, information on what we can do to help them, and information regarding available non-profit resources, faith-based resources, and clothing resources
	  • Medication Safety Kit that provides a lockable medicine box, Rx destroyer gel, childproof prescription caps, and pill case covers that reset when opened

Kimberly's Safety Plan	
Addressing Kimberly's Feelings of Suicidal ideation: • I will reach out to my Foster Parents or my Peer Support to talk about my feelings • My Foster Parents will contact the Crisis Response Team for intervention • My Foster Parents will schedule an urgent appointment with her BH therapist • My Foster Parents will communicate with Patrice and Lisa for additional support and direction **Promoting Medication Safety**: • My psychiatrist will educate me and my Foster Parents on my medications, side effects, and adherence • My Foster Parents will use the Medication Safety Kit to assure safe storage and management of medications	

Prior to Kimberly's transition, Lisa completes the following:

- Works with Kimberly's Foster Parents to support and address their fears about Kimberly's return to the home, identify precipitating factors for Kimberly's escalation, educate them on use of the Medication Safety Kit, and develop the Safety Plan in collaboration with Kimberly and her MDT to assure a safe transition and minimize future BH Crisis.
- Schedules a BH assessment with Communicare CMHC to evaluate Kimberly's BH needs. Her first appointment will be face to face but Kimberly has the choice to meet her BH specialist through FasPsych telehealth.
- Ensures the completion of the Columbia-Suicide Severity Rating Scale (C-SSRS).
- Confirms approval of any services requiring Prior Authorization.
- Assures Kimberly's relationship with her PCP is preserved by verifying participation in our Provider Network or executing a single-case, and assists the Foster Parents in scheduling a 7-day and 30-day follow-up appointment with Kimberly's PCP.
- Assists Kimberly and her Foster Parents in selecting a psychiatrist and scheduling an appointment following discharge.

- Supports Kimberly in selecting a Peer Support Specialist Provider to help her understand her mental health needs, address her behaviors, and support her in participating in services.
- Arranges for transportation for Kimberly and her Foster Parents as needed and assures access to VAS identified on her care plan.

During Kimberly's assessment with Communicare staff, she shares that she thinks that most of her depression is due to her inability to talk to or see her siblings and identifies her personal goals. The assessor commends Kimberly's ability to care for her siblings while dealing with violence and drugs in the home and how the removal from the environment, while in her best interest, was traumatic in itself and how the circumstances have affected her behavior and well-being.

The Peer Support Specialist proves to be a vital component to Kimberly's care plan as Kimberly is in transition age and she needs to begin thinking about her plans for her future. Seeing a peer who successfully managed mental health and out of home placement can indirectly motivate Kimberly to look towards her future Transition Plan in a positive way.

As described in Table G.13.2-2, together, the team develops a holistic, Trauma-informed approach that incorporates results from these assessments, in addition to all other available screening and assessment results, treatment plans, the Child Welfare Plan, and Safety Plan. Lisa obtains these plans via YouthRAP and incorporates the various components into the care plan.

Table G.13.2-2. Kimberly's Services and Supports Needed to Achieve Her Self-identified Goals

Kimberly's Goals	Identified Services and Supports Health Goals
Goal #1: I want to learn how to deal with my sadness and anger.	• Comprehensive assessment by community-based BH Provider to identify the most appropriate BH Services, such as multi-systemic therapy (MST) for the family • Transition in-home BH counseling to a community-based program that addresses self-harm, depression, and anger through individual and family therapy • Adhering to medication as prescribed • Attending ongoing psychiatric services to monitor medication effectiveness • Working with her Peer Support Specialist who has lived experiences in FC to learn coping skills and manage behavior • Accessing our Online Well-being Program that provides 24/7 access to an online community that promotes BH and wellness through instruction and games
Goal #2: I want to stay with my Foster Parents, but want to see my mom and siblings more often.	• Telephonic, and in-person contact with her siblings as appropriate, determined, and arranged by Patrice • Ongoing participation in recommended services, including nutrition education, prevention, and annual well-care visits (PCP, dental, vision, women's health) • Supports for Kimberly and her foster family, including transportation to Kimberly's appointments, medication administering education and training, and support groups • Develop Kimberly's caregiving skills by engaging her in opportunities in her community, such as after-school or church youth programs or neighbors
Goal #3: I do not want to get pregnant.	• Appointment with OB/GYN to determine wellness and discuss family planning options, including LARC • Adhere to prevention and safety recommendations (medication, prophylactics)
Goal #4: I want to do better in school and graduate.	• Schedule a weekly appointment for Kimberly with her school counselor, in addition to reaching out to her counselor when she feels depressed, distracted, or angry • Engage Kimberly's homeroom teacher to participate in meetings and care planning • Access to the Shine Light on Depression web-based toolkit, which provides school communities with free, ready-to-use resources designed to raise awareness of depression and suicide prevention • In-home tutoring VAS that provides up to 24 hours of one-on-one, in-person tutoring services that can be completed in the location that best suits Kimberly

c. Network Adequacy and Availability of Services

During Kimberly's hospitalization and discharge planning, Lisa reaches out to her PCP to discuss recommendations, as well as works with Kimberly and her Foster Parents to identify and select an Anthem Network psychiatrist who can provide an in-person evaluation in the hospital prior to her discharge. This psychiatrist will review and reconcile her medications and provide education on the importance of medication adherence as prescribed. Following Kimberly's discharge, Lisa works with Communicare system to make sure her assessment results and treatment plan meet her needs and incorporate them into her comprehensive care plan. Kimberly also selects an OB/GYN that will meet her women's wellness and family planning needs.

d. Availability and Utilization of Telehealth for Behavioral Health Services

Lisa shares with Kimberly how she can also access FasPsych's tele-psychiatric services through FasPsych through the CMHC in her area, which will provide treatment services through more than 4,000 qualified psychiatrists and psychiatric advanced practice registered nurses (APRNs). Kimberly will participate in telehealth services with her psychiatrist every 90 days or as needed, if necessary. Lisa arranges for mail-order medications with Kimberly's Foster Parents who make sure all medications are appropriately stored in the provided lock box. Lisa also talks with Kimberly about the importance of taking her medications as prescribed, as well as side effects.

e. Evidence-based Practices, Including Psychotherapeutic Interventions

Trained in ***High Fidelity Wraparound***, Lisa supports Kimberly in leading her planning process, ensures that she has a voice in determining what will work for her, and helps her to understand that change is possible in her life. This includes reunification with her family if that is what she wants for her future. Kimberly's PCP, BH Provider, and psychiatrist will use Trauma-informed Care techniques learned through Anthem's Training Academy with Kimberly to avoid re-victimizing her during interactions. Based on Kimberly's desire to remain in her foster home or transition to her biological family home, ***Multi-systemic Therapy*** will support family empowerment, develop coping skills, focus Kimberly on school and gaining job skills, and involve her in positive extracurricular and recreational activities. Although not covered by Medicaid, Anthem would look for opportunities to provide MST and other services in lieu of higher levels of care. Based on the treatment options Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) would also provide Kimberly support and has research supporting its resolution of emotional and behavioral issues secondary to trauma exposure. Use of the ***ACEs Questionnaire*** provides a score of Kimberly's childhood trauma that can be directly linked to her risk of health, social, and emotional problems and generate conversation on her experiences. The KY-CANS also provides the care team insight into the areas that need to be incorporated into the care plan. Connecting Kimberly with a local Youth Advocacy group such as StAMINA (Student Alliance for Mental Health Innovation and Action) would allow her to feel a part of something designed to help others like herself. An additional intervention backed by research is a youth's connection to a Mentor. At risk youth with mentors are more likely to graduate from high school, less likely to abuse drugs and less likely to feel depressed. By her 16th birthday Kimberly will be eligible for formal life skills training through independent living coordinators and private child care agencies, this will allow her to feel a sense of control over her path towards independence regardless if she chooses reunification, Foster Care, or emancipation.

f. Psychotropic Medications and Documentation

As described in Table G.13.2-3, the MDT reviews and monitors Kimberly's medications.

Table G.13.2-3. Assuring Kimberly's Safe Use of the Most Appropriate Medication for Her Needs

Activity	Description
Rationale	Prior to Kimberly's discharge, Lisa makes sure her prescriptions are filled, her Foster Parents are educated on the prescription, including what it is, how it is to be administered, potential side effects, and the importance of using the medication lock box. Following discharge from the hospital, Kimberly's symptoms are monitored by her psychiatrist and medication adherence is managed by her Foster Parents. As Kimberly is more stabilized and learns more about managing her symptoms and how it has helped manage her depression, her BH therapist and psychiatrist will encourage self-management.
Follow-up Assessments	Kimberly attends a follow-up appointment with her selected psychiatrist who will assess the effectiveness of her medications on an ongoing basis. During ongoing contacts (telephonic, face-to-face, and virtual) with Kimberly and the Foster Parents, Lisa identifies any urgent or unmet needs and talks to them about her participation and progress in care, including service and medication adherence. Should Lisa identify any concerns, she will reach out to Kimberly's BH Provider and psychiatrist in order to establish collaborative care planning and to reevaluate the need of additional assessment and strategies to address concerns.
Monitoring	Lisa works with Kimberly and her Foster Parents to develop a contact plan that includes telephonic, virtual, and in-person contact that is frequently increased or decreased based on Kimberly's progress. Lisa also reaches out to Kimberly's psychiatrist following her appointments to assure participation, identify any concerns, and monitor her progress. Lisa continually reviews claims data to assure Kimberly is participating in the services identified in her care plan and identify any gaps in care. Lisa consults with our BH Medical Director and pharmacist to address any challenges or needs.

g. Coordination of Transportation

Recognizing the challenges and burdens placed on the foster family to meet Kimberly's needs, Lisa identifies that the family is experiencing some stress related to transporting her to numerous appointments. Lisa arranges for transportation to her BH counseling appointments. If aligned with Kimberly's permanency goal of family reunification, Lisa works with Patrice to develop a plan for arranging transportation for family visitation and counseling needs.

h. Provider Contracting

After identifying Communicare as Kimberly's primary BH Provider, Lisa verifies they are in our Provider Network and have participated in our required Trauma-informed Care training. She reviews Communicare's service delivery options and arranges for BH Services in her school setting, which addresses the lack of providers within 45 miles of their home.

i. Provider Education and Support

Lisa identifies that Kimberly's PCP is in our Provider Network and is in the process of becoming a designated Blue Ribbon Provider. As a part of this process, Kimberly's PCP participates in specialized training such as how to use Trauma-informed Care techniques, telehealth services, clinical practice guidelines, and best practice screening tools to identify and refer to appropriate BH Services. This includes tools such as the Screening, Brief Intervention, and Referral to Treatment to identify substance use and Patient Health Questionnaire (PHQ-9) to identify depression.

j. Access to and Sharing of Medical Records

Upon consent from Patrice, participants on her MDT will have access to Anthem's YouthRAP, which includes Kimberly's holistic health record. This also prevents Kimberly from having to continually repeat herself, supports Care Coordination, and avoids service duplication.

k. Maintenance of the Care Plan

Lisa continually monitors refills of prescribed medications, use of the ER, missed appointments, or gaps in preventive care. As her utilization changes or she achieves her goals, Lisa engages Kimberly and MDT to talk about updating the care plan. As Kimberly ages and progresses in her care, Lisa and Patrice talk to her about transition services offered by DCBS and supplemented by Anthem that can support her independence, higher education and employment, and transition to the adult system of care. Lisa ensures the care plan includes independent living, employment skills training, job search, and incentives or applicable VAS.

If family reunification is an option, Lisa works with Patrice to review and transition her services to Pikeville, including psychiatric services, family therapy, PCIT, Peer Support, and social inclusion activities. Together, they also identify additional needs for Kimberly's family, including social determinants of health (SDOH) such as financial security, food security, employment, and educational services and supports. Once Kimberly is stable, and has made strides in her four initial goals, we will connect her to our Uplifting Futures program to continue to explore and create additional goals towards independence.

G.13.3. Use Case 3 – Shakira – Stabilizing and Strengthening Families

Shakira is unfortunately experiencing a variety of Adverse Childhood Experiences (ACEs) all at one time. The loss of her grandmother and primary caregiver, a disruptive move away from all her natural supports, boyfriend, and unexpected pregnancy have put a strain on Shakira's ability to be self-efficacious and resilient. Anthem strives to minimize the negative effects these ACEs have on Shakira and focus on building her resiliency and strengths through Care Coordination, preserving natural supports in any way possible, providing appropriate clinical care and support through our New Baby, New Life℠ program.

Based on review of our 834 enrollment file and available claims data, we identify **Shakira** as a 16 year old young woman in Foster Care who is currently pregnant. Our Concierge Representative, who is co-located in a Warren County DCBS office, reaches out to Shakira's SSW, Alana, to gather available information about Shakira's situation and location, as well as, any available clinical information such as screening and assessment results. Our Concierge Representative learns that Shakira is three months pregnant, currently living with her Foster Parents in Bowling Green, and has many strengths, goals, and needs.

IDENTIFYING SHAKIRA'S STRENGTHS

- Excellent student with educational goals
- Involvement in extracurricular and social activities
- Desire to keep her child
- Participating in prenatal care
- Positive relationship with her OB/GYN

ASSURING SHAKIRA'S AND HER BABY'S SAFETY

- Participate in prenatal and postpartum care
- Address her depression
- Address her SDOH
- Access supports for caring for her child

SUPPORTING SHAKIRA'S PERMANENCY

- Involvement of Foster Parents in caring for Shakira and her baby
- Meet requirements of her baby's DCBS Child Welfare Plan
- Develop skills for independence, higher education, and employment
- Support her transition to the adult system of care

PROMOTING SHAKIRA'S WELL-BEING

- Address trauma and grief associated with loss of family
- Reengage her in plans for the future
- Assure a safe and healthy delivery
- Plan for the supports needed for raising her child

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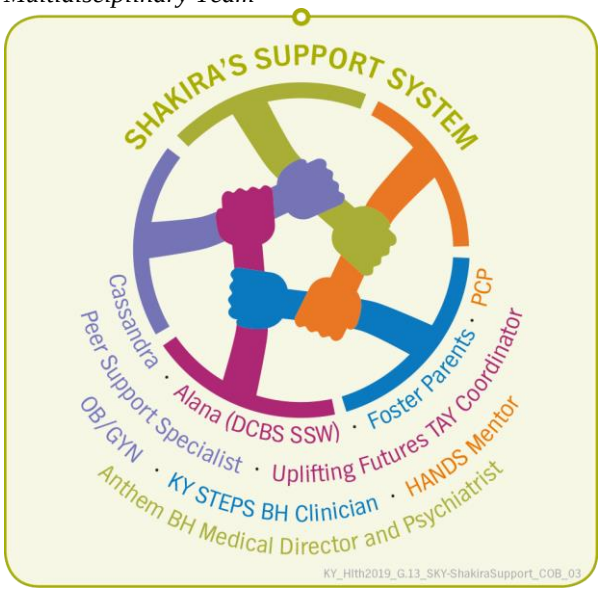
a. Care Management

Cassandra, Shakira's assigned Care Coordinator, has significant experience working with high-risk pregnancies and transition age youth and is trained in Trauma-informed Care. Prior to reaching out to Shakira, Cassandra reviews the information provided by our Concierge Representative and contacts Alana, Shakira's Department for Community Based Services (DCBS) SSW, to discuss how they will proceed with engaging Shakira in the care she needs and wants for her and her baby. Cassandra also obtains Shakira's Kentucky CANS results and consent to contact Shakira, Foster Parents, PCP, and OB/GYN to initiate multidisciplinary care team (MDT) development and care planning. Shakira is also asked to list any natural supports she wants to join her planning meetings from the Lexington area.

Cassandra reaches out telephonically to Shakira and her Foster Parents to introduce herself and provide information on the role she will play in supporting the family throughout her care. She identifies any immediate needs and schedules a face-to-face meeting to complete a Health Risk Screening and develop her care plan within 30 days of enrollment. Cassandra shares information

on the screening and care planning processes and supports Shakira in identifying the people she would like to be involved in her health care decisions.

Figure G.13.3-1. Developing Shakira's Comprehensive Multidisciplinary Team



Shakira selects Alana (DCBS SSW), her Foster Parents, PCP, and OB/GYN to be part of her team. Cassandra obtains Shakira's and Alana's permission to contact those individuals to engage them as part of Shakira's MDT and care planning meeting. Shakira's PCP and OB/GYN are unable to attend, so Cassandra arranges to contact them following the meeting to obtain their input to the care plan. Cassandra also talks to Shakira about Anthem's New Baby, New Life program, the role of our Uplifting Futures Transition Age Youth Coordinator (TAY Coordinator), and the value of their participation in the care planning process, to which Shakira agrees.

As illustrated in Figure G.13.3-1, Shakira and Cassandra identify additional participants for her MDT, including our Peer Support Specialist and Uplifting Futures TAY Coordinator to make sure she is accessing all of the community-based and health plan services and supports available to her and her baby. Although Shakira has demonstrated much resilience in her past and while living with her grandmother, given her recent losses, Cassandra assists her in leading her care plan development with her MDT that includes incorporating her needs and goals in a care plan that is individualized and reflects her preferences as described in Table G.13.3-1.

Table G.13.3-1. Shakira's Goals, Services, and Support for Her and Her Baby

Shakira's Goals	Services, Supports, and Resources
Goal #1: I want my baby to be healthy and happy.	• Attend ongoing appointments with her OB/GYN who has a co-located therapist who can support Shakira's Behavioral Health (BH) needs during appointments • Enroll in Anthem's New Baby, New Life program that provides prenatal and postnatal interventions, Care Coordination, education, and ongoing monitoring of their progress and also provides a car seat and portable crib if appropriate • Engage the Health Access Nurturing Development Services (HANDS) for in-home services and supports prior to and following delivery • Select and meet with pediatrician for the baby following delivery
Goal #2: I want to stop feeling sad all of the time.	• Referral to KYSTEPS in Bowling Green for a comprehensive assessment to identify individual and family services and supports to address her depression, trauma from removal from her mother, transition from group home to private home, and grief from loss of her grandmother, home, and community • Individual and TF-CBT with her Foster Parents to promote parenting, stress-management, and communication skills • Psychiatric assessment for medication needs with consideration of her pregnancy • Attend social activities at her school in Lexington to reconnect with friends, such as band concerts, swim meets, and sporting events • With the DCBS SSW's permission and enlisting the coordination help from Foster Parents, Cassandra recommends Shakira invite some of her Lexington friends from band, and those she stayed with temporarily to visit Shakira for a baby shower/lunch

Shakira's Goals	Services, Supports, and Resources
	halfway in Bardstown. This will communicate to Shakira she is heard and supported by the adults in her life and remind her that existing friendships have not been severed • Online Well-being program, offered as a value-added service (VAS), is a convenient tool that Shakira can access via a computer, tablet, or mobile app that will help her manage her stress, anxiety, depression, substance use, chronic pain, sleep disruption, and other challenges she may experience. Additionally, there is a suite of self-help resources that incorporates CBT, motivational interviewing, positive psychology, and mindfulness
Goal #3: I want to be able to take care of myself and my baby.	• OB/GYN serving as her PCP appointment to address well checks, preventive gaps in care, and assess need for a specialist to identify potential genetic health defect concerns, as well as appointments for dental and vision needs • TAY Coordinator will assist with Completion of the Ansell-Case Life Skills Assessment and Casey Inventory for Pregnant Teens to help determine her parenting skills and needs for independence • Comply with requirements of the DCBS Child Welfare Plan for her baby, including participation in services identified on her Anthem care plan, parenting classes, education, employment • Enroll Shakira in the HANDS program to provide in-home visits, resources, education, and support throughout her pregnancy and for two years following the birth of her baby – collaboration and coordination between New Baby, New Life and HANDS program • Engage the Uplifting Futures TAY Coordinator and Peer Support Specialist will support Shakira in signing up for social welfare programs such as Women, Infant's, and Children (WIC), employment support, Kentucky Transitional Assistance Program, Supplemental Nutrition Assistance Program (SNAP), and First Steps Infants and Toddlers program as needed following delivery • Leverage Anthem's Community Resource Link, offered as a VAS for Shakira and her Foster Parents to help them identify resources available to them in the community, such as childcare, Grief support groups, Prenatal classes, and social activities • Work with Alana on considering and coordinating involvement of the baby's father
Goal #4: I want to start thinking again about my future.	• Work with Shakira to determine if she still wants to continue in school or chooses to pursue her GED and ngage the school to identify what she needs to do to catch up and develop a plan for the time she will miss following delivery • Continue working with her school counselor on scholarships and college options • Engage in social inclusion activities, such as volunteering at a local animal shelter and attending swim meets at her school in Lexington • TAY Coordinator will educate her on higher education and employment training resources, such as the Kentucky Tuition Waiver, Tuition Assistance, and Training Voucher program as appropriate depending on Shakira's needs and preferences

As part of the care planning process, Shakira and Cassandra develop a contact schedule based on Shakira's preferences that includes the type (telephonic, in-person), location, and frequency of contact. This is reviewed during each contact and adjusted as needed based on her progress. The team also works together to develop a safety plan that addresses concerns such as Shakira's feelings of depression or being overwhelmed with the baby and who she should call for support.

b. Access to and Coordination Between Providers

Cassandra has primary responsibility for making sure Shakira and her Foster Parents have access to and the coordination of the services and supports identified on the care plan. Cassandra works with Shakira and her Foster Parents to schedule appointments with her physical and BH Providers and arranges transportation if necessary. She arranges for the VAS identified on the care plan, assures services requiring authorization are approved, and follows up with Shakira, her Foster Parents, and Providers to make sure services have been initiated. During ongoing contacts, Cassandra and Shakira work together to continually identify her progress in achieving her goals

and make sure services are meeting her needs, review claims data to monitor participation in services, and adjust services as Shakira's goals are met or her needs and preferences change.

c. Access to Network Providers

Anthem has a robust Provider Network in Bowling Green and all Providers have participated in our Academy that includes education on trauma, ACEs, and screening for mental health and substance use disorder (SUD) concerns. Cassandra identifies that Shakira's PCP and OB/GYN and KY STEPS are in Anthem's Provider Network and assists Shakira in identifying and selecting a psychiatrist in her area through our Provider Directory for evaluation. Upon identification, Cassandra assists the family in scheduling an evaluation and arranges for transportation if needed. Should Cassandra identify any challenges with accessing Network Providers, she will identify potential out-of-network Providers and telehealth opportunities in the Foster Parents' area.

d. Discharge Planning for All Levels of Care

Although Shakira is remaining in the home of her Foster Parents, the team works together to plan for the hospital admission and promote a safe transition following the birth of her baby. Shakira's Community Engagement Navigator supports her in scheduling a tour of the Women's and Newborn Department at The Medical Center – Bowling Green, as well as signing up for their Expectant Parent Classes to help her have a healthy pregnancy and prepare for childbirth. Prior to delivery and led by Shakira, the team will develop a Transition Plan that includes what Shakira and the baby may need for a safe transition to her foster home. This includes a Postnatal Depression Screen, follow-up appointments for Shakira and her baby, and securing resources to meet other identified needs such as a car seat, portable crib, and transportation to appointments.

e. School-based Services and Individualized Education Plan

Because Shakira has decided to graduate from high school, Cassandra assures access to our In-home Tutoring Services VAS to provide up to 24 hours of one-on-one, in-person tutoring services that can be completed in the location of Shakira's choice. Cassandra works with the school to assist her in catching up on and improving her class performance and develop a plan for her absence following delivery. Although her performance prior to her grandmother's passing does not indicate the need for an Individualized Education Plan (IEP), the school counselor arranges for an evaluation to determine if Shakira may have additional challenges that may be interfering with her learning and support an IEP.

The school counselor and school nurse also work with Shakira to develop a plan for meeting with her on a weekly basis and for her to come to the counseling office at any time should she be experiencing depression or stress related to her loss and grief and/or any symptoms related to her pregnancy. If the school determines that Shakira needs an IEP, Cassandra attends in-person to help identify any additional resources needed and links to those resources as appropriate. If Shakira chooses not to return to school following delivery, the team will reassess her options, such as graduating early or obtaining her GED with the support of our GED Assistance VAS where Anthem will cover the costs of the high school equivalency test.

f. Community Services for Parenting Skills

Alana arranges for parenting classes as part of Shakira's Child Welfare Plan and HANDS provides additional education provided through in-home visits, such as creating a safe home

environment, how to care for a baby, guidance on healthy pregnancies, activities that parents and baby can do together, and access to community resources. Shakira's Peer Support Specialist will also support her emotionally by sharing her experiences and providing additional education on self-care and caring for her baby.

g. Applicable Evidence-based Practices

Cassandra's approach with Shakira and her Foster Parents is founded on the mission of ***Kentucky Strengthening Families*** that promotes knowledge and skills development, including parental resilience, social connections, knowledge of child development, support in times of need, social and emotional competence of children, and assuring nurturing and attachment. Cassandra, who is trained in Trauma-informed Care, assures that all the Providers Shakira selects (PCP, OB/GYN, and BH) are experienced and trained in ***Trauma-informed Care and ACEs***. This assures she is not further traumatized throughout the process and her Providers are aware of and sensitive to her needs. Cassandra assures that Shakira is assigned a mental health professional with specialized training and experience in ***TF-CBT***.

h. Coordination of Transportation

While Shakira's Foster Parents are able to and comfortable with providing transportation to her appointments, the team also understands that Shakira should begin navigating her system of care as independently as possible. Cassandra works with Shakira to arrange transportation to attend activities that do not require guardian attendance, such as her childbirth classes at the hospital, support groups, and social inclusion activities.

i. Options for Aging Out of Foster Care and Risk Management

Aging Out of Foster Care

Shakira agrees she would be better supported in her current foster home when she transitions into her new role as a mother. She also expresses the desire to be more independent after she turns 18. The team talks to her about her options of extending Foster Care (FC) until the age of 21 and the types of support DCBS can offer to her through their Independent Living Program that will no longer be available to her if she opts out of FC at 18. To support Shakira's ultimate goal of caring for herself and her child, Cassandra connects her with TAY Coordinator who will assist Shakira in developing an action plan for her educational goals, employment goals, housing planning, and necessary steps to maintain health coverage for her and her baby. Cassandra also encourages Shakira to talk to her OB/GYN about family planning following the birth of her child, which may include long-acting reversible contraception (LARC) and offers Anthem VAS that support transition, as described in Table G.13.3-2.

Table G.13.3-2. Examples of Anthem VAS to Support Shakira's Transition Out of Foster Care

Jump Start Program	Home Essentials Kit	Community Resource Link
Online platform where Shakira can complete a skills assessment to identify and expand on her current skills, as well as see where she ranks with health and financial literacy. This includes live one-on-one coaching to help her determine next steps.	Shakira will receive a catalogue of items that will benefit her when she looks to set up her new living area. She can select up to $100 worth of goods, such as basic household essentials, including sheets, bedding, cutlery, dishes, and bathroom needs.	This easy-to-use online tool will promote Shakira's increased personal responsibility, self-management, and independence by educating Shakira about all locally available supports and services, of which she may be unaware.

Risk Management

Based on Shakira's experience with depression and trauma, Cassandra makes sure we monitor any potential risk for Shakira and her baby by arranging appointments with her OB/GYN and psychiatrist following delivery, who will assess her for postpartum stability and potential depression. The Community Engagement Navigator also educates Shakira and her Foster Parents on signs of depression and who and when to call for assistance should she need additional support. Shakira and her Foster Parents are given information on how to access the 24 hour Concierge line for questions and the Behavioral Health Services Hotline as well as local Providers to empower them to have direct access to specialized care when needed.

j. Social Determinants of Health

With support from the Community Engagement Navigator and TAY Coordinator, Shakira identifies existing and potential social determinants of health (SDOH) needs and the types of supports available to Shakira, such as those described in Table G.13.3-3.

Table G.13.3-3. Shakira's Identified Social Determinants of Health Needed for Transition

Social Determinants of Health	Description
Housing	Since her baby will remain in child welfare until Shakira demonstrates her independence and parenting abilities, she considers remaining with her Foster Parents until the Child Welfare Plan is complete, as well as entering the DCBS Independent Living Program. When she is ready to live more independently and transition out of FC, Cassandra will work with her to locate options for community housing, such as supportive housing and the Chaffee Room and Board program that provides funds for rental assistance, rental and utility security deposits, utility assistance, and to help furnish the living space, as well as our Anthem's Transition Age Youth Housing Stability Pilot.
Social Services	Shakira's TAY Coordinator supports her in applying for the social services she needs for her and her baby. This may change over time as she transitions to an independent living situation and can include WIC program, Supplemental Nutrition Assistance Program, childcare, diapers and formula, and employment training.
Education	Shakira is working with her teacher and tutor to make sure she catches up on her schoolwork and meet classroom performance requirements. The team revisits Shakira's option of completing her GED if she chooses and talks to her about her previous desires to become a veterinarian. Cassandra also shares information on the Kentucky Tuition Waiver for FC youth; the national Education and Training Voucher program for youth who have aged out of FC; Scholar House that provides support for young mothers while attending college; and the Kentucky Tuition Assistance program should she extend her commitment with DCBS for educational purposes.

k. Provider Education and Support

All of Shakira's Providers have participated in required training through the Academy that includes information on best practices for working with children, youth, and young adults involved in child welfare, use of screening tools, participation on the MDT, required sharing of information and documentation, and accessing clinical information through our YouthRAP. Cassandra and our dedicated Customer Care Representative are available to Shakira's Providers for additional support on topics, such as documentation, Prior Authorization, and billing. Our physical and BH Medical Directors are also available for peer-to-peer consultation on any treatment challenges.

l. Access to and Sharing of Medical Records

Cassandra is responsible for assuring appropriate sharing of information between team members, including Alana; PCP, OB/GYN, BH Provider, HANDS staff and other Providers who may join

the team such as the baby's pediatrician; and natural supports such as her Foster Parents, teacher, and peer support. Cassandra, Alana, and Providers have role-based 24/7 access to YouthRAP, including Shakira's diagnoses, care plan, participation in services, medications, screening and assessment results, clinical progress notes, missed appointments, and gaps in care.

m. Maintenance of the Care Plan

Cassandra continually monitors Shakira's participation and progress in services and supports during telephonic and in-person contacts with Shakira and her Foster Parents and Providers, as well as through ongoing review of claims data. She monitors for any significant changes in Shakira utilization (missed appointments, medication refills, use of the Emergency Room (ER)) to determine the need for any adjustments to her care plan. As Shakira achieves her goals or experiences changes in her needs, preferences, or placement, Cassandra convenes the MDT to adjust Shakira's care plan, services, and supports to reflect her needs.

G.13.4. Use Case 4 — Kirk — Improving Health and Well-being

Anthem understands the effect of placement stability on the safety, permanency, and well-being of children, in the child welfare system. Child development research tells us that children need consistency, predictability, and attachment to a caring adult to thrive. Kirk has unfortunately experienced multiple placements and fragmentation in his care before his Medically Complex nurse Care Coordinator became involved. Now the Caregivers, DCBS SSW and Providers can rely on this Care Coordinator to put together a complete historical record and stop the cycle of additional disruptions due to caregivers not being supported to maintain his placement.

a. Care Management

Upon review of the information provided on the 834 enrollment file and DCBS Medically Fragile Report, our CCT is quickly able to identify Kirk as having complex medical conditions, stratify his risk level, and assign him to Complex Care Coordination. Based on the information provided by our Concierge Representative, the CCT assigns our licensed registered nurse (RN) Care Coordinator, Deborah, who specializes in working with children with complex medical conditions involved in child welfare and is trained in Trauma-informed Care techniques.

Deborah reviews all information in Health Intech, including Kirk's Kentucky CANS 0-4 results, and meets with the Concierge Representative to learn as much as possible prior to reaching out to DCBS SSW Chase and Kirk's Foster Parents. Deborah learns that Kirk's conditions are complex, with overriding concerns about the stability of his shunt and appropriateness of his medications. Deborah also learns that, due to the family's Kentucky residence that is located in a federally designated medically underserved region, his care is fragmented and untimely and there are challenges with Kirk's access to holistic care, services, and supports he needs (primary, specialty, developmental, dental).

First, We Listen

After reviewing all available information, Deborah reaches out to Chase to begin relationship development, explain her role, and the purpose of developing the MDT to assure all of Kirk's needs and those of his Foster Parents are met in a timely manner to assure his safety and well-being, and prevent disruption of the placement. Deborah also obtains consent to reach out directly to the foster family to explain her involvement, identify and address any urgent needs, schedule a face-to-face appointment at the time and location of their choosing to complete the Health Risk Screening, and identify any individuals they would like to participate in care planning.

During the introduction call, Kirk's Foster Parents explain that they feel supported by Kirk's pediatrician and would like her to also participate, but accessing his pediatric neurosurgeon has been difficult due to limited availability and travel distance. His Foster Parents also share they do not have a well-defined support network.

Following the call, Deborah reaches out to Chase and Kirk's pediatrician to request participation in case planning. Chase will attend in-person; however, Kirk's pediatrician is unable to attend the meeting in person due to scheduling issues. Given the complex situation, Deborah arranges for the pediatrician to attend via tele-conferencing so that any additional symptoms can be identified by the pediatrician and incorporated into Kirk's care plan.

Realizing that transportation and access to needed complex medical care are key issues for Kirk, Deborah consults with SKY Medical Director to develop an alternative care plan that would better meet Kirk's needs and potentially alleviate the burden of travel. The family is offered multiple options; Vanderbilt in Nashville, TN and Weisskopf Child Evaluation Center and Norton's Children Hospital, both in Louisville. The family choses to transition to Vanderbilt Children's Hospital from Cincinnati Children's Hospital due to the five hour round trip drive time difference. Prior to the in-person meeting, Deborah reaches out to Kirk's previous Providers, his pediatric neurosurgeon, and

Kirk is three years old and currently lives with his Foster Parents in rural Webster County following six placement disruptions due to the challenges associated with his complex medical needs and care. Upon enrollment, Anthem's Concierge Representative reaches out to Kirk's DCBS SSW, Chase, to obtain more information. This includes Kirk's current health status, well-being, participation in services, and screening and assessment results, including his CANS assessment. Our Concierge Representative captures this information in YouthRAP for immediate access by our CCT for risk stratification and Care Coordinator assignment.

IDENTIFYING KIRK'S STRENGTHS

- Demonstrates resiliency in his repeated disruption of placement and long-distance traveling for care
- Commitment of his foster family
- Trained and competent caregivers
- Strong pediatrician involvement

ASSURING KIRK'S SAFETY

- Address immediate and ongoing medical care needs
- Identify and engage closer qualified Providers and in-home services and supports
- Review and stabilize medications
- Provide caregiving support for Foster Parents

SUPPORTING KIRK'S PERMANENCY

- Achieve Foster Parents' desire for adoption
- Engage natural supports for caregiving and social inclusion
- Preserve Kirk's current placement through respite and caregiver support and education

PROMOTING KIRK'S WELL-BEING

- Stabilize Kirk as he grows and his medical needs change
- Support transition to the public school system
- Engage in-home developmental and behavioral services and supports

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Cincinnati Children's Hospital to obtain any available records on Kirk's past and current medical history. This information, including immunization records and screening and assessment results, is incorporated into our Health Intech Provider portal and YouthRAP to support a holistic view and discussion of Kirk's history and ongoing needs, and is shared with new Providers (in- and out-of-state) to prevent contraindicated care, duplication of services, and promote continuity.

Led by Kirk's Foster Parents, the team listens to their concerns, needs, and preferences in meeting their goals for Kirk:

- Medical issues Kirk is experiencing, including difficulties with his shunt and medication challenges, that require specialty care
- Lack of regular, whole-person care (primary care, EPSDT, dental, vision) through qualified Providers who are closer to the family and can meet his complex needs to minimize the distance and frequency of trips
- Although his Foster Parents have received training and education on managing his complex needs, they share details about what his daily care consists of and their concerns about how his needs will change as he grows

Deborah conducts a Caregiver assessment to identify potential burnout, risk of placement disruption, and social determinant of health needs. As illustrated in Figure G.13.4-2, the team also works together to identify additional participants for Kirk's MDT to make sure all of his needs are addressed initially and ongoing.

To support the development of a holistic, individualized care plan as described in Table G.13.4-1, Kirk's Foster Parents share their goals for Kirk's health care and well-being, as well as their desire for him to be a part of their family permanently.

Table G.13.4-1. Meeting Kirk's and His Foster Family's Needs

Kirk's Family Goals	Services, Supports, and Resources

Goal #1: We want Kirk to get the health care he needs and deserves.	• Outreach to past Providers identified by current and previous Foster Parents and data mining to obtain as much information on Kirk's medical care and medications as possible, document, and provide access to Kirk's Providers through Anthem's YouthRAP.
	• Engage with Vanderbilt Children's Hospital where a number of Kirk's medical needs can be met during the same visit, such as:
	  • Comprehensive evaluation with a pediatric neurosurgeon who can assess the challenges with his VP, stability of his shunt, and any surgical needs
	  • Evaluation and treatment for specialized pediatric care for his CP, VP, seizures, and medication review and reconciliation
	  • Evaluation and treatment of BH needs including cognitive, behavioral, communication, and developmental needs
	• Select and schedule an appointment with a pediatric dentist in Webster County who can meet his routine, annual, and preventive care needs.
	• Arrange for in-home therapy (physical, occupational, speech) with Green River District Home Health Agency.
	• Arrange for needed durable medical equipment (DME) for Kirk as he grows (wheelchair, walker) and necessary home modifications.
	• Consult with the Department's Office for Children with Special Health Care Needs (OCSHCN) Nurse Consultant for FC.
	• Support the Department's Office for Children with Special Health Care Needs plan for Kirk's education incorporating the goals Head Start or State Funded Preschool into our care plan once Kirk is stabilized.

Goal #2: We want to be able to meet Kirk's needs.	• Anthem's Care Coordinator Deborah, RN to provide a refresher course for Kirk's Foster Parents to support them in caring for Kirk's individualized needs as he grows and his needs change

Kirk's Family Goals	Services, Supports, and Resources
	• Transportation to Kirk's appointments to allow the Foster Parents to focus on Kirk and his care • Respite by a qualified Provider to promote the well-being of the Foster Parents and prevent placement disruption • Family Peer Support Specialist to assist the parents in navigating the system and engaging in social inclusion activities, including support groups, recreational activities, and community resource programs such as Family to Family • Online Well-being program VAS to assist in meeting the Foster Parents' needs through a convenient tool that can be accessed via a computer, tablet, or mobile app, that helps manage stress, anxiety, depression, sleep disruption, and other challenges • Community Resource Link VAS online tool that promotes increased personal responsibility and self-management by educating the Foster Parents about all locally available supplemental supports and services of which they may be unaware
Goal #3: If his medical needs are stabilized, we want to adopt Kirk.	• DCBS establishment of an adoption plan to identify what the Foster Parents need to do to complete the adoption process • Engage with the school system to establish a plan for meeting Kirk's needs early and ongoing integration, including an IEP and related services in the school • Foster Parents identify and engage natural supports who are interested in supporting them during and following adoption

b. Availability of Services and Network Access, Including Out-of-state Providers

Because Deborah has experience in Webster County, she is aware that some services are limited and works to help the family identify and select both in- and out-of-state Providers that can meet Kirk's needs. Deborah first verifies that Kirk's pediatrician is in our Provider Network and has participated in Anthem's Academy that provides focused training on best practices, such as Trauma-informed Care and ACEs. She also identifies home health Provider, Green River District Home Health Agency, which is in Anthem's Provider Network and provides in-home physical, occupational, and speech therapy in Webster.

In order to reduce the burden of multiple appointments and travel to Cincinnati Children's Hospital, Deborah has supported the Caregiver's choice in picking Vanderbilt University Medical Center (Vanderbilt) in Nashville knowing it meets the needs of children with complex medical conditions, is in our Tennessee affiliate health plan's Network, has a long-standing relationship with Anthem, and often works with Kentucky Medicaid.

c. Availability of Services, such as Skilled Nursing Services

Deborah identifies that Green River District Home Health Agency also provides in-home skilled nursing and educational and training services to caregivers. Deborah also works with Kirk's Foster Parents to select specialty Providers closer to their home for his routine dental and vision needs, such as Children's Dentistry and Family Vision Care in Henderson, which are 30 minutes away from the family home.

d. Access to School-based Services

Deborah reaches out to First Step to determine if Kirk is still eligible for their services and identify available resources for Kirk's transition to the school system. Since Kirk is three, he is eligible for free and appropriate public education (FAPE) that includes early intervention and special education and related services through the Webster school system under the Individuals with Disabilities Education Act (IDEA) Part B. This includes Kirk's eligibility for preschool for

children with disabilities. Deborah and Chase work with the school district to identify the most appropriate preschool in the Webster area that can meet his needs. This includes developing an IEP with the school that will address his current and ongoing learning and support needs and offer the family additional respite. Engaging the school system assessment could provide Kirk appropriate services such as speech and language administered in the school or at home that would limit burden on the Foster Parents.

e. Applicable Evidence-based Practices

Deborah is trained in ***Trauma-informed Care and ACEs***, as well as ***Person-Centered Practices***. She verifies that Kirk's Network Providers have participated in required training through our Academy prior to having contact with Kirk and his family. For Providers outside of our Network, our Provider Services department includes this type of training as part of our single-case agreements and new Provider contracting processes. In addition, Deborah and Kirk's team adheres to the ***Kentucky Strengthening Families Model*** that includes parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Deborah recognizes the risk of receiving care that is not evidence-based is a more significant concern for children with medical complexity. These children have complex clinical Care Coordination needs and often functional limitations, and may need many services and supports to maintain their health. Using EBPs for identifying and delivering services, such as radiology, specialty medications, and DME is a key component to ensuring Kirk's safety.

As Kirk grows, the Foster Parents may experience challenges with his communication and behavior. If this occurs, Deborah will engage the family in ***PCIT***, which is behavioral parent-training model that provides live coaching with immediate prompts to parents while they interact with their children. During the course of this hands-on treatment, Kirk's Foster Parents will be guided to demonstrate specific relationship building and discipline skills.

f. Coordination of Transportation

Deborah is mindful that transportation, in addition to travel distances, are part of the primary concerns for the family. She works with Chase and Kirk's Foster Parents to arrange transportation to his appointments, including to and from Vanderbilt. The transition of Kirk's care at Vanderbilt will greatly decrease their travel time, which will also reduce the Caregiver strain.

g. Community Resources

Led by Kirk's Foster Parents, the team works to identify additional community resources that will support them. This includes the Kentucky Family to Family program in Webster where they can receive support from "support parents" — mentors who are parents of children with specialized health care needs. Support parents provide emotional support to families of individuals with complex needs and offer Kirk's Foster Parents the opportunity to connect with another parent or Caregiver with a similar situation. In addition, the team identifies Connections Family Resources Center/YES Youth Service Center (FRC/YSC) where they can access community resources referrals, family Crisis assistance, childcare referrals, and parent training and workshops.

h. Social Determinants of Health

In addition to connecting the family with transportation and community resources to addressing their SDOH challenges, Deborah works with the family to identify and select an Anthem VAS that will further support Kirk's Foster Parents in meeting his needs. This includes our ***Community Resource Link, which is an online resource that locates and displays all available local community-based programs, benefits, and services***. This easy-to-use online tool promotes increased personal responsibility and self-management by educating families about all locally available supplemental supports and services of which they may be unaware. Another VAS available for Kirk's Foster Parents will be our ***Online Well-being program, which is a convenient tool that can be accessed via a computer, tablet, or mobile app, that helps users manage stress, anxiety, depression, substance use disorder, chronic pain, sleep disruption, and other challenges***. Additionally, our program comprises a suite of self-help resources that incorporate CBT, motivational interviewing, positive psychology, and mindfulness.

i. Planned Respite Care

During the Foster Parent assessment, Deborah identifies that the Foster Parents are experiencing burnout, fatigue, and loss of relationships due to the level of care Kirk requires. Deborah educates them about the types of services and supports available to them, such as respite that will provide them with much needed time to focus on themselves.

She shares that they are eligible for three days of respite per month and works to connect them with other foster families near their area who are trained in Medically Complex care and can provide this service. This also includes the opportunity for reciprocal respite arrangements once Kirk is stabilized and the Foster Parents are ready, building their natural support network. In addition, ***Deborah educates the family about Anthem's Family Activity Coupon book, VAS which is filled with special discounts for local retailers, restaurants, and entertainment to offset financial concerns and help the family reconnect***.

j. Provider Education and Support

All Anthem Network Providers are trained in Trauma-informed approaches and techniques through our required Academy. Deborah makes sure Kirk's Providers know his history and have access to the most current information pertinent to his care, such as ER use, medications, EPSDT services, and gaps in care through our Health Intech Provider portal, available also in YouthRAP. This also includes screening and assessment results, the Child Welfare Plan, and services and supports for his Foster Parents. Providers also receive support from Deborah and our Network Relations Consultants on topics such as Prior Authorizations, documentation, and billing, as well as peer-to-peer consultation to address any challenges in meeting Kirk's needs.

k. Access to and Sharing of Medical Records

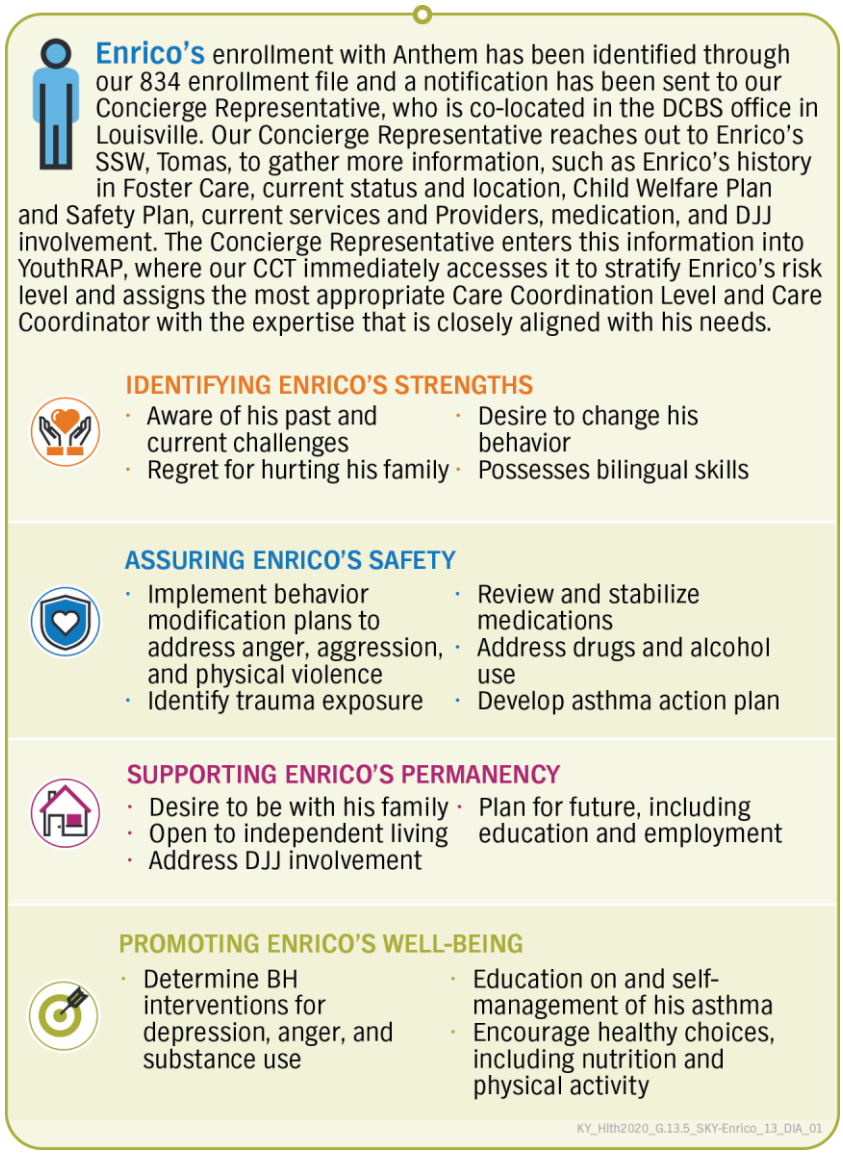
Deborah obtains available records from Kirk's previous and new Providers and uploads this information into our Health Intech Provider portal and YouthRAP. With direction from Chase, approved members of Kirk's MDT will have 24/7 access to YouthRAP, where they can view his diagnoses, care plan, Providers, participation and progress in care, medications, and gaps in care. This also includes the opportunity to add information that promotes access, prevents duplication of care, and supports Care Coordination activities.

I. Maintenance of the Care Plan

During the care planning process, Deborah works with Kirk's Foster Parents, Chase, and other MDT participants to develop and update Kirk's care plan, that includes a plan for Deborah's ongoing contact with the Foster Parents through telephonic and in-person interactions as needed based on their needs and preferences. During these contacts, Deborah identifies Kirk's and the family's progress towards their goals, Kirk's goal achievement, any changes in Kirk's conditions and behaviors, family satisfaction with services, and any needed care plan or Care Coordination level changes. Should Kirk's Child Welfare Plan change to Adoption, Deborah will continue to support Kirk and his family and adjust his care plan to reflect the services, supports, and resources needed to successfully finalize his adoption.

G.13.5. Use Case 5 — Enrico — Support During Transitions

Anthem understands and is focused on addressing the research showing when youth age out of the child welfare system with limited engagement and support from caring adults, they have an increased risk for challenges with healthcare access, homelessness, substance use, incarceration, education, and employment and job training. This is particularly evident for youth involved in the juvenile justice system who often have a lack of social connections, low employment skills, and unstable living arrangements.



a. Care Management

Based on the information provided by our Concierge Representative, our CCT determines Enrico's needs are complex and assign him to Complex Care Coordination. The CCT also assigns our Care Coordinator, Marcus, who is a masters level licensed clinical social worker (LCSW) and trained in Trauma-informed Care and the High Fidelity Wraparound model. Marcus is bilingual, lives and works in the Louisville area, and has knowledge of and experience

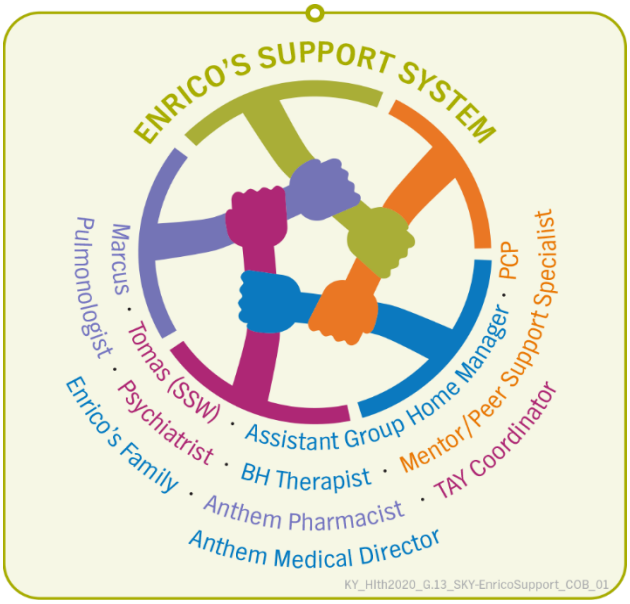
working with culturally diverse populations. He also has knowledge of the community-based resources and Providers in the Louisville area.

Marcus reviews all available information and reaches out to Tomas, Enrico's SSW, to begin relationship development, identify any additional information, and obtain approval to contact Enrico, group home staff, and identified Providers.

With Tomas's consent, Marcus reaches out telephonically to Enrico's group home manager to introduce himself and schedule a face-to-face meeting with Enrico in the home. During this call, Marcus talks to Enrico to explain his role and the Health Risk Screening process and to help him identify anyone he would like to support him in his care planning and healthcare decisions. Enrico asks that Tomas and his assistant group home manager, with whom he has recently developed a relationship, attend the meeting.

During Enrico's screening, he shares that he knows he has problems controlling his anger and destructive behaviors and that he wants to make better choices but does not know how. Enrico knows that he is in FC because he was physically violent with his family and teacher and that his parents refused to allow him to come home following his release from the juvenile detention center. He states that he is angry with his parents, but is sad that his family does not come visit him and is unsure of what he needs to do to go home. He reports his asthma prevents him from doing moderate exercise as he is worried he may have an asthma attack, and he desires to exercise for both weight loss and to release his feelings of frustration. He talks about not liking school very much, but that he wants to have a job someday so he can take care of himself and help his family out when they need it. Enrico also shares that there are many reasons why he started using drugs and alcohol, but that he does not want to talk about them. As illustrated in Figure G.13.5-1, together they discuss the purpose of his MDT in assuring all of his needs are met and identify additional participants to support his journey to health, well-being, and permanency. Marcus discusses with members of Enrico's MDT that his current psychotropic medication could be causing weight gain and together they talk about additional behavior management such as Trauma-Focused Cognitive Behavioral Therapy.

Figure G.13.5-1. Supporting Enrico in His Healthcare and Transition Decisions



Marcus helps Enrico understand that it is necessary for him to talk about issues from his past that make him feel bad and act out, so that he can understand why he makes the choices he makes This will help him be equipped to make better choices and promote the reunification he wants with this family. As described in Table G.13.5-1, Enrico shares his goals and they work together to identify the services, supports, and Providers available to help him identify his short- and

long-term goals and address his physical, BH, and SDOH needs prior to aging out of FC. Marcus coordinates a PCP appointment for Enrico for the following day and ensures the group home staff is able to take him. He needs prompt evaluation of his asthma and weight. They educate him on the all services available to him should he choose to remain in FC following his 18th birthday. The team works together to develop a Safety Plan to help Enrico manage his asthma and behavior.

Table G.13.5-1. Meeting Enrico's Goals Through Meaningful, Well-coordinated Care

Enrico's Goals	Services, Supports, and Resources
Goal #1: I want to feel better physically.	• Appointment with his PCP to evaluate his overall health (asthma, weight), blood work to identify any additional physical needs (diabetes), and catch him up with preventive care, such as immunizations • Appointment with his Psychiatrist for appropriate medication review and dosage, understand if weight gain could be related to his psychotropic medication • Explore with Psychiatrist if Neuropsych testing evaluation seems appropriate • Evaluation by a pulmonologist to evaluate his asthma, engage him in understanding his condition, ways to control his symptoms, and managing his medications • Engagement in an intensive outpatient substance abuse treatment program • Select a Youth Peer Support Specialist with lived experiences in FC, who can support Enrico in engaging in services and self-management of his behaviors • Healthy Families program, offered as a VAS, includes an RN who will engage Enrico directly throughout the program, which is intended to help him focus on healthy lifestyle choices, including food choices and activity level to help him lose weight • Online Fitness Coach program VAS that includes classes on exercise training basics, exercises for stress management, exercises for weight loss, and exercising with chronic condition management • Work with group home staff to plan and prepare healthy meals • Upon stabilization of his asthma, access Anthem's VAS Boys and Girls Club membership that will provide Enrico with a safe place to exercise, opportunity to compete in team sports, and develop friendships
Goal #2: I want to stop being angry.	• Facilitate In Home Tutoring VAS to bring grades up in school to mitigate feelings of failure • Understanding Enrico receives therapeutic services as part of the group home program with a DCBS authorized Provider, Marcus communicates with Tomas and the Provider to identify any additional services Enrico may need to address trauma, ACEs, potential abuse (verbal, emotional, physical, sexual), and grief • Assure the group home clinician is experienced with Trauma-informed Care, The Seven Challenges, and Dialectic Behavioral Therapy (DBT) and offer to supplement if needed • Evaluation by and ongoing appointments with a psychiatrist to review, reconcile, monitor, and adjust medications as appropriate • KY-CANS administered to assess past trauma and potential of past abuse • Online Well-being, offered as a VAS, which is a convenient tool that can be accessed via a computer, tablet, or mobile app, that helps Enrico manage stress, anxiety, depression, substance use, chronic pain, sleep disruption, and other challenges through TF-CBT, motivational interviewing, positive psychology, and mindfulness techniques
Goal #3: I want to go home and be with my family.	• DCBS consideration and location of a foster home that can meet his needs • Coordination and oversight with DJJ pursuant to case closure • Education on aging out of the system and the services and supports available to him if he remains in FC or if he chooses to opt out and live independently • As determined by Tomas, identify opportunities for Enrico to have contact with his family, including supervised visitation and family therapy • Adhere to the Building Bridges Initiative (BBI) by assisting group home staff in following the Child Welfare Plan for increased family involvement • Engagement of a bilingual peer support who can help him engage in his recovery and services, address his anger, navigate transition, and engage with family if appropriate
Enrico's Safety Plan	
Managing Accelerating Asthma Symptoms	

Enrico's Goals	Services, Supports, and Resources
	• Make sure I take my asthma medication as prescribed • Use preventive inhaler as prescribed • Notify group home staff or school staff as needed
	Managing Feelings of Anger and Avoiding Physical Violence • Recognize the signs of escalating anger • Leave the situation • Talk with someone (group home staff, teacher, school counselor, Marcus) to prevent escalation • Access Online Well-being program for resources and tools

b. Discharge Planning for All Levels of Care

Although Enrico is not changing levels of care at this time, the team understands how quickly his 18th birthday is approaching and engages the Uplifting Futures TAY Coordinator to work with him to understand the choices he has in preparing for this event as described in Table G.13.5-2. Planning includes his transition to a Foster Home, the Independent Living Program with DCBS, or to the community. Facilitating family therapy and reunification efforts will be a priority regardless of Enrico's official discharge planning, as we recognize they will always be a part of Enrico's support system. Efforts to resolve conflictual family relationships while Enrico is in a supportive environment and the family has access to all the resources offered will improve positive outcomes for Enrico as he transitions into adulthood.

Table G.13.5-2. Educating and Supporting Enrico in His Transition Decisions

Remaining in Child Welfare	Transitioning into the Community
• Eligible until he turns 21 • Proactive transitioning to the KY MCO adult health care program, including selecting adult Providers and continuing in physical and BH services of his choosing • Life skills classes • Mentor and youth leadership opportunities • Tuition waiver • Education training voucher • Assistance with room and board • Anthem VAS, such as the Lifeline Phone benefit, and Jump Start program which is an online learning platform for live one-on-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certifications	• Proactive transitioning to the KY MCO adult health care program, including selecting adult Providers and continuing in physical and BH services of his choosing • Transition from the group home to community housing • Anthem VAS, such as the Lifeline Phone benefit, and Jump Start program which is an online learning platform for live one-on-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certifications • Anthem Home Essentials Kit VAS that will provide him with $100 worth of goods of his choosing from a catalogue, such as sheets, bedding, cutlery, dishes, coffee pots, bathroom essentials, and more

c. Language Accessibility

Since Enrico is bilingual, the team encourages him to select from Providers that speak Spanish or English based on his preferences. Enrico can also choose to have interpreter services available to him during appointments, interactions with Marcus, and team meetings if he chooses. Marcus discusses with Enrico and Tomas, his DCBS SSW his desires to engage with his family and together they discuss potential visit with them to explore ways Enrico can continue to be a part of his siblings lives. Realizing Enrico's family may be hesitant to engage due to communication barriers, Marcus will assure the availability of culturally competent translation services to support his parents' participation with Enrico and his MDT for relationship development and permanency planning.

d. Psychotropic Medications and Documentation in Medical Records

Rationale

Given Enrico's current medications are at the higher end of the dosage range and he has not been evaluated in more than a year, Marcus explains that having a psychiatrist review his medications and dosage may help him be better able to manage his emotions. Marcus reviews some of the side effects that he may be experiencing could be aggression and weight gain from his medication. They work together to identify a psychiatrist in his area, schedule an evaluation, and arrange for Tomas to attend with him.

Follow-up Assessments

To address his medication needs, Marcus makes sure Enrico's psychiatrist has all available records regarding his involvement in child welfare and juvenile justice, screening and assessment results, and PCP records to complete a well-informed and thorough evaluation. This includes a diagnostic and medication review and reconciliation and metabolic risk profile, as well as identifying side effects he is experiencing, and how his medications may be affecting his aggression and weight. Enrico's psychiatrist adjusts his medication as appropriate, educates him on the importance of adhering to his medication as prescribed, talks to him about what types of side effects to expect, and schedules a 30-day follow-up to assess his progress.

Monitoring

Marcus works with Enrico's group home staff to make sure they understand the importance of administering his medication as prescribed, what side effects he may experience, and who and when to call with any questions or concerns. Marcus monitors Enrico's claims data to identify any potential misuse or underutilization. Anthem's BH Medical Director and Pharmacist also monitor Members who are prescribed multiple psychotropic medications and Provider prescribing patterns to assure consistency with clinical practice guidelines and best practices and conduct peer-to-peer consultation for prescribers who fall outside normal practice standards.

e. Evidence-based Psychotherapeutic Interventions

Marcus is trained in ***Trauma-informed Care and High Fidelity Wraparound*** and makes sure the team's interactions with him are aligned with the principles of these approaches. Enrico's MDT is comprised of Network Providers who are trained in trauma and ***ACEs*** concepts and approaches. His BH therapist uses ***The Seven Challenges and DBT*** when working with Enrico that focuses on challenging and changing unhelpful cognitive distortions and behaviors, improving emotional regulation, and the development of personal coping strategies that target solving current problems. Enrico's psychiatrist adheres to EBPs and Anthem's clinical practice guidelines that include collaborating with involved state agencies around the *Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems* from the American Academy of Child and Adolescent Psychiatry for prescribing multiple psychotropic medications, reporting, sharing of information, and required documentation.

f. Social Determinants of Health

Marcus completes a SDOH assessment with Enrico and provides him with education on understanding what his social factors are and how they affect his health and wellbeing. This includes his involvement with DJJ and adhering to group home rules, education and literacy

challenges, employment, and social inclusion. Marcus and Enrico work with his DJJ Social Worker to make sure he has completed what is required of him following his release and help him understand what can happen if he is incarcerated in the future. Marcus and Tomas work with Enrico and his school to identify additional resources and pathways so that he can graduate. ***Marcus also educates Enrico on Anthem's VAS and with his approval, accesses our In-home Tutoring Benefit, which will provide Enrico with up to 24 hours of in-person tutoring to assist Enrico in catching up on his school assignments and techniques to help with his classes.***

g. Community Resources

Enrico's team promotes social and community activities for Enrico to support his development of positive relationships, encourage healthy choices, and offer a diversion to drugs and alcohol. Enrico says he like to play basketball and video games. The MDT identifies that Centerstone, a community Provider in Enrico's area, has a Transition Age Youth Launching Realized Dreams (TAYLRD) drop-in center for young adults age 16 to 21 that offers a home base and safe place for him to access social and transition resources. This includes free snacks, a computer lab, pool table, video games, peer support, employment and education services and connections to community resources. The MDT also provides Enrico's family with referral information to La Casita Center, a Latin community center that provides education, empowerment and advocacy in Louisville. Las Casita Center's Community Mental Health Liaison can provide services and assigns the family a bilingual Liaison who can accompany them to meetings regarding Enrico.

Upon stabilization of Enrico's asthma, Marcus also assists in engaging him in extracurricular activities, such as our Boys and Girls Club Memberships VAS or a local gym that keep him busy and helps with his activity level and weight gain. This promotes healthy habits, such as being physically active and abstaining from risky behaviors such as using alcohol, drugs, and tobacco.

h. Aging Out of Foster Care

Marcus engages Anthem's TAY Care Coordinator from our Uplifting Futures program to assist the MDT in preparing Enrico for his 18th birthday. Enrico shares with his team that he wants to graduate high school, but does not have any interest in continuing in school or in the child welfare system. While he would like to return home, he is not sure that will happen, so wants to get a job, live independently, and take care of himself. The team supports his decision and also helps him recognize he can and may change his mind and they want him to be prepared for whatever path he may choose.

The team talks to Enrico about the types of resources available to him whether he chooses to remain in FC or not, such as the John H. Chafee Foster Care Independence Program (Chafee Program) that offers assistance to help current and former FC youths achieve self-sufficiency through a variety of services that support a successful transition to adulthood. Activities and programs include, help with education, employment, financial management, housing, emotional support, and connecting to caring adults. The program also supports independent living, such as life skills classes, mentor and youth leadership opportunities, tuition assistance and a tuition waiver. He may also be eligible for other supports, such as room and board, depending on his decision to opt out of FC once he turns 18.

Tomas also determines whether it is appropriate for Enrico to have contact with his family and if so, is supported by Marcus in facilitating visitation, therapeutic services, and supports for the family's SDOH if needed. Marcus works with Tomas to identify ways in which Anthem can

supplement the resources available to Enrico through DCBS. Marcus also accesses our VAS Jump Start, which is an online learning platform that will support Enrico, in English or Spanish, in completing a skills assessment to identify and expand on his current skills, as well as see where he ranks with health and financial literacy. He can participate in live one-on-one coaching to help him determine his next steps, whether that be finishing high school, obtaining a GED, attending trade school, obtaining pertinent certification(s), and searching for jobs in his area.

i. Access to and Sharing of Medical Records

Enrico's clinical information is available to Enrico and approved members of his MDT through YouthRAP on a 24/7 basis. This includes his care plan, screening and assessment results, participation in services and supports, transition age planning, and progress towards his goals. In addition, current information is provided during MDT meetings that are convened regularly and more frequently as needed and the closer it gets to his 18th birthday to make sure all services and supports are in place for his transition, regardless of his preferred path.

j. Maintenance of the Care Plan

As part of the care planning process, Enrico and Marcus establish a plan for ongoing contact (telephonic, in-person) based on Enrico's needs and preferences. Through these contacts, interactions with Providers, and claims review, Marcus is able to identify services that may not be working for Enrico, additional supports needed, goals that he has achieved, and potential changes in his transition goals. Marcus meets with Enrico and the MDT to revise the care plan upon significant changes in Enrico's health, behavior, goals, and caregiver; shifts in his service utilization (medications, ER use, hospitalization), and upon Enrico's request. Marcus increases or decreases their contact schedule based on Enrico's needs and preferences. Marcus continually works with Enrico, Tomas, and his TAY Coordinator to make sure his care plan is current and reflective of his plans for remaining in or opting out of FC and the services and supports he has chosen.

G.13.6. Use Case 6 — Mary — Promoting Health and Quality of Life

Anthem is committed to supporting every child enrolled in the Kentucky SKY program through a holistic, person-centered, trauma-responsive approach that assures their safety, permanency, and well-being. We have numerous avenues to access prior health records, and will coordinate with Providers, DCBS SSWs, caregiver/guardian, schools, and community resources to create an integrated care plan that addresses Members with multiple needs.

a. Care Management

Based on the information gathered by our Concierge Representative and our stratification process, Anthem's CCT assigns Mary to Intensive Care Coordination and to Care Coordinator, Jill. Jill is a licensed clinician with more than 18 years' experience in child welfare and specializes in working with children with special health care needs. Jill also has experience teaching American Sign Language (ASL). Our Concierge Representative continues to work to identify additional information that will enhance service planning and coordination of care.

Initial Engagement

Upon assignment, Jill reaches out to Mary's SSW, Gail, to introduce herself; determine how she can collaborate with Gail in accessing prior health records, evaluations, and services; discuss

ways she can assist Gail in supporting Mary's Foster Parents (and biological mother if reunification is a goal) to promote stability; and begin to partner with Gail in Mary's care planning processes. Jill contacts Mary's Foster Parents to introduce herself, describe the Care Coordination process and Jill's role to work with them, Gail, and any other natural supports to identify Mary's needs and connect the family to services that best serve Mary.

Given the initial information gathered about Mary's multiple needs, Jill confers with Mary's Foster Parents and Gail about changing Mary's PCP to a pediatrician at Open Arms Children's Health (Open Arms), a clinic in Louisville that provides comprehensive medical, dental, and BH Services for children including those with special needs. Together they agree that Open Arms should be Mary's Medical Home, and Jill contacts Anthem's Concierge Team to make the change. An updated Member Identification card with the new PCP information is available through YouthRAP and a mobile app within five business days of the change.

Multispecialty Evaluations and Assessments

After attempts to access prior health records (described next) reveals no recent assessments, and with support and direction from the CCT, Jill begins coordinating with ***Open Arms Children's Health, an integrated Medical Home*** and others to schedule several evaluations to assess Mary's physical, behavioral, and cognitive needs, including the following:

Jill connects Mary to Open Arms Children's Health, an integrated medical home, and makes sure Mary receives comprehensive and trauma-informed physical, behavioral, and cognitive evaluations. KY_Hlth2019_G.13.6_OpenArms_COB_01

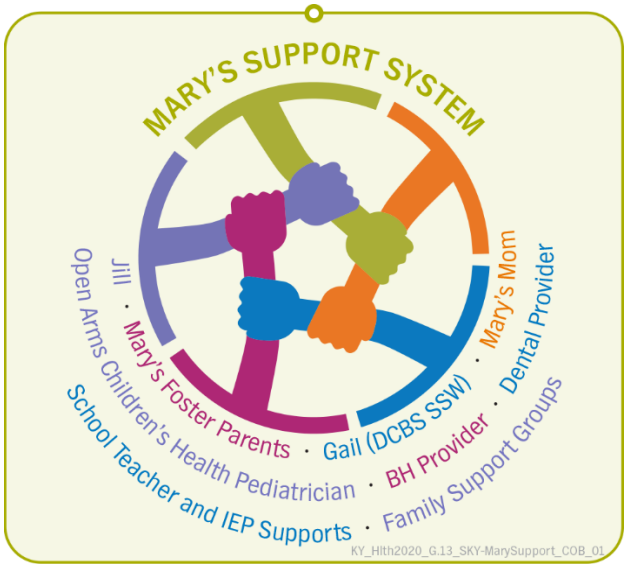
- A pediatrician at Open Arms who specializes in child development and is the assigned PCP arranges a comprehensive medical exam using assessment tools approved by the American Academy of Pediatrics; the assessment will determine developmental and cognitive delays, and whether the cognitive delays are due to lack of hearing or underlying cognitive issues
- Jill ensures that a BH Provider completes a Kentucky CANS to assess the impact of Mary's experiences with her mom, her movement in and out of FC, and any other possible traumas
- Jill makes sure that an auditory specialist at Open Arms assesses the root cause of Mary's hearing loss, whether it is permanent, and what interventions such as cochlear implants may be appropriate
- Because of Mary's mother's history with alcohol use, Jill ensures that Open Arms includes a comprehensive assessment for Fetal Alcohol Spectrum Disorders (FASD)
- Jill identifies a Dental Provider at Open Arms specializing in children with special needs to be assigned to Mary, and arranges an appointment for consultation, full assessment, and plan to address dental caries
- Jill makes sure that Mary is enrolled in the local public school and is assessed for an IEP and any specialized programs such as special education services under the Individuals with Disabilities Education Act (IDEA) as Jill has qualifying conditions; to assist, Jill provides any medical records and assessments required

After the evaluations, Jill provides information for eligibility determination for IDEA and Michelle P. Waiver (MPW) services, a Medicaid waiver that meets the individual needs of people diagnosed with intellectual or developmental disabilities (I/DD) and provides supports and services in the home. Given the waiver waiting list, Anthem would continue full coverage and support until Mary secures enrollment in the waiver.

Development of Mary's Care Plan

Jill assembles the evaluation results and Provider recommendations, obtains and reviews the IEP, and visits Mary and her Foster Parents to discuss the information and develop a care plan. Jill makes sure that the care plan for Mary identifies all diagnoses, confirmed and suspected; the needed services and interventions recommended by each Provider; a review of current medications; and anticipated goals or outcomes with dates for achieving these goals. Jill talks with Gail and integrates into the care plan the DCBS Service Plan that has been created for Mary and her family. For example, Gail shares that Mary's DCBS Service Plan includes reunification with Mary's mom if the mom undergoes recommended counseling and substance use disorder (SUD) treatment and DCBS confirms that she can provide a safe environment. Jill works closely with Gail and care team to:

Figure G.13.6-1. Mary's Multidisciplinary Team Supports Her Goals



- Make sure Mary's Foster Parents have followed up with Open Arms as a "one stop shop" for assessments and ongoing care including visits to primary care and specialists such as a BH Provider, a Dental Provider, hearing and speech therapists, and a nutritionist
- Explore other local services available to support Mary in her current placement
- Assure that the appropriate therapeutic interventions are developmentally appropriate and take into consideration Mary's hearing loss and potential I/DD
- Contact Kentucky Division of Developmental and Intellectual Disabilities (DDID) to begin the process and assist with eligibility determination for the I/DD waiver program, facilitating getting on the waiting list for full I/DD waiver services

As illustrated in Figure G.13.6-1, Jill works with Mary and her Foster Parents to develop and connect with Mary's MDT. Jill contacts all members of Mary's care team including her primary and specialty health care Providers to make them aware of the overall care plan and how to access it through our secure Provider website. Because reunification is a DCBS goal for Mary, with the state's permission, Jill collaborates with Gail to include Mary's mom in care planning.

Gail learns that Mary's mom is enrolled in another MCO and will contact the MCO to be sure she is targeted for care management. Jill obtains a release of information and reaches out to the other MCO's CCT assigned to Mary's mother to align care plans and preplan for continuity of care when Mary is reunified. The care plan identifies Jill, Mary's Foster Parents, Gail, and Mary's mom as Mary's key supports.

As the care plan is implemented over coming months, Jill continues to provide Intensive Care Coordination until Mary is stabilized. Jill's monthly contacts include face-to-face meetings with Mary and her Foster Parents and weekly phone calls, unless issues arise requiring additional contact. Jill monitors the care plan weekly, reviews it monthly for goal achievement, and updates

and adjusts it as needed. The care plan includes immediately addressing Mary's nutrition needs and engages Mary in hearing and speech supports to help her develop basic skills within her abilities. Anthem engages a Family Peer Support Specialist from the CCT to educate Mary's Foster Parents about Mary's needs and help them navigate the medical and non-medical resources. Table G.13.6-1 summarizes Mary's care plan goals and supports for reaching those goals.

After Mary's dental concerns are addressed, Mary is able to eat a wider variety of healthy foods that her Foster Parents enjoy cooking, and over coming months, she gains some weight and is no longer malnourished.

Table G.13.6-1. Mary's Care Plan Goals and Services

Goals	Services, Support
Goal #1: We want to identify and address Mary's holistic needs, including physical, behavioral, cognitive, and social needs.	• Comprehensive evaluation at Open Arms Clinic by clinicians specializing in child development, including a Trauma-informed CANS assessment by BH Provider, auditory assessment, and FASD assessment • IEP evaluation • Assessments for IDEA and Michelle P. Waiver • Collection of prior medical records
Goal #2: We want Mary to be healthy and happy by addressing her medical and developmental needs.	• Comprehensive, integrated care at Open Arms Clinic, including PCP visits to address initial medical issues and follow-up; hearing specialist for cochlear implants; speech therapy; Dental Provider visit to attend to dental caries; BH counseling • Application for the MPW • Preparation of and access to healthy food • Community Resource Link
Goal #3: We want Mary to participate in school and other activities.	• IEP with American Sign Language, occupational and speech therapy, and "traveling teacher" • BOUNCE resiliency development • In-home Tutoring Services
Goal #4: We want a stable and loving environment for Mary while considering reunification with her mom.	• Family Peer Support Specialist from the CCT to help Foster Parents navigate • Hands and Voices, a support group for Mary's Foster Parents • The ARC support group for families of individuals with I/DD • High Fidelity Wraparound that supports Mary and her Foster Parents • VAS including Comfort Kit, Community Resource Link, Family Activity Coupon book • Recommendations for Alcoholics Anonymous and learning ASL for Mary's mom to promote reunification

b. Discharge Planning for All Levels of Care

Anthem will conduct ongoing monitoring and initiate our hospital-based Care Managers to engage with Mary and her Foster Parents in the event of a hospitalization or other change in setting. Depending on the permanency plan determined by DCBS, the CCT will collaborate and coordinate with appropriate parties to ensure goals toward achieving permanency are progressing.

c. Applicable Evidence-based Practices

We recognize the importance of using evidence-based approaches to meet the needs of children involved in child welfare. For Mary, we will use the following approaches to address her needs, as well as support her mom and Foster Parents' movement toward possible reunification.

- **PCIT.** This behavioral parent-training model encourages positive interaction between Mary and her mother. The PCIT approach includes live coaching of parents while interacting with their children. Live coaching provides immediate prompts to parents while they interact with their children to enhance parental engagement, skills, and bonding. This intervention has proven successful in families with language barriers focusing on family interaction.

- **Trauma-informed Care.** Anthem includes Trauma-informed Care and ACEs training as part of our Academy for Anthem staff, system partners, and all Network Providers who work with Enrollees in our SKY program. Mary's PCP and specialists will use Trauma-informed Care techniques with Mary to avoid re-victimizing her and increase the effectiveness of their interactions while together.
- **High Fidelity Wraparound.** Trained in High Fidelity Wraparound, Jill supports Mary and her Foster Parents to help them understand the supports she will be receiving, have a voice in what will work for her (to the extent possible), and understand that change is possible in her life. This includes reunification with her mom if a safe environment is achieved.
- **BOUNCE: Building Resilient Children, Families.** Through Mary's school, she and her Foster Parents will benefit from the Trauma-informed Care programming provided by significant investments in resources designed to help youth affected by ACEs to respond effectively to adversity by building resiliency and increasing school-based services.

d. School-based Services

Working with Mary's Foster Parents and Gail, Jill engages the educational system and Jefferson County School District resources for children with disabilities. Mary's assessments confirm that she has several categories of disabilities including hearing loss and cognitive, speech, and language impairments. Jill participates in educational meetings as an advocate for Mary and her caregivers including IEP development, providing relevant information, to make sure the school provides all the resources needed. She recommends that the IEP include specific supports such as a tutor to learn sign language, occupational, and speech therapy.

Mary's IEP also includes a "traveling teacher" with specialization in working with children with hearing impairments who helps her engage in classes and begin to socialize with other children. Mary may be eligible for Heuser Hearing and Language Academy's Hear services. In addition, Jill confirms that Mary's local school has resources to enhance resiliency for trauma-affected children through school-based mental health services, based on the BOUNCE initiative.

e. Social Determinants of Health

Jill conducts an SDOH assessment to see if there are any additional needs the Foster Parents have and finds no transportation or food, or other major gaps. She identifies VAS that could benefit Mary, as well as help her Foster Parents provide a safe and positive home until reunification. Jill helps to arrange the following:

- **Comfort Kit.** To help provide comfort in her new placement, Mary will receive a comfort kit that includes a duffel bag, identification tag, youth dental hygiene kit, reusable lunch bag, plastic beverage tumbler, and a stuffed animal. Mary's Foster Parents will receive educational information such as tip sheets, guides, and checklists as well as information on all available local resources.
- **In-home Tutoring Services.** Anthem will provide up to 24 hours of one-on-one, in-person tutoring services that can be completed at Mary's Foster Home or her school. Jill would look for local tutoring resources that have specific experience in developmental needs similar to Mary's needs and experience with American Sign Language.
- **Community Resource Link.** Mary's Foster Parents will have access to Community Resource link, an online resource that locates and displays all available local community-based programs, benefits, and services.

- **Family Activity Coupon Book.** Mary's Foster Parents will receive a Family Activity Coupon book filled with special discounts for local retailers, restaurants, and entertainment to offset financial concerns and help establish cohesive family units.

f. Community Resources

Jill identifies a number of resources in Louisville and the Commonwealth that can help address Mary's needs and help support her Foster Parents. Open Arms offers supportive respite services, which would remove barriers to respite care and provide relief to Mary's Foster Parents. Jill refers Mary's Foster Parents to Kentucky Hands and Voices, a support group for families of children who are deaf or hard of hearing, and to the local chapter of the ARC, which supports individuals with I/DD and their families.

Jill also reaches out to Gail to ask if Anthem can help identify and link Mary's mom to resources that might help her achieve reunification goals, despite Mary's mom not being an Anthem Member. Gail appreciates the assistance, and Jill and Gail discuss what factors prevented Mary's mom from keeping to her reunification plan after Mary's first FC placement, and how to prevent a similar situation after this second placement. Alcohol use and Mary's multiple health needs were found to be key contributors. Gail works with an Community Engagement Navigator to identify an array of community services to recommend for Mary's mother to achieve her goals on Mary's care plan with DCBS.

g. Access to and Sharing of Medical Records

Given Mary's mom's inability to provide Mary's health history or medical records, finding and sharing Mary's health records is critical for understanding Mary's needs and providing integrated care. Anthem's Concierge Representative takes multiple steps to search for Mary's fragmented health history, including:

- Accessing the Kentucky Health Information Exchange, if available
- Contacting Mary's prior Medicaid health plan to obtain and contact her most recent PCP
- Checking the Kentucky Department of Health Immunization Registry to determine whether Mary is up to date on immunizations, and to contact those Providers
- Searching for prior records at Baptist Health and Norton Healthcare (Anthem's Quality department has remote access to these systems' records throughout Kentucky)

Concurrently, Jill seeks to identify the Provider that diagnosed Mary as being cognitively delayed and requests a copy of that report, findings, and recommended services in order to verify information and determine if additional services may be appropriate. She would do the same with the Provider who diagnosed Mary as deaf, as deafness can often be assumed when a child is not responsive or verbal, but this can be misdiagnosed without further assessment.

Relevant health information is loaded into the Health Intech Provider Portal and YouthRAP to help facilitate communication and coordination among our clinical staff, Mary's Providers, DCBS, Foster Parents, and other authorized representatives.

h. Maintenance of the Care Plan

Jill continually monitors the care plan and Mary's progress towards goals, continuing to have a face-to-face visit/meeting with Mary and her Foster Parents, weekly phone calls, and a care plan update each month. As her myriad needs are met and she achieves her goals, Jill engages Mary's Foster Parents and care team to talk about updating or revising the care plan to meet her evolving needs. Jill and the CCT reassess regularly to update and create an accurate health record and after 8 months determine that Mary's situation has stabilized, she no longer requires Intensive Care Coordination, and that she will be monitored at the Connected Plus Level. Jill will continue to monitor and support Mary and her Foster Parents, and communicate with Gail to update Mary's care plan to maintain a stable placement through the transition for reunification.

> Anthem pursues many avenues to uncover Mary's health history, and creates a comprehensive health record that will be accessible to Mary's care team going forward.
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G.13.7. Use Case 7 – Julie – Supporting Transition to Adulthood

While the transition to adulthood is challenging for most youth, even in the best of circumstances, young adults with disabilities in the child welfare system often face additional barriers to a successful transition from a system that provided for all their needs. We believe that early planning with a collaborative team, understanding of the youth's disabilities, and knowledge of and access to available services, supports, and resources are key to a successful transition from child welfare.

a. Care Management

Based on the information provided by our Concierge Representative, our CCT assigns Corryn, a BH Clinical Care Coordinator, who has experience working with young adults with disabilities in child welfare and is certified in Trauma-informed Care and ACE concepts and approaches. During Corryn's outreach, Maggie, DCBS SSW, states that Julie's foster parents, who live

Promoting Resiliency for Julie

Julie is 17 years old and a new Enrollee with Anthem who has been identified as being in a residential facility in McCracken County and Foster Care on the 834 enrollment file. Upon identification, our Concierge Representative reaches out to Julie's DCBS SSW, Maggie, to obtain more information, such as Julie's history in Foster Care, available screening and assessment results, and her Child Welfare and Safety Plans. Maggie provides all available information, but informs our Concierge Representative of the limited psychotherapy and medication records for Julie. The Concierge Representative enters all information into our care management system, YouthRAP, for immediate access to Anthem's CCT for review, risk stratification, and Care Coordinator assignment.

IDENTIFYING JULIE'S STRENGTHS

- Demonstrates resiliency after 10 years in Foster Care
- Desire and potential for independence
- Participates with treatment recommendations

ASSURING JULIE'S SAFETY

- Review, reconcile, and stabilize medications
- Pursue missing treatment records
- Focus on shifting emotions and aggressive behaviors
- Attend to DJJ involvement

SUPPORTING JULIE'S PERMANENCY

- Transition to waiver services
- Determine family reunification possibilities
- Identify the most integrated placement possible

PROMOTING JULIE'S WELL-BEING

- Stabilize challenging behaviors
- Engage social inclusion activities
- Pursue education or supported employment opportunities

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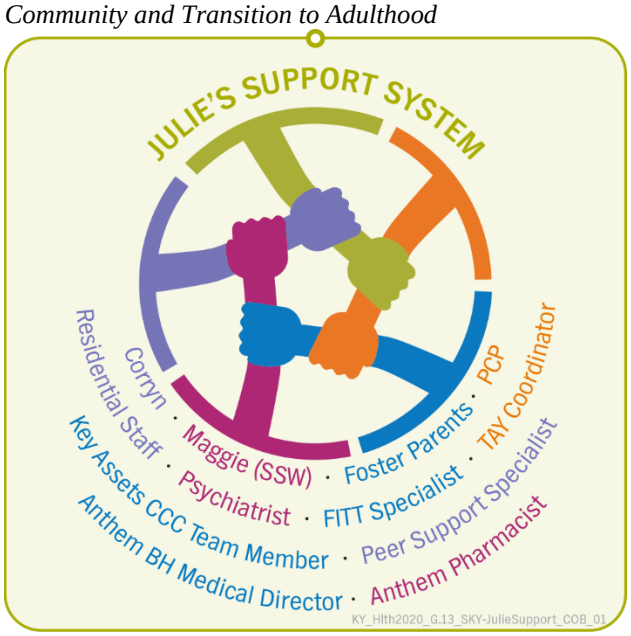
in Ballard County, have been committed to Julie, but now do not want her to return home because of her aggressive behaviors and have not yet visited her at the residential facility. Julie has had a number of SSWs, Providers, and placements during the 10 years she has been in care and making sure her documentation follows her has been a challenge until recently. Corryn learns that Julie's situation is extremely complex, and she begins leveraging the depth within the CCT to ensure Julie's whole health care is addressed.

In addition, Julie's recent placement disruption and residential placement are contributing to ongoing challenging behaviors, including emotional outbursts and aggression. Julie is also somewhat isolated because of her behavior and she does not interact well with her peers.

Corryn obtains consent to contact Julie, her Foster Parents, residential facility staff, and obtains and reviews all available information, including Julie's Kentucky CANS results, and claims data prior to reaching out to schedule an in-person meeting with Julie. While speaking with Julie, Corryn explains the purpose of the meeting and identifies whom she would like to attend to support her. Julie asks her Foster Parents to attend and tells Corryn that she can invite anyone else she wants. As illustrated in Figure G.13.7-1, Corryn develops a MDT that includes Julie, her Foster Parents, Maggie, DCBS SSW facility staff member, and psychiatrist from the treatment center to attend Julie's first meeting. Corryn also engages the Anthem TAY Coordinator who will assist in providing education on the services and supports that are available to supplement those offered by DCBS. Corryn also consults with Anthem's BH Medical Director and Pharmacist to identify ongoing concerns and gaps in care.

During the meeting, Julie is both excited and nervous. Corryn calms her by using plain language and carefully explaining the purpose of the meeting and what Julie can expect. She encourages Julie to ask any questions she may have and respects Julie by providing her the time she needs to answer Corryn's questions. Corryn first talks to Julie about how she is doing in the treatment center.

Figure G.13.7-1. Supporting Julie's Return to the Community and Transition to Adulthood



First, We Listen

During the visit, the team also talks to Julie about her medications, how they make her feel, and her prescriber's plan for reviewing, reconciling, and adjusting her medications if appropriate. They also talk to Julie about where she sees herself living when she leaves the treatment center, as well as explain what her options are when she turns 18. Julie states that she would like to live with her Foster Parents again, but also wants to learn how to take care of herself. They share that Julie can live on her own and still remain in DCBS custody until she is 21 or when she "ages out" of child welfare and live more independently. Her treatment team realizes Julie will need very specialized care and intensive support to transition to a lower level of care. Corryn shares with the MDT the option for IQ

testing and Neuropsych evaluation to determine any other causes of aggression and determining any additional services Julie may be eligible for. Julie talks about what her goals are and works with the team to identify what she needs to achieve her goals, as described in Table G.13.7-1.

Table G.13.7-1. Supporting Julie's Goals and Plan for Her Future

Julie's Goals	Services, Supports, and Resources
Goal #1: I want to stop getting mad at people.	• Medication evaluation by the residential facility physician to determine whether Julie's medications should be adjusted and provide careful monitoring during the adjustment period • Consultation with Anthem Medical Director, DCBS Medical Director and Pharmacist regarding medications and ongoing monitoring of prescribing, utilization, and labs to assure Julie's safety and well-being • Engage OMNI Community Health (OMNI) to complete comprehensive diagnostic and evaluation services to determine the most appropriate interventions needed for Julie to return to the community, such as Continuous Treatment Team program and Family Intervention Treatment Team (FITT) with her Foster Parents • PCP appointment to assess Julie's overall health, labs to determine any metabolic risks, catch her up with any needed preventive care (flu shot and other immunizations), and address any gaps in care
Goal #2: I want to leave the treatment center and live with my Foster Parents.	• Develop a discharge plan for Julie to transition safely and successfully where she will live in a neighborhood group home with support staff and learn self-management and independent living skills to demonstrate ability to stay safe prior to returning to foster home • Upon medication and behavior stabilization, Julie will transition with support to the CCC program • Monitor Julie's progress in the CCC program and determine her ability and her Foster Parents' desire for her to transition home or live independently with supports in the community on her 18th birthday such as behavior management, clinically supported foster home visits, crisis services, personal assistance, day training, supported employment, and housing supports • Provide Foster Parents with supportive services such as counseling, respite, and support groups and connect them to KY Special Involvement Network (KY –SPIN)
Goal #3: I want to live on my own when I turn 18.	• Engage school to develop or revise Julie's IEP • DCBS Independent Living program that provides life skills classes, developing budgets, housing options, employment supports, and tuition waiver and reimbursement • Peer support that will assist Julie with system navigation, engagement in services, and management of her behaviors

b. Discharge Planning for All Levels of Care

Julie and her team understand that it will require a well-planned and coordinated process for her to transition first from the residential facility and then to independent living or the foster home if and when she is ready following her 18th birthday. As described in Table G.13.7-2, the team considers alternative plans including waiver programs depending on Julie's ability and readiness for transition. The final plan is developed, continually reviewed, and adjusted as her needs change and as she progresses in care and becomes more stabilized in the community.

Table G.13.7-2. Julie's Level of Care Transition Plans

Transition from Residential to Key Assets CCC	Transition from Key Assets to Independent Living	Transition from Key Assets to Foster Home
• Develop Safety Plan • Conduct medication review, reconciliation, and education • Arrange follow-up appointments with PCP and psychiatrist	• Develop Safety Plan • Conduct medication review, reconciliation, and education • Arrange follow-up appointments with PCP and psychiatrist	• Develop Safety Plan • Conduct medication review, reconciliation, and education • Arrange follow-up appointments with PCP psychiatrist

Transition from Residential to Key Assets CCC	Transition from Key Assets to Independent Living	Transition from Key Assets to Foster Home

• Engagement in the CCC program that assures she:
  • Attend school
  • Participates in therapy
  • Learns independent living skills, such as personal care, meal preparation, shopping for clothes and personal items
  • Participates in social and recreational activities to promote social inclusion
  • Peer Support Specialist
• Anthem VAS such as In-home Tutoring, Online Well-being Program, and Educational Milestone Program
	• Determine housing options, such as a supportive living environment
	• Address SDOH, such as transportation, food security, utilities, education, and supported employment and job training
	• Engage in-home supports, such as BH specialist and personal assistance for daily activities of living/instrumental activities of daily living (ADLs/IADLs)
	• Education on financial management
	• Peer Support Specialist
	• Social inclusion, including day program and recreational activities
	• VAS Lifeline Phone Benefit, Home Essentials Kit, and Community Resource Link
		• Schedule outpatient BH services through OMNI, such as trauma focused CCT and FITT
		• In-home behavior specialist for self-management
		• Arrange transportation to appointments
		• Coordinate respite for Foster Parents
		• Peer Support Specialist
		• Social inclusion, including day program and recreational activities
		• Supported employment and job training
		• VAS, such as Medication Safety Kit, Community Resource Link, In-home Tutoring, and Educational Milestone Program

Upon each of Julie's transitions, the team works together to develop an ongoing care plan to continually support her in the community. This includes development of a Safety Plan that supports Julie and her Foster Parents in determining who and when they should call for assistance depending on Julie's needs and behavior. This includes using the tools she has learned to self-calm and self-manage her behaviors; contacting her Foster Parents, Peer Support Specialist, Maggie, or Corryn for support, BH Services Hotline, or mobile crisis services for intervention.

c. Prescribing Psychotropic Medications and Documentation

Because of the lack of historical information for Julie's medication, and in observing multiple antipsychotics and antidepressants, some which may be contraindicated the team is diligent that her medication evaluation is ***immediate***, and Corryn schedules an appointment with a Trauma-Informed Psychiatrist who will be the sole prescriber moving forward. Any adjustments are carefully and frequently monitored, and all information is documented in Health Intech, our care management system, and available to approved users in YouthRAP. Corryn assures that Julie's Providers and other approved MDT members have 24/7 access to our Health Intech Provider Portal or YouthRAP, as allowed, to prevent prescribing medications that may have contraindications as well as monitor her progress and side effects. To assure Julie's ongoing safety, our pharmacy department monitors her Providers' prescribing patterns and engages Providers with outliers in peer-to-peer consultation with our BH Medical Director to review the medication and proper dosing.

Julie's prescribers educate her and her placement on how to dispense her medications as prescribed, the side effects she may experience, and who to call if they have any questions or concerns. Corryn arranges for Julie to receive her medications in pill packs to support medication adherence and self-management. She also monitors Julie's refills through claims data, contacts with Julie and her placement to make sure she is taking her medication as prescribed and identify any concerning side effects. Corryn assists in scheduling follow-up appointments as needed to assure there is no disruption in her medications.

d. Evidence-based Psychotherapeutic Interventions

Corryn adheres to ***High Fidelity Wraparound and Trauma-informed Care*** techniques to partner with Julie and her family to support them in using their voice and strengths to develop a family-driven plan that promotes self-advocacy. Julie's Key Assets team uses evidence-based approaches that focus on trauma-competent care to identify and change negative thinking patterns and pushes for positive behavioral changes with a focus on her emotional and harmful behaviors and how she can self-manage in a supported community setting. This includes working with her on interpersonal effectiveness, distress tolerance and reality acceptance skills, emotion regulation, and mindfulness skills. Julie's foster parents are also open to participating with Julie in ***FITT*** that will help them discover each family member's passion and purpose, identify existing strengths and needs, enhance skills to prevent and manage crisis and help build the closeness and unity through her BH peer groups, Julie learns about assertive communication and anger management to control her stress and anger and improve her coping skills. She learns how to express herself effectively and stand up for her point of view, while also respecting the rights and beliefs of others. Julie's Peer Support Specialist meets her where she is and supports her in navigating her services and Providers, managing her behaviors during stressful times, and learning to engage in social relationships and activities.

Julie's Providers are required to follow EBPs and Anthem's clinical practice guidelines for prescribing her medications that include the ***Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems from the American Academy of Child and Adolescent Psychiatry***. Anthem's BH Medical Director and Pharmacist in collaboration with the DCBS Medical Director and Clinical team also monitor youth in child welfare who are prescribed multiple psychotropic medications and conduct peer-to-peer consultation for Providers with prescribing patterns that fall outside clinical norms.

e. Viability of Aging Out of Foster Care

Since Julie has chosen to remain in FC until the age of 21, she will have more time and support in developing her self-management, self-care, and behavioral management skills prior to aging out of child welfare. Together with Julie, the team talks about her desire and ability to live independently in a supported environment and works to identify Julie's strengths, needs, and preferences and the services and supports to help her achieve her transition goals. They also identify and coordinate the services each system of care can access to support her choice, including DCBS, DBHDID, Anthem, and her foster family and other supports. In particular, housing options and in-home supports she will need to successfully remain in the community.

Corryn explains to Julie that her ability to live more independently relies on her self-management of behaviors by engaging in and utilizing the tools and skills she is learning in her services. They talk about the benefits of guardianship, a payer, or guarantor to protect her rights and support managing her finances. Maggie provides education to Julie on the Chaffee Program that is designed to teach her the skills she needs to be self-sufficient when she leaves FC. This includes life skills classes, mentor and youth leadership opportunities, tuition assistance, and waiver.

Corryn is knowledgeable about local resources so she engages the team to look at the following local resources:

- KY SPIN offers programs and resources for individuals with disabilities that address transitioning to adulthood, education and employment.

- KY Office of Vocational Rehabilitation assists individuals achieve employment and independence.
- Transition One Stop (www.transitiononestop.org) is an informational site that offers resources for teachers, parents and students during a life change or transition, including individuals with disabilities. Corryn shares this with Julie's foster parents. If they felt supported in their ability to care for Julie and manage her behaviors, the previous placement may stay intact, minimizing trauma of disruption while Corryn and Maggie arrange alternative living situations for Julie.

Corryn also educates Julie on additional Anthem VAS that she can access to further support a successful transition and long-term viability in the community. This includes the following:

- **Lifeline Phone Benefit.** After qualifying for the Federal Lifeline program, which provides smart phones to individuals in need, Julie will be eligible to receive a free cell phone with minutes and unlimited text messages. As a VAS, Julie will receive unlimited calls to Corryn, Member Liaisons, and Member Services through our toll-free line, as well as an additional 100 bonus minutes during her birth month and one-time 200 bonus minutes at enrollment.
- **Jump Start Program.** This online learning platform will assist Julie in completing a skills assessment to identify and expand on her current skills, as well as see where she ranks with health and financial literacy. Julie will receive live one-one coaching to help determine next steps, whether that be obtaining a GED, attending trade school, or obtaining necessary certification(s). The program also offers her exam preparation for various certifications and has an imbedded personalized job search tool so she can find job openings right in their area.
- **Online Well-being Program.** Online community that will help Julie manage stress, anxiety, depression, substance use, chronic pain, sleep disruption, and other challenges. Additionally, the program comprises a suite of self-help resources that incorporate cognitive behavioral therapy CBT, motivational interviewing, positive psychology, and mindfulness.
- **Home Essentials Kit.** We will provide Julie with a catalogue of items that will benefit her as she sets up her new living environment. Julie can select up to $100 worth of goods and select from a catalogue of offerings that include basic household essentials such as sheets, bedding, cutlery, dishes, coffee pots, bathroom essentials and more.

f. Option for Transitioning to an Applicable Waiver

Corryn educates Julie and the team members about the opportunity for Julie to transition to the Michelle P. Waiver that offers a variety of services to support the goals, choices, and priorities for individuals with I/DD in Kentucky. This includes services such as behavioral supports, day training, environmental and minor home adaptation, personal care, and respite.

Corryn recognizes the MPW wait list challenges, but with Julie's consent, submits her information to be added to the list. Pending her approval, the team will continue to assure wraparound services to support her in her living environment and in the community. The team also talks about enrolling Julie in the Commonwealth's targeted case management following her 18th birthday, which will provide additional services such as referrals, linkage, coordination of Medicaid and non-Medicaid services; advocacy; monitoring; and crisis assistance planning.

g. Access to and Sharing of Medical Records

Based on Julie's preferences, she can receive a hard copy of her care plan or access it online at any time to support her self-management and desire for independence. Corryn trains Julie and

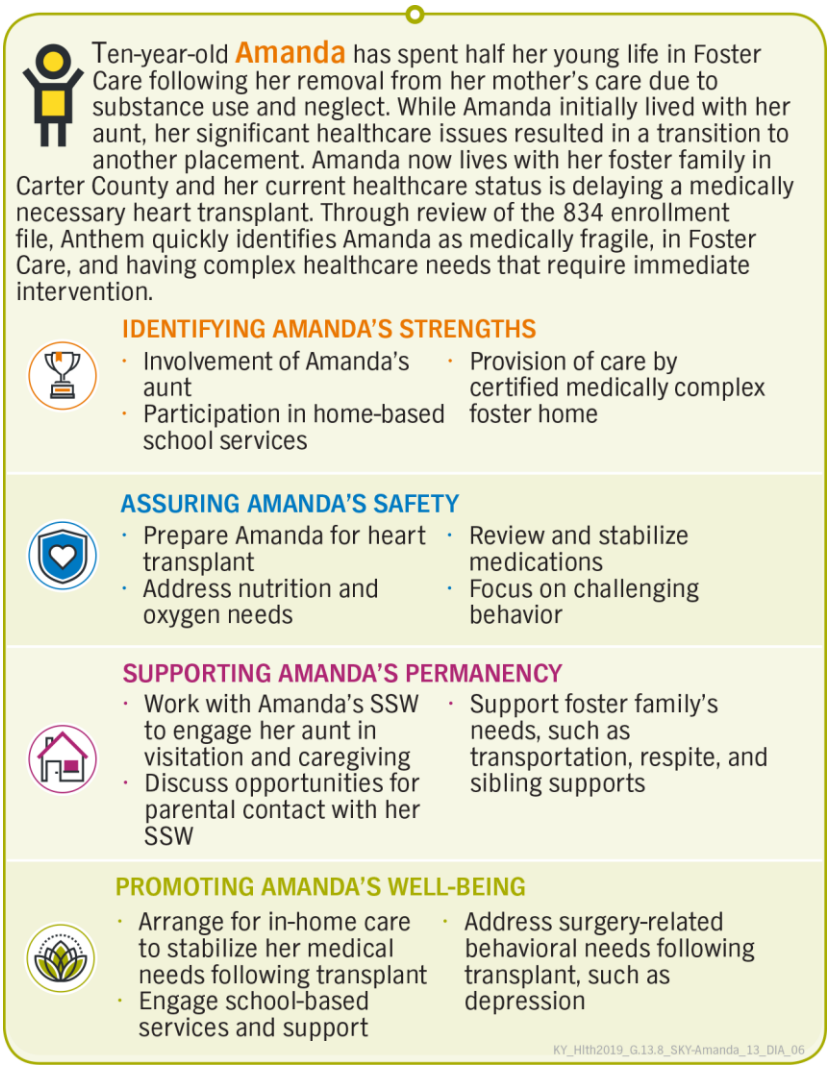
other approved MDT members on how to access to YouthRAP where they can view her diagnoses, care plan, Child Welfare Plan, screening and assessment results, medications, participation in services, progress towards her goals, medications, and other clinical information. This makes sure her team members have the most current information possible to monitor her progress, adjust services as necessary, prevent duplication of services, and identify gaps in care.

h. Maintenance of the Care Plan

Given the likelihood of Julie having a placement transition prior to and following her 18th birthday, Corryn convenes the team frequently, based on Julie's needs and preferences, to review Julie's progress in care and in her placement, adjust services and supports as needed, and update her care plan. Corryn continues to follow-up with Julie, Maggie, her DCBS SSW, Foster Parents, physical and BH Providers, DBHDID supports and placement to assure she is participating and making progress in services, adhering to her medications and is still working towards her goals.

G.13.8. Use Case 8 – Amanda – Working Together

Children with the most complex medical conditions in FC often have more placements due to significant home care challenges, higher health care utilization, more frequent hospitalizations, multisystem involvement, and reliance on complicated medical technology. We develop an integrated team that works together to address the holistic physical, BH, and social needs that support permanency.



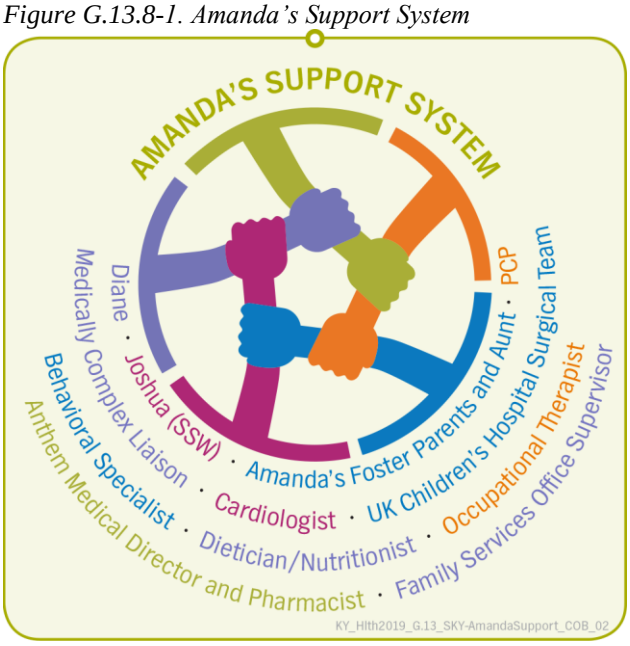
a. Care Management

Upon identification of Amanda's enrollment, our CCT reviews Amanda's information, identifies that she meets the designation of a Medically Complex Child pursuant to 922 KAR 1:350, and quickly assigns Care Coordinator, Diane, who is an RN and works closely with children with complex medical needs placed in FC. Diane is notified by our co-located staff at the DCBS office that Amanda's SSW, Joshua, has provided comprehensive information on Amanda's current and past history. This includes Amanda's most recent Kentucky CANS results, as

well as her current health status, placements, reasons for previous placement disruption, and medical records.

Diane reviews all available information and reaches out to Joshua to introduce herself, begin relationship development, and obtain consent to reach out to individuals who will participate as part of her Medically Complex Service Team and care planning. Diane and Joshua also talk about the importance of involving her aunt in Amanda's care, at the request of Amanda. Diane begins preparing Amanda's Care Plan, and determining the members of the team to invite to the in-home Individual Health Plan (IHP) meeting.

Figure G.13.8-1. Amanda's Support System



b. Medically Complex Service Team

Diane begins by reaching out to the individuals and professionals identified by Amanda, her foster parents, and Joshua to develop a local MDT, and schedules a team meeting on the day and at the time and location of the family's choosing. The team, illustrated in Figure G.13.8-1, is convened to develop an IHP within 30 days as part of her overall care planning that will address Amanda's holistic needs, including the care, services, supports, Providers, and resources needed prior to, during, and following her heart transplant.

Diane leads the team meeting, clarifying the roles the MDT members will play in Amanda's health care decisions. Diane talks to Amanda about what she wants and what makes her happy. Based on Amanda's desires, assessment results, medical records, and health care utilization (ER, hospitalizations, medications), the team prioritizes Amanda's needs, strengths, goals, and preferences in her IHP to assure her safety, comfort, and progress towards her heart transplant as described in Table G.13.8-1.

Table G.13.8-1. Prioritizing the Needs and Preferences of Amanda and Her Foster Family

Prioritizing Amanda's Needs	Services, Supports, and Resources

Goal #1: Amanda and her Foster Family say they want her to be healthy and strong.	• Connect Amanda to a Medical Home in Carter County that addresses Amanda's weight gain, strength improvement, and goal achievement towards her heart transplant through her:
	  • PCP to complete blood work to determine impact of 13 medications on Amanda, monitor her blood oxygen levels, and identify any gaps in care
	  • Behavior specialist who will work with Amanda on behavior management through DBT to reduce escalation
	  • Occupational therapist to help Amanda and caregivers with sensory processing issues that could be impacting her eating
	  • PhD level nutritionist to provide direction on Amanda's protein and caloric intake
	  • In-home physical therapy to improve her strength
	• Additional education and training for Amanda's foster parents to meet her needs

Goal #2: Amanda and her Foster Family want to make	• Engage Amanda's current prescribers with Anthem's Medical Director, BH Medical Director, and Pharmacist to review Amanda's 13 medications for

Prioritizing Amanda's Needs	Services, Supports, and Resources
sure her medications are working.	determination of appropriateness and adherence in collaboration with DCBS Medical Director and Clinical team • Ongoing monitoring of medication appropriateness and adherence, as well as peer-to-peer consultation as needed
Goal #3: Amanda states she wants to stay with her Foster Family	• Assess caregiver burnout and SDOH, such as transportation and respite • Engage Amanda in TF-CBT to address trauma and separation • Meet counseling needs for foster parents and their children to address any emotional needs associated with caring for Amanda through counseling, childcare, and other needs • Transportation to Amanda's appointments • Additional training and education for the foster parents to improve their confidence in caring for Amanda's new behaviors and address appropriate use of the ER nurse • Anthem VAS that provide additional support and resources, education, and healthy activities • Engage Amanda's aunt in team meetings, visitation, and caregiving opportunities to maintain relationships with Amanda and her foster parents

Goal #4: Amanda says she wants to go to school and have friends.	• Reach out to the school in her area to develop a plan for reengaging Amanda in school, including:
	  • Development of an IEP
	  • Participation in a partial day school program
	  • Provide nursing support in the classroom

Goal #5: Amanda and her Foster Family state they want her to have a future with a healthy heart.	• While improving her weight and strength, complete ongoing appointments with her cardiologist to monitor her well-being and preparedness for surgery • Participate in hospital team meetings with Cincinnati Children's Hospital and Amanda's care team to develop a plan • Ensure local Providers are aware of care plan and recommendations from Cincinnati Children's Hospital treatment team • Develop a plan for post-surgery that will support Amanda's health and well-being
Amanda's Safety Plan	
Assure Amanda is Stabilized in the Foster Home: • Provide education for and use of de-escalation techniques by the foster parents during escalation situations • Use of locally based crisis de-escalation services to avoid preventable ER use, such as the mobile crisis team, peer support, and urgent care • Connect with PCP, BH Provider, or Anthem as appropriate for medication concerns or questions • Provide respite services to support healthy caregiving and avoid burnout • Contact DME Providers for oxygen equipment concerns • Provide family with a Medicine Safety Kit (Value Added Service) to ensure the safety of all children in the home.	

The team works together to develop a plan to make sure she reaches optimal health prior to her heart transplant and one that meets her needs following her surgery. Amanda's comprehensive care plan includes the recommendations from her Child Welfare Plan and incorporates her strengths, condition, needs, preferences, and goals such as the following:

- Occupational therapy to address Amanda's challenges with eating, and potential sensory processing issues provided in the home to reduce transportation burden on the family
- Engaging a nutritionist to address Amanda's challenges with eating
- Addressing Amanda's 13 medications through team consultation (PCP, cardiologist, Anthem Medical Director and Pharmacist, other prescribers, DCBS Medical Director) to make sure her medications are appropriate, necessary, and not contraindicated with close monitoring
- Assessing precipitating factors for ER visits and determining mitigation strategies, such as after-hour appointments with her Medical Home, urgent care in the area, Foster Parent and caregiver education, and additional services to address needs

Amanda's IHP, which is shared with Amanda, her foster parents, and other approved team members, is loaded into YouthRAP as a part of her comprehensive care plan.

c. Discharge Planning Between Levels of Care

Given the complexity of Amanda's health care needs, Diane engages the team in planning for unexpected use of the ER or hospitalizations, as well as early planning for Amanda's surgery. In addition to developing alternatives for higher levels of care (behavior management, Medical Home, urgent care), the team develops a preliminary plan for assuring her needs are met for safe and successful transitions. This includes incorporating the following types of resources and activities to minimize the trauma Amanda may experience following level of care transitions.

- **ER Visits.** Should a situation result in an ER visit, Amanda's foster parents first notify Joshua and then Diane, who works with them to identify the precipitating factors, engage additional services, and assist in scheduling a follow-up visit with Amanda's Medical Home.
- **Hospitalizations.** In the event of an unexpected hospitalization and/or her heart transplant surgery, Diane makes sure that hospital staff understand Amanda's complex situation and history, including her involvement with child welfare, current medications, and behavioral concerns. Diane works directly with Amanda's foster parents, Joshua, facility staff, and our Utilization Management team to monitor her progress, identify the anticipated discharge date, reassess Amanda's needs, and develop a discharge plan prior to her transition. This includes arranging for in-home services, such as skilled nursing, education for her foster parents on caring for her, personal assistance services, BH, and occupational therapy. Diane also assures approval of any services requiring authorization, arranges for needed DME, schedules follow-up appointments with Amanda's Medical Home and BH Provider, assures prescriptions are filled, and arranges for transportation.

Following any transition, Diane meets with Amanda, her foster parents, and Joshua to reassess Amanda's needs, identify any gaps in care, and determine additional caregiver needs. She also communicates with other MDT members to obtain input and recommendations for the care plan.

d. Individual Health Plan Development and Maintenance

Amanda's MDT works closely together to develop the IHP as part of her holistic care plan within 30 days of enrollment. Diane is responsible for obtaining input from all team members through face-to-face, virtual and telephonic interactions and incorporating this information into the IHP. Approved team members will have access to YouthRAP, which includes clinical information, such as her current health status, diagnoses, history, IHP, care plan, participation in services, medications, recent ER use and hospitalizations, and progress notes. Amanda's MDT reviews and updates her IHP as Amanda achieves her goals, following changes in her health, level of care, utilization, caregiver, or placement, annually, and upon request.

e. Availability of and Access to Providers

In preparation of Amanda's surgery, Diane works with the Cincinnati Children's Hospital treatment team to make sure Amanda, her aunt and her foster parents receive and understand the information on what to expect prior to and following her surgery. She also assures that the surgical team is aware that Amanda has experienced significant trauma in her past and that they deploy Trauma-informed Care techniques during their interactions with her.

Diane works closely with the MDT and our Provider Services department to identify potential Providers for in-home services, such as in-home skilled nursing, occupational therapy and family therapy. To make sure Amanda has access to the most appropriate Providers, the team also considers Providers in her area that are not contracted with Anthem. Upon identification, our Customer Care Representative engages the selected Provider in our contracting processes, or executes a single-case agreement to provide Amanda's care in the home.

f. The Medical Passport

Understanding the importance of accurate and timely sharing of information and the purpose of the Medical Passport in this process, Diane works with Amanda's foster parents to document her care, services, supports, and resources, including medical, BH, vision, and dental care, as well as any relevant clinical information (medications, progress, missed appointments, use of the ER). To further promote accurate and timely information sharing, the Medical Passport will be available through YouthRAP and our Health Intech Provider Portal for access by the foster parents, Joshua, and Amanda's Providers. This comprehensive documentation will be essential to improving Amanda's Aunt's potential to assist in her current care and possibly take Amanda back into her home.

g. Training and Support for Caregivers

Diane talks to Amanda's foster parents about caregiver strain and burnout, the impact her care has had on them and the two other children in the home, and the types of resources available to help them take care of themselves while caring for Amanda. Diane also serves as the point of contact for Amanda's foster parents for the other foster children placed in this home, helping to decrease the burden on the foster parents through embedding supports in the children's care plans.

Diane indicates she will follow up with the family during care planning for Amanda's foster siblings to ensure that the focus on and extensive needs for Amanda do not potentially disrupt the stability for those children as well. This includes Covered Services, such as respite, transportation to appointments, equipment training, behavior management education and training, and medication review. With approval from Joshua, Diane engages Amanda's aunt with the family to foster the relationship, learn from her experience, and encourage additional assistance in the home. Diane also accesses VAS, such as:

- **Family Activity Coupon Book** that provides special discounts for local retailers, restaurants, and entertainment to offset financial concerns and help establish cohesive family units. This gives Amanda an opportunity to bond with the other foster children in the home.
- **Boys and Girls Club Memberships** for Amanda's foster siblings that plays an important role in providing them a safe place to exercise, compete in team sports, and establish friendships.
- **Online Well-being Program** is a convenient tool accessible via computer, tablet, or mobile app, that will help Amanda and her foster family manage stress, anxiety, depression, substance use, chronic pain, sleep disruption, and other challenges.

h. Coordination of Transportation

Diane works with Amanda's foster parents to better understand their transportation barriers. Amanda's foster father works in a nearby county and needs the car to get to and from work. In addition, the car often has mechanical issues, which causes employment challenges for foster family and interferes with their ability to participate in community activities as a family. Diane

arranges transportation to all of Amanda's appointments and connects foster family with the Northeast Kentucky Community Action Agency to access affordable and reliable transportation.

i. Coordination of Physical and Behavioral Health Services

Diane is responsible for leading the care coordination of Amanda's care, communicating with Amanda and foster family before and after Provider appointments to assure access and monitor ongoing care, following up with Amanda's Medical Home and other Providers to monitor her participation and progress, and identify any new or unmet conditions. Amanda's Medical Home and behavior specialist both provide education and training to her foster parents on how her emotional escalation may be affecting her physical well-being resulting in an ER visit or hospitalization.

In addition to working with Amanda on self-management and coping skills, the behavior specialist works with the foster parents to identify precipitating triggers and develop interventions specific to Amanda's de-escalation and management of her behavior. Care plan updates will be shared with key physical and BH Providers.

j. Community Resources

Diane talks to Amanda's foster parents about additional needs they may have and identifies community-based resources to further support the family and prevent disruption of the placement, including SDOH described below. In addition to linking them with the community transportation service, Diane also trains the foster parents on the use of our VAS, Community Resource Link.

k. Assistance with the Individualized Education Plan

To support Amanda's stated goal for returning to school and having friendships once she is stabilized, Diane, Joshua, and Amanda's foster parents and home bound school teacher talk to the local school about her medical and BH needs and the services and supports available to her in the classroom. They discuss the opportunity for Amanda to attend school part-time initially and work up to a full day. They develop an IEP and behavior plan that includes a behavior specialist in the classroom, safety plan, and specific training on Trauma-informed Care techniques and Amanda's medical conditions and equipment.

l. Social Determinants of Health

Diane works with the foster parents to identify SDOH in addition to transportation. Diane links Amanda's foster parents with the Carter County Assistance Program that provides rent/mortgage support, utility assistance, and food and clothing resources. Diane trains Amanda's foster parents on accessing YouthRAP, where they can locate educational materials and identify additional community resources. Diane also gives Amanda's foster parents access to the online training portal and suggests they view the training on secondary trauma and self-care to educate them in the signs of caregiver burnout and learn self-caring techniques. Avoiding caregiver burnout ultimately protects the placement and minimizes the trauma a potential disruption would cause for Amanda if her foster family felt unsupported. Diane will develop a guide comprised of activities for families that will include, physical, sports, spiritual, and educational events.

m. Planned Respite Care

To address potential burnout and placement disruption, Joshua and Diane assure that Amanda's foster parents access the amount of respite permitted for medically fragile children and incorporate this into the care plan. They also talk about how Amanda's aunt can provide

additional support in the home, such as helping during mealtime and providing personal assistance. Amanda's aunt may choose to be a respite Provider for her niece which would keep the family bond thriving while also helping the foster parents feel they have someone who can step in when needed from time to time.

n. Applicable Evidence-based Practices

Diane assures the application of EBPs throughout Amanda's care, including TF-CBT. Diane makes sure that Amanda's MDT members, including her Providers, use Trauma-informed Care and ACEs techniques during their interactions with Amanda and her foster family. Amanda's Medical Home, specialists, and other Providers use EBPs to avoid re-victimizing her and increase the effectiveness of their interactions.

o. Sharing and Review of Medical Records

Diane and Joshua work together to identify MDT members who will have access to Amanda's electronic health record through YouthRAP. This access will provide them with the IHP and near real-time information on Amanda's participation in services, medication utilization, and use of the ER. Diane assures that the UK Children's Hospital surgical team has Amanda's complete health record and the Medical Passport to make sure all needs are addressed prior surgery.

p. Maintenance of the Care Plan

Diane continually monitors Amanda's progress, reaching out to the MDT upon changes in Amanda's health status, and updating her IHP to reflect changes in her needs, goals, and services. Amanda's IHP is also updated following her surgery and prior to her transition home and tailored to her needs. Depending on DCBS permanency goals for Amanda, Diane will continue to meet with Amanda and her foster parents (telephonically, virtually, in-person) to make sure their needs are met. If considering family reunification with Amanda's aunt, Diane will work closely with Joshua and her aunt to identify, access, and monitor services identified on the family reunification plan.

Anthem Medicaid

Kentucky SKY Supplemental Attachments

Committed to the *Future* of **Kentucky Medicaid**

Helping Providers Harness the Power of Data

The Anthem Foundation gave a $250,000 grant to the Kentucky Hospital Association to equip Emergency Department physicians across the state with new, state-of-the-art software to help them make faster, more informed treatment decisions.

Anthem Medicaid

J. Proof of Ability to Obtain Performance Bond

Committed to the *Future* of **Kentucky Medicaid**

Keeping Children Healthy Is Our Pledge to the Future of Kentucky

We provided $50,000 to the Kentucky Association of Food Banks to support their No Kids Hungry mobile meals summer program. Our donation made it possible for the Grant County schools to start a mobile meal program and for the Ohio County schools to expand their mobile meal program.

J. Proof of Ability
to Obtain Performance Bond

January 17, 2020

Amy Monroe
Commonwealth of Kentucky
Finance – Office of Procurement Services
Bid Clerk
702 Capitol Avenue, Capitol Annex Room 095
Frankfort, KY 40601

Re: Medicaid Managed Care Organization – All Regions
Solicitation Number: RFP 758 2000000202
Anthem Kentucky Managed Care Plan, Inc.

Dear Ms. Monroe:

Anthem Kentucky Managed Care Plan, Inc. is a highly regarded and valuable client of Liberty Mutual Insurance Company. Liberty Mutual Insurance Company, a Kentucky admitted carrier authorized to issue bonds in Kentucky are rated with a Best's Rating of "A" Excellent with a financial size category of XV ($2 billion+) and a US Treasury Limit of $1,289,139,000.

We understand that Anthem Kentucky Managed Care Plan, Inc. wishes to submit a proposal to your organization in connection with the above referenced project. Upon the request of Anthem Kentucky Managed Care Plan, Inc., we will provide the required $30,000,000.00 performance bond on their behalf should Anthem Kentucky Managed Care Plan, Inc. be successful proposer. Anthem Kentucky Managed Care Plan, Inc.'s current bonding capacity is in excess of $250 million.

Our consideration would be based on our normal underwriting requirements which include, but are not limited to, our satisfactory review of the contract terms and conditions, bond form and other pertinent underwriting criteria. Please be advised that the execution of any bond or bonds is a matter between the contractor and us. We assume no liability to you or any third party in providing this letter.

If you have any questions or require additional information, please do not hesitate to contact the undersigned.

Cordially yours,

Liberty Mutual Insurance Company

By: _____
T. Le, Attorney-in-Fact

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Contra Costa)

On January 17, 2020 before me, Brittany Kavan, Notary Public
(insert name and title of the officer)

personally appeared T. Le,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Brittany Kavan (Seal)

HRE1 BRITTANY KAVAN
COMM. # 2176183
NOTARY PUBLIC - CALIFORNIA
SAN FRANCISCO COUNTY
My Comm. Exp. December 19, 2020 HRE1

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8197921- 024125**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Julia Ortega, Susan M. Exline, Gillian Bhaskaran, all of the city of Lafayette state of California; Susan Hecker, M. Moody, Janet C. Rojo, R.A Bass, Virginia L. Black, Brittany Kavan, T. Le, Maureen O'Connell, Kevin Re, Betty L. Tolentino, Robert P. Wrixon, K. Zerounian

all of the city of San Francisco state of California each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 7th day of November, 2018.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 7th day of November, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 17th day of January, 2020.

By: Renee C. Llewellyn, Assistant Secretary

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