

Kentucky SKY

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Submittal of a proposal to serve the Kentucky SKY population is optional. Evaluation of proposals received for this Section will be limited to Contractors receiving an award for the main Managed Care contract. (See Section 70.1 for more information.)

Section references herein are made to RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”

3.

Kentucky SKY Implementation

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.

Humana has immense experience implementing and operating Medicaid, Medicare, and TRICARE programs across multiple states. Since 2013, Humana has served Kentucky Medicaid Enrollees, and we are prepared and committed to serve the Kentucky SKY (Supporting Kentucky Youth) population with on-the-ground, comprehensive care. Our dedicated team will work diligently to implement our existing operations and comprehensive provider network for the Kentucky SKY program.

Building on our current collaborative relationship with the Department for Medicaid Services (DMS) and Department of Community Based Services (DCBS) today, we will engage with these agencies, as well as with the Department of Juvenile Justice (DJJ) and other relevant agencies, to successfully implement and operate the Kentucky SKY program. We recognize that many systems will have to work together to address the needs of the children in DCBS or DJJ custody, those receiving Adoption Assistance, and the Former Foster Youth.

In order to facilitate a seamless, coordinated transition that ensures continuity of care, Humana will provide resources (both associates and information technology (IT), proven processes, and close collaboration to improve the care and health outcomes for the Commonwealth’s complex Kentucky SKY Enrollee population. Our local presence and experience serving Kentucky Medicaid Enrollees, including those that would be Kentucky SKY enrollees yields considerable advantages with respect to implementation. We understand that transitioning all Kentucky SKY Enrollees to a single health plan and delivering an enhanced model of care for all Kentucky SKY Enrollees (including those children we currently serve) is a large, complex endeavor that requires detailed planning, extensive collaboration, and systematic execution.

Successfully transitioning more than 24,000 Kentucky SKY Enrollees involves multiple steps, such as developing Care Coordination teams to deliver High Fidelity Wraparound care planning; solidifying key relationships with the providers and Community-Based Organizations (CBO) that serve this population; educating the Enrollees, their caregivers, and families about the program and what it means to them; gathering data to develop care plans that will meet the needs of the member while ensuring continuity of care. If awarded the responsibility of

administering the Kentucky SKY program, Humana will be poised to begin implementation efforts immediately and work with DMS and DCBS to determine what work can be done in advance within the bounds of privacy to transition the large membership. Our goal will be implementation of a care delivery system that can improve outcomes for all Kentucky SKY enrollees, and we will look to collaborate with our partners at the involved agencies to test and provide feedback throughout the implementation process. This will be a complicated transition, as the Enrollees have many needs that will have to be addressed on day one of the program's implementation, however sharing data prior to the Enrollees' eligibility with Humana will have to be handled with care in order to protect the privacy and confidentiality of this population. We will work with DMS and other appropriate parties (such as DCBS) to determine what data and information can be shared to most efficiently transition the Enrollees while still following all regulations related to privacy.

We describe in detail our approach for the implementation of new Medicaid programs below, with intentional and mindful enhancements allowing for the complex nature of supporting the Kentucky SKY population and the innovative program structure set forth in the Draft Contract. Our implementation plan will outline our governance structure, highlight how we will engage with the DMS and its sister agencies, our process for risk and issue identification and remediation, as well as contingency and mitigation planning.

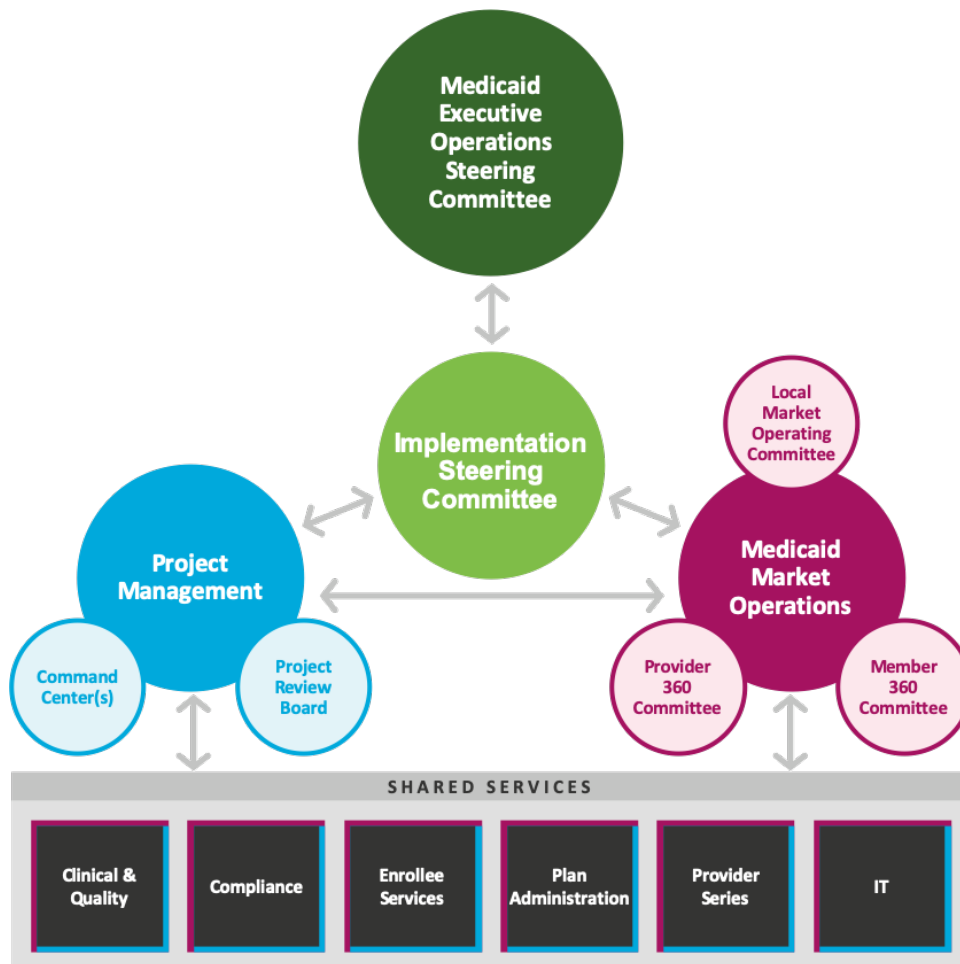
HUMANA'S MEDICAID GOVERNANCE MODEL

Humana's Governance Model, shown in **Figure I.G.3-1**, fosters coordination, communication, and collaboration across corporate, market, and Consumer and Provider Service and Solutions (CPSS). This model demonstrates Humana's capabilities to implement a program such as Kentucky SKY.

This governance model provides the structure to:

- Have teams in place at all levels of the organization to support Medicaid growth and the implementation of new and renewing State Contracts
- Ensure programs are executing against all aspects of Kentucky SKY Contract
- Alignment on strategic goals and objectives enabling us to leverage the resources and infrastructure of Humana to meet the Commonwealth's needs for this specialized population
- Organize communication between business sectors in Humana to ensure cohesion to the stated goals and objectives
- Facilitate cross-operational sharing of key projects, activities, risks, and issues

Figure I.G.3-1 Humana’s Governance Model



We present details on the communications channels and flow in the following sections.

APPROACH TO IMPLEMENTATION PROJECT MANAGEMENT

To optimally implement Kentucky SKY, Humana will draw on our proven, industry-leading approach to project management. We ensure project management success by:

- Investing in adequate numbers of associates with the right mix of expertise and experience
- Supporting our team with state-of-the art MIS
- Breaking the work into manageable components
- Building appropriate processes and resources to consistently use “best practices”
- Tracking and monitoring progress relative to established deadlines and other performance objectives
- Effectively communicating with DMS staff to address their readiness review and implementation needs and to ensure that all Commonwealth-specific requirements are being fulfilled
- Identifying, reviewing, and addressing all issues/problems that emerge via a governance structure that provides oversight and escalation for issue and risk resolution

Humana’s approach to project management applies industry standards, methodologies, and practices established by the Project Management Institute Project Management Body of Knowledge®. Our approach consists of processes and standard activities that measure and control the quality of the infrastructure we devise. We developed a “Playbook” (detailed below) to create repeatable processes that drive implementation

and ensure consistency and quality. In addition to our “Playbook,” we also have a well-defined oversight/governance structure that helps support success.

Humana’s Medicaid Implementation Project Management Playbook

Applying acquired knowledge from previous implementation efforts, Humana has developed a Medicaid Implementation Project Management Playbook that guides our project managers and their teams through the implementation process. This Playbook provides a framework for:

- Developing a consistent approach to prioritizing, planning, approving, executing, managing, and tracking projects
- IT and Business Readiness testing
- Identifying a common set of resources (e.g., tools, templates, samples, and instruction guides) to drive a project to success and deliver on Humana’s strategic objectives, while using prior learnings, expertise, and resource deliverables
- The development of Medicaid-specific requirements and general functional areas to consider during implementation, readiness review, go-live, and operations
- Effectively communicating with DMS, DCBS, and DJJ to ensure that all State-specific requirements, interfaces, and connectivity needs are being successfully addressed (we will also introduce best practices garnered from lessons learned as we go through Readiness Review)

Led by Lisa Hart, the Kentucky SKY Project Manager, Humana’s Project Management Planning will follow a four-step process, with each stage involving several activities and resources grouped beneath major milestones. The outcome of each stage creates a platform to build on for subsequent stages. Projects are classified into different types based on impact, cost, complexity, and duration. The type of project dictates which activities and resources are required at each stage. The level of time and effort for each stage will vary by project classification. Each project may require enhancements or modifications of process, based on its unique parameters and objectives.

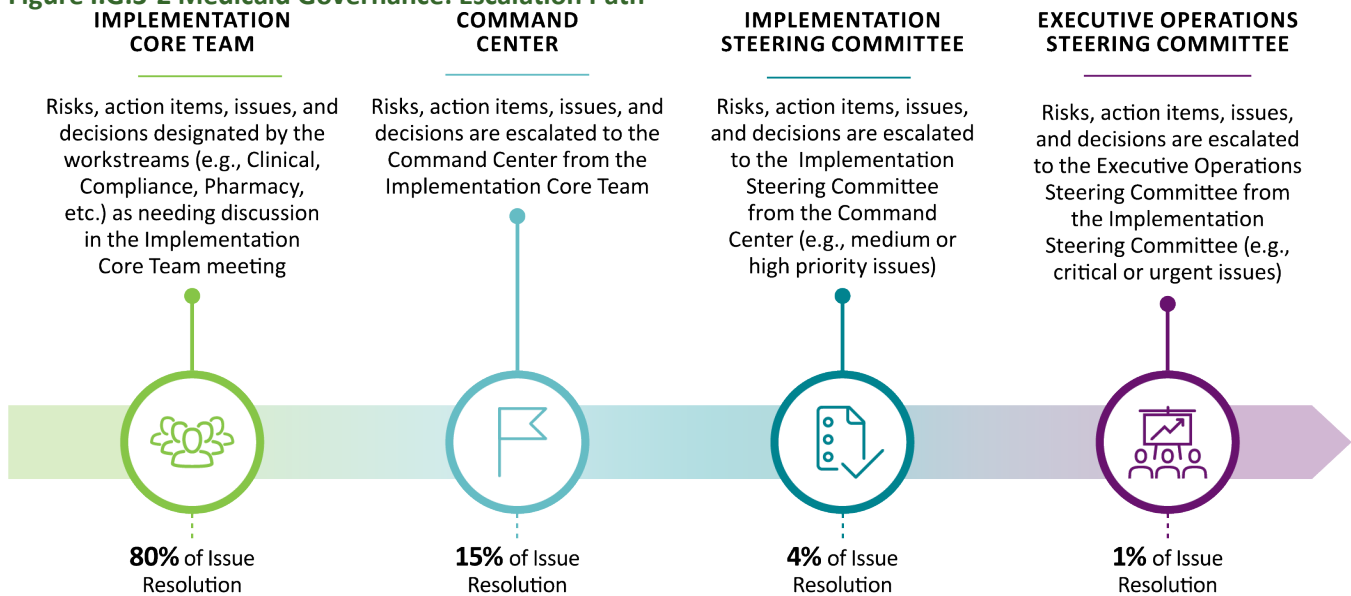
We will use the playbook to make sure that the many complexities of the Kentucky SKY program can be planned for, and we will work to fully understand them all to best solution. Some examples are leveraging IT solutions to minimize retraumatizing the children by duplicating services or assessments, effective communication through regular Joint Operating Committee (JOC) meetings to report out on progress, identified barriers, etc.

Maintaining and Building Strong Relationships via Clear Communication Paths

The Kentucky SKY implementation process requires that we establish and maintain an effective partnership with DMS, DCBS, and DJJ. We will adjust our processes as needed to serve as a flexible partner. We will also communicate closely throughout the process to keep DMS, DCBS, and DJJ fully informed, and to ensure Humana is adequately obtaining feedback and input from DMS.

Communication is crucial to a successful implementation, and it is a part of Humana’s project management approach and Playbook. We have the following communication plan in place to ensure communication is coordinated across all levels of the organization. This communication structure, along with our other project management tools and work plans, allows us to quickly and effectively mitigate issues and risks. **Figure 1.G.3-2** depicts our steps in escalating and resolving implementation concerns.

Figure I.G.3-2 Medicaid Governance: Escalation Path



All risks, issues, action items, and decisions are managed through a consolidated RAID Log to facilitate transparency, accountability, and oversight.

The Medicaid Executive Operations Steering Committee is made up of the Medicaid Executive team across all markets and provides support and oversight for both implementation and operations. This forum allows our plan Executive teams, including the Chief Executive Officers (CEO), and other key executives to collaborate on key issues such as lessons learned, operational improvements, and strategies that will drive improvement across the Kentucky SKY program. The Kentucky SKY Implementation Steering Committee will meet weekly to track progress during Kentucky SKY program implementation and will be led by the Kentucky SKY Project Manager, Lisa Hart. These meetings, whose objective is to identify issues, develop and assess resolutions, and offer risk mitigation strategies, will continue until the Department and Kentucky SKY Contractor mutually agree to discontinue the project management services. The participants in the Steering Committee include the Kentucky Medicaid CEO, Jeb Duke, the Kentucky SKY Executive Director, Kristan Mowder, RN, Implementation team associates from all operational areas, business team leads, IT leaders, and our Business Development team associates.

Our Member 360 Committee’s goal is to identify ways to improve the Enrollee experience. This committee meets monthly to review all metrics applicable to Enrollees, including grievance and appeals data, and provides a forum for review of Enrollee-related metrics, root cause analysis, process improvement opportunities, and escalation of Enrollee concerns. The committee includes representatives from all operational areas.

Our Provider 360 Committee is a cross-functional team chaired by Humana’s Provider Services leader, Mary Sanders. The committee meets monthly to review provider trends related to claims, use of Availity (Humana’s secure provider portal), quality metrics, grievances, and other provider inquiries. The committee includes representatives from our Claims; Grievance and Appeals; Credentialing; Provider Services; and Utilization Management (UM) departments.

Other committees overseeing implementation will include the Command Center, which will meet daily to track risks and issues to resolve. They will review and prioritize these issues and risks, while owning the oversight of the resolution in a timely manner as dictated by the prioritization. Finally, the Kentucky SKY Implementation Core team will meet biweekly to review the status of implementation, pending decisions, barriers, and upcoming milestones. A more detailed overview of our communication structure is detailed in **Table I.G.3-1**.

Table I.G.3-1: Communication Approach

Communication Type	Purpose	Who is Responsible?	Audience	Frequency/ Start Date
Executive Operations Steering Committee Meeting	Provide support, guidance, and oversight to existing Medicaid Market Leadership and new Business Implementations	Mark Stover	Executive team from all Markets	Monthly
	Market and New Business Status			
	Escalated Decisions/Issues/Risks			
Kentucky SKY Implementation Steering Committee Meeting	Status	Lisa Hart	Jeb Duke, Kristan Mowder, Liz Stearman, Roseanne Wiesen, Cathy Stephens, Travis Garrison, Andy Nichols, Zach Findley, Elliot Bright, Ron Weeden, Ted Doll	Will start with a weekly meeting between Implementation, Market Leads, Business Technology Liaison, and Business Development. Biweekly meetings thereafter with larger leadership team.
	Escalated Decisions			
	Strategic Alignment			
Kentucky SKY Executive Summary Slide Deck	Status – Weekly Ground Taken	Lisa Hart	Humana Cross Functional Leadership	Biweekly - Fridays
	Completed and Upcoming Milestones			
	Risks and Opportunities			
	Key Decision Summaries			
	Discussion of Upcoming Milestones, Barriers, Pending Decisions			
Kentucky SKY Implementation Core Team Meeting	Status	Lisa Hart	Humana Cross-Functional Project team	Biweekly – Fridays 12:30–1:30 p.m.; move to weekly, as needed.
IT Leadership Meeting	IT Strategy	Cliff Gardner; Todd McBride	Lisa Hart, Roseanne Wiesen, Tom Payne, Vinodkumar Raju	Frequency TBD by IT Leadership
	IT escalation points for risk/issues			
	Budget			
Subgroup Meetings	Identify Work Packages	Workstream Leads	Workstream Subject Matter Experts (SME)	Frequency TBD by Workstream Leads
	Assign Resources			
	Identify and Solve Issues			
IT Project Status Meetings	Status	Cliff Gardner; Todd McBride	Lisa Hart, IT Project Leads, Developers, Testing Leads,	Weekly – Phase I Wednesdays; Phase II Thursdays
	Discussion of Upcoming Milestones, Barriers, Pending Decisions			
Kentucky SKY Implementation Command Center	Review risks and issues, determine priority and assign ownership	Mark Stover	Humana Cross-Functional Leadership and Project team, Lisa Hart	Daily
	Track risks and issues to closure			
	Resolve conflicts in delivering against priorities			

Issues/Risk Resolution and Contingency Planning

Key Risks, Action Items, Issues and Decisions (RAID) are captured in a “RAID log,” which we use to raise and keep track of specific items and address them in an efficient, timely manner. The RAID log is managed our Kentucky

SKY Project Manager, Lisa Hart, in partnership with the Command Center Leader. Program leads review the risks, action items, and issues identified in the RAID log, and escalate concerns via the Medicaid Governance Escalation Path to the appropriate forum/committee. Humana's program implementation process includes business readiness validation, command center, and operations.

Because of our extensive experience implementing health plans in multiple states, Humana understands the importance of contingency planning. Before implementation, we create a timeline with start and end dates, and highlight dependencies to beginning, processing, and completing each goal outlined in the timeline. Start and end dates are chosen conservatively, but with a precautionary expectation that unintended events may arise. Our process of (1) breaking out each major milestone into mini-goals, (2) creating a series of tasks to achieve these mini-goals, and (3) using our project management tools to continuously monitor progress enables us to address barriers before deadlines are missed. Our Command Center meets daily to ensure that we are on track to meet our deadlines. Through this method, we will identify barriers early and modify our plans to ensure that implementation is completed successfully.

Innovation to Meet Needs of Specialized Populations

Humana recognizes that the Kentucky SKY program implementation will present unique challenges as the population is statewide and the care coordination is spread out amongst each of the existing contractors. We will work to ensure that continuity of care and service is seamless upon the transition to Humana. In addition to partnering with the state agencies, Humana will coordinate recurring transition meetings, both onsite and virtual, with the other contractors. These meetings will focus on three distinct approaches: (1) identifying pertinent data such as care plans and authorizations that will require transfer to Humana, (2) establishing the technical details of how that information will flow through secure file transfer protocols from the existing contractor to Humana and, (3) establishing the care coordination protocols upon transition. It's important to Humana to meet with the care coordination teams in person that are currently serving the members, so that we can establish an understanding of each situation, and be fully prepared to continue those relationships upon go-live. Additionally, we will establish transition protocols for the post go-live phase that accounts for any information or data related needs for the new membership. We will expand upon the techniques and experiences used to ensure a smooth transition of the January 1, 2020 membership to Humana only administration, as well as our experience in states where large segments of vulnerable populations have transitioned to our care.

One example of such an implementation is our successful transition of several complex populations in Florida into their Managed Care programs. In fall of 2017 Humana was tasked to implement the HCBS Waiver Consolidation in Florida where Enrollees with Traumatic Brain Injury (TBI), Adult Cystic Fibrosis (ACF), and Spinal Cord Injury (SCI) were transitioned into the Long-term Care (LTC) component of the Statewide Medicaid Managed Care (SMMC) program. This change impacted a total of 5,901 potential MMA Enrollees and 1,236 potential LTC Enrollees.

We had to proactively recruit providers to join our network to ensure there was a seamless transition for these potential Enrollees. Continuity of care is of the utmost importance to Humana and our Enrollees. We also had to work to ensure that all Enrollees were adequately case managed and supported. To accomplish this, Humana established a transition governance team to oversee the work with the Agency for Healthcare Administration (AHCA). We also proactively engaged this membership and ensured that the Humana assigned case managers had the opportunity to meet early and often with the population to ensure we could enhance their experience as new Humana Enrollees.

Through the HCBS Waiver Consolidation, we were able to demonstrate that we have experience transitioning individuals with complex needs into SMMC and worked together with the Agency for Health Care Association (AHCA) to ensure no one experienced a disruption in services. In January 2018, Humana successfully implemented and transitioned 561 Enrollees from the State plans into Humana coverage.

In the Commonwealth, Humana has implemented the Express Enrollment Process, which allows for Kentucky SKY Enrollees to receive benefits immediately in emergency situations. We have already implemented this in Kentucky for traditional Medicaid Enrollees and plan to leverage parts of this process for express enrollment for the Kentucky SKY population in order to facilitate immediate coverage. Because foster children are more likely to be moving from region to region than their general Medicaid population counterpart, it is essential that we ensure continuity of care whenever possible. Humana will design our Care Coordination program to take information from numerous sources: robust data sharing from providers on Availity, our provider portal; regular Comprehensive Care Team (CCT) meetings; and our proprietary population health management (PHM) tool: Population Insights Compass. In addition, we will promote innovative methods of coordination through use of our Voice & Choice Information Exchange care portal to allow the Enrollees and their care teams to be equal partners in care planning.

Along with the programs and portal described above, Humana will also implement a Kentucky SKY Enrollee Daily Change Report. This report will be supplied to the Kentucky SIS team, CC, and leadership to review to ensure all Enrollees are assigned a PCP. This report will display new Enrollees, Enrollees who were disenrolled, and Enrollees whose status changed. Refer to **Attachment I.G.3-1** to see what this report will look like and the information it will contain.

Kentucky SKY Implementation Management Team

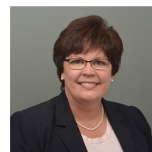
Humana’s business model calls for a dedicated team to support the implementation and “go-live” processes. Upon award, Humana will deploy our Operating team to build and implement the Kentucky SKY Contract. This team is fully qualified to meet and exceed the high standards of our proposed programs through development, implementation, and day-to-day management. Each associate of the Operating team has the appropriate education, skills, licensure, and experience to excel in the performance of their duties.

As mentioned above, Kristan Mowder will serve as Executive Director of Humana’s Kentucky SKY Program. Ms. Mowder has served as Humana Kentucky Medicaid Market Director for more than six years. She has significant experience working with foster children. In fact, she **implemented Humana CareSource’s Medicaid program for foster children**. She also has expertise in directing behavioral health (BH) and population health programs.

The Project Manager position will be filled by Lisa Hart, who has been at Humana for more than 15 years. Ms. Hart has experience with implementation of new programs for populations similar in size and complexity to the Kentucky SKY population. For example, she has **implemented a pharmacy benefit program for the low-income Medicare population** called the Limited Income Newly Eligible Transition Program. As the Project Manager, Ms. Hart, will lead the Kentucky SKY program planning and implementation. During the planning, implementation, and deployment phases of the Contract, Ms. Hart will be onsite at DMS and DCBS offices in Frankfort, as required by the Commonwealth. The combination of local associates and significant corporate involvement at the outset ensures rapid escalation when any unexpected barriers arise and ensures prompt development of relevant solutions.

The Operating team will remain in place through “go-live,” and/or until all positions are filled with permanent associates, and such associates are appropriately trained.

Humana will follow a comprehensive implementation plan to ensure a seamless transition. Our implementation plan is available in **Attachment I.G.3-2 Kentucky SKY Implementation Plan** of this proposal. The implementation



**ASSOCIATE
SPOTLIGHT:**
Lisa Hart

Lisa was born and raised in Louisville and has been with Humana for over 15 years. Lisa is excited to be working with Kentucky SKY leadership to implement such a program that will improve children’s lives. Lisa, her husband, and her children are active with local children’s organizations including St Joseph Children’s Home and Big Brothers Big Sisters of Kentuckiana.

plan includes time lines for items such as Enrollee ID cards, new Enrollee Welcome Kits, and Provider Manuals. The following sections summarize our approach to successfully standing up our dedicated Kentucky Member Services Call Center; recruitment activities; associate hiring and training; developing a required network; and establishing necessary interfaces.

Office Locations and Call Centers: Since 1961, Humana has been headquartered in Louisville, giving us a long standing and deep-rooted presence in Kentucky and a thorough understanding of the nuances of the Commonwealth and its population. We **employ more than 12,000 associates in our Louisville offices**, many of whom are Kentucky natives. Both our Member and Provider Services Call Centers are located adjacent to our headquarters in Louisville. Because our associates live and work locally, they have an unparalleled understanding of the Enrollees we serve. In addition to our Corporate and Call Center presence, we currently have two Humana Neighborhood Locations in Louisville and Covington. These Call Centers and neighborhood offices effectively serve our current Enrollees and are scalable in response to potential enrollment growth upon Contract award and implementation of the Kentucky SKY program. Upon Contract award, Humana’s Kentucky Medicaid Market office will continue to be located in our downtown Louisville office at 101 East Main Street, Louisville, KY 40202. Moreover, some of Humana’s associates, as described in other parts of the proposal, will be regionally based to allow us to embed resources in the same communities as the Kentucky SKY Enrollees, as well as some co-located staff within DCBS to create efficiencies and increase accessibility. We will work with DCBS to ensure our Co-located Complex Care Coordinators (CC) bring value to the Kentucky SKY Enrollees and their DCBS State Social Workers (SSW) while following all protocols and guidelines appropriate to those offices and the DCBS personnel. While some members of our Care Coordination Teams (CCT) will work remotely, they will still be accessible to assigned SKY Enrollees and their families or caregivers. Technology allows remote secure access to Humana’s email server, instant messaging via secured devices, as well as our integrated clinical platform, Clinical Guidance eXchange (CGX).

Provider Recruitment Activities: Humana’s current Kentucky Medicaid provider network is compliant with the access and adequacy standards defined by the Contract. Humana **currently contracts with approximately 3,525 primary care providers, 3,192 BH providers, and 978 pediatric (and adult) dentists, and Enrollees have access to 1,027 pharmacy locations.** In addition, we have **existing contracts with all Federally Qualified Health Centers, Community Mental Health Centers, and 94% of Rural Health Centers, and 100% of acute care and critical access hospitals in the Commonwealth**, maximizing access to care for our Enrollees. We continuously seek ways to increase network adequacy and access, especially access to providers with experience in trauma-informed care (TIC), for these Enrollees. **We have secured partnerships with both the University of Louisville’s Center for Promoting Recovery and Resilience and the University of Kentucky’s Center on Trauma and Children to inform the design of our TIC recognition.** Humana understands that the foster care, adoption assistance, and dually committed Enrollees in the Kentucky SKY population need different healthcare services than the general Medicaid population. We are taking steps to ensure adequate provider recruitment activities to serve this population. See **Attachment I.G.3-3** for the Letter of Support from the University of Kentucky.

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Humana’s assistance with the enrollment of our providers in the Kentucky Department of Medicaid Services has significantly improved the timeliness and efficiency of the process. This collaboration gives our credentialing team the assurance the participation approval will be followed through until completion, enabling our providers to effectively treat and manage the care of Kentucky Medicaid members much sooner.
”
– The Christ Hospital Health Network

Our Co-Location Model

Humana is committing to having Co-located Complex CCs in each of the DCBS Service Regions, with the two largest regions having two associates assigned due to the volume of Kentucky SKY Enrollees in those regions. We will work collaboratively with DCBS to determine the offices where these co-located resources will be most beneficial. Quickly after DMS notification of intent to award the Contract, Humana will meet with DCBS to begin exploring all aspects of our co-location model, including, but not limited to, office space availability, IT issues and options, and confidentiality protection. We will then prepare our application(s) to DCBS and work through the co-location implementation steps as agreed.

Staff Hiring and Training Plan: Humana's Market Leadership team is committed to working with Human Resources to develop a thorough and robust training plan geared specifically to our Kentucky SKY Program. Upon Contract award, each Humana associate supporting the Kentucky SKY program will go through rigorous training on the nuances of working with this population and requirements of the new Contract. Every department supporting the Kentucky SKY Contract, including program integrity, claims and encounters, and population health, will receive specialized departmental training. Humana will also **identify associates who have relevant experience working with foster care children and hire them onto the Kentucky SKY team as needed.** Additionally, associates interacting with DCBS and DJJ will have detailed knowledge of the foster care and juvenile justice system, adoption assistance, delivery of BH services, TIC, adverse childhood experiences (ACE), and crisis interventions. As an incumbent in the Commonwealth, Humana already has experts in these areas whose experience and insight helped us develop our Kentucky SKY proposal and implementation process for the Kentucky SKY program. Beyond our existing associates, Humana will start hiring new team associates onto the Kentucky SKY program upon Contract award. Recruitment strategies are described in **Section I.G.2.c.iii** in detail, however we will be looking to recruit associates with expertise in working with the Kentucky SKY Enrollee populations. We will also be targeting compassionate associates with strong communication and relationship-building skills.

Establishing Interfaces: Humana has considerable experience establishing and maintaining electronic interfaces with DMS, their contractors, and other regulatory bodies to ensure accurate and timely data transmissions. In fact, our systems have robust data sharing capabilities and are set up today to ensure successful bi-directional data feeds. Humana has clinical data sharing relationships with **top eight Electronic Health Record (EHR) Vendors**, such as EPIC, Cerner, Allscripts, and ClinicalWorks. We are committed to ensuring data sharing agreements are in place and maintaining bidirectional data feeds with our partners. With input from relevant government agencies, we will successfully establish interfaces with DCBS's The Worker Information System (TWIST) and DJJ's Juvenile Offender Referral Information (JORI) to ensure we are working from and with the same information, while understanding the privacy implications when working with this specialized population. Our ability to assign role-based access to all protected information will allow for confidence for all stakeholders when implementing these enhancements. It is essential that Humana creates a secure, efficient, collaborative work relationship with the Commonwealth. Our Electronic Transmissions department, which is solely tasked with fulfilling inbound and outbound data feeds from our systems, ensures we take all appropriate security measures to protect data and monitor the data feeds in the operational steady state. New data feeds will be subject to all applicable System Development Life Cycle (SDLC) disciplines. In addition, Humana will work closely with DMS to establish necessary connectivity with the appropriate testing environments to monitor connectivity and functionality. Through systematic data exchange tests, Humana will submit test transactions (if requested) that meet DMS's processing specifications, review detailed information on errors for correcting files, resubmit test transactions as needed, and track testing activity with online utilities.

Provider and Enrollee Materials: First we convene a group of SMEs to begin drafting content specific to the Kentucky SKY program based on current clinical best practices and their knowledge of the Kentucky SKY population in Kentucky. We use a thorough multi-level review process to ensure our materials comply with state requirements and are designed to best meet our Enrollees' needs. Our Medicaid Communications team coordinates an enterprise-wide review. At a minimum, this includes collaboration with our Consumer Experience Center of Excellence team; experts from our Community Engagement, clinical, and quality organizations; and our leadership team. We will bring in additional teams (such as Service Operations and Enrollment) as needed. Humana will review materials currently used for Kentucky's Medicaid enrollees to identify opportunities to better target and connect with the Kentucky SKY population and make modifications where appropriate. These teams review all materials for quality, accuracy, and completeness. Once this review is complete, and we make any needed updates and adjustments, our Contract Management, Regulatory Compliance, Product Compliance, Legal, Privacy, and Risk Management teams complete a final review of the material. Upon completion of these reviews, our Medicaid Product Compliance team submits the materials to DMS for review and approval.

Providers will also have access to Kentucky SKY-specific materials such as Relias trainings on TIC.

We will also develop a Kentucky-specific homepage (accessible from the main Humana website) and will provide key phone numbers, such as our dedicated Member Services and Provider Services Call Center lines, Medical advice line, and BH hotline. Our website will include both Enrollee- and provider-facing pages. Enrollee pages will include information specific to Enrollees, such as plan benefits (medical, dental, vision, BH), special programs for Enrollees (e.g., EPSDT), Enrollee ID card replacement, Enrollee grievances and appeals, and rights and responsibilities. Enrollees will be able to easily navigate to commonly used features through links such as Find a Provider, Kentucky SKY Enrollee Handbook, and Contact Us. There will also be a section for Kentucky SKY support and education. This page will house educational materials for foster parents, caregivers, and Enrollees. We will provide links to resources for transition-aged youths and additional information relevant to the Kentucky SKY Enrollees, including an introduction to Humana's Voice & Choice Information Exchange care portal. The provider page will offer valuable insight on authorizations and referrals, claims processing and payment, credentialing, drug prior authorization, our Provider Manual, and provider grievances and appeals. Additionally, providers can access our provider portal, Availity, where they can process claims, access information and interactive resources to facilitate authorizations, and more.

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.

In our five years serving the Kentucky Medicaid population, Humana has built strong relationships with DCBS and DJJ staff throughout the Commonwealth, while serving our existing foster care, DJJ, Adoption Assistance, and Former Foster Youth populations. We will be looking to extend and strengthen these relationships at the regional and county levels, as we work with these DCBS to meet the needs of Kentucky SKY Enrollees in areas such as Protection and Permanency, Recruitment and Certification, the START program, Special Needs Adoption program, etc.

We recognize the Kentucky SKY program will provide an opportunity for an even more collaborative relationship between Humana and our state partners at DCBS and DJJ, with a singular shared goal to improve outcomes and strengthen support for the youth and families impacted. We will engage with these agencies through education/training, robust communications, and process development. Our goal is to enhance coordination of care, avoid duplication of services, and improve access to appropriate services.

Support Enhanced Coordination of Care

As noted earlier, we will have Co-located Complex CCs in each DCBS Region to facilitate closer and more frequent collaboration and create efficiencies where possible. Further, each Kentucky SKY Enrollee will be assigned to a CC in the region where the Enrollee lives or where the DCBS State Social Worker (SSW) is located. Together, they will **ensure a seamless experience coordinating with DCBS, DJJ, as well as with the Enrollee and their family or caregiver.**

The Co-located Complex CCs will be in regular communication with the Enrollee's CC and will liaise between DCBS and DJJ. The Co-located Complex CCs will have access to the Kentucky SKY Enrollee's care information available to Humana to assist in timely decision making while relaying relevant updates to the CC to ensure the Enrollee's needs are met.

REDUCE DUPLICATION OF SERVICES

Kentucky SKY Enrollees Population-Specific Risks

Members of the defined Kentucky SKY Eligible population are at high risk for duplication of services due to transiency, unknown history, and tight regulations around timeframes for preventive care and assessment after placement in child welfare and juvenile justice. Many children in Foster Care in Kentucky experience multiple moves through changes in placement. This can happen for a variety of reasons and often results in inconsistency in providers. A new provider will want a full history of their patient, which may require a retelling of past traumas, often a retraumatizing event itself, despite how many other times the history has been shared before. A member that is in Adoption Assistance may go to a new provider who may not know if a test or assessment was done with prior caregivers and readminister a duplicative service. Former Foster youth may not remember or be able to give an accurate history of health care services or previous providers, as they may not have been in control of the decisions being made about their care. A child may have entered into DJJ custody right after moving into the state, and it might not be known if they are up to date on vaccinations, which exposes them to the risk of a potentially harmful double vaccination. For all these reasons, Humana will work to gather all historical health and service data possible from any source allowable. Humana will collate disparate records, histories, and the Medical Passport if the child is in DCBS custody into our systems for utilization by the Care Coordination Team when care planning. We will share this data with providers how have proper consent via our provider portal. Finally, we will make it available to the Enrollee and other designated members of their care teams via our Kentucky SKY program dedicated care portal. Offering informational transparency to providers, Enrollees, family members, and caregivers will help us develop an accurate medical history and reduce duplication of services.

Duplication across Programs and Services

Humana is keenly aware of all the programs and services within and outside the Medicaid program (under Title IV funding and other programs) that are available to Kentucky SKY Enrollees. During the readiness review, we will work with DMS, DCBS, and DJJ to ensure there is a common understanding of the roles and responsibilities of our team and Commonwealth staff when engaging Enrollees in this program. Through our experience coordinating care for dual-eligible Enrollees and serving carve-in and carve-out managed Long-Term Services and Supports (LTSS) programs, we understand Kentucky SKY Enrollees need a seamless experience with consistent messaging. In these conversations, we will:

- Outline the programs and services that are available to Kentucky SKY Enrollees
- Discuss how we can collaboratively ensure consistent messaging around these programs
- Identify the main point of contact to ensure that Enrollees access these programs

Humana Hospital-Based Care Managers

In Kentucky, we will employ hospital-based care managers to provide face-to-face discharge planning. These Humana CMs will have access to all historical claims and care planning information. The CM will work with the hospital to share this information and ensure services that have been provided and tests that have been completed are not duplicated. This also includes ensuring Enrollees are not reassessed for trauma screening or other sensitive topics when such information has already been captured.

Our hospital-based care managers will work with our UM Transition Coordinators, our BH UM associates, and the CCT (including the CC, Social Determinants of Health (SDOH) Coordinator, Community Health Workers (CHW), and Aging Out Specialists) to facilitate a smooth discharge and transition back into the community.

Utilization Management (UM) Program

Humana’s UM program relies on established UM processes, such as prior authorization (PA), concurrent reviews, and retrospective reviews to monitor appropriate healthcare utilization. Within these processes, we have developed various methods for ensuring our Enrollees access the most appropriate service(s) based on their clinical needs and social circumstances.

For example, we will implement **claims trend analysis to detect inappropriate utilization trends**. Categories include, but are not limited to:

- Acute admits per 1,000 Enrollees
- Inpatient days per 1,000 Enrollees
- BH inpatient admissions per 1,000 Enrollees
- Rehabilitation admits per 1,000 Enrollees
- Skilled Nursing Facility (SNF) average length of stay
- Readmission rates within 30 days
- Emergency department (ED) visits per 1,000 Enrollees
- Observation rate
- Post-discharge care coordination referral calls
- 3M potentially preventable events (PPE) metrics
- Use of opioids at high dosage
- Use of opioids from multiple providers

We produce **operational dashboard reports** that aggregate data in an actionable format to help **identify Enrollees at high risk for preventable high-cost utilizations or overutilization of services**. These Enrollees will be flagged in CGX to alert our CCs to conduct outreach and engage the Enrollee to offer preventive services and education. The operational dashboards are evaluated monthly by the UM Committee. **Table I-G-3.2** details these reports.

Table I-G-3.2: Operational Dashboard Reports

Report	Description
Inpatient Census Report	Daily detailed account of acute and sub-acute inpatient facility admission cases.
3M PPEs Report	Identifies admissions, readmissions, facility-based complications, ED visits, and ancillary services that could have been prevented.

“
My office is very pleased to have the Humana Nurse Liaison on our team. Being she is onsite at the hospital, we can trust without a doubt that our Enrollees are taken care of and are receiving the quality of care they deserve.
”
– Royal Palm Medical Center, Royal Palm Beach FL

Table I-G-3.2: Operational Dashboard Reports

Report	Description
Inpatient Clinical Dashboard	Weekly reporting of key operational metrics, such as time from receipt of authorization to nurse receipt, time for clinical decisions, discharge plan documentation, Enrollees contacted for post-discharge follow-up, clinical program reach, and engagement rate
Early Indicator Report	Monthly reporting of key utilization metrics such as: admits/1,000 by utilization type (acute, SNF, rehab, Long Term Acute Care Hospital), inpatient days/1,000, length of service by type, ED visits/1,000. Dashboard format allows user drilldown for analysis by demographics including geographic, plan type, and age of Enrollee.
High Utilizer Report	Monthly report allowing us to drill down into individual Enrollees with high utilization by service type (e.g., ED and inpatient care).
Provider Utilization Profiling	Quarterly provider-level report of claims and encounter data to analyze underutilization and overutilization, and to provide peer-to-peer analysis
Predictive Model Reporting	Predictive model for Severity Score (updated monthly) and Readmission Model (updated daily) from admission to discharge, integrated into CGX to trigger referrals for clinical programs; ED Predictive Model scores available by report monthly and are integrated into CGX
Readmissions by Provider	Monthly tracking of 14- and 30-day readmission rate for acute admissions and physician visit within 14 days of discharge date
Provider Payment Integrity Report	Monthly tracking and dashboard related to provider payment outlier analysis, trending, and analysis to identify potential waste and abuse
High-Cost Prescription Report	Report identifies Enrollees with 10 or more unique drugs that average more than \$250 per prescription
Pharmacy All Claims Detail	Report provides Enrollee, prescriber, and pharmacy claims detail for all pharmacy claims processed within the selected time period.

Our utilization reporting is also a key component in our care coordination continuum to identify specific Enrollee needs and to flag gaps in care. With these data, our CCs direct Enrollees to the most appropriate care setting. Any noteworthy data or trends will be shared with our DMS, DJJ, and DCBS partners during regularly occurring operational meetings in order to make changes to the program or seek feedback to drive the best results for the Kentucky SKY Enrollees.

Sharing Information Electronically

Humana recognizes the value of receiving real-time clinical data to support coordination of care and has invested in necessary infrastructure to obtain, analyze, and act on this vital information. We have a wide breadth of experience in this space which allows us to send and receive data with partners who have varying capabilities, ranging from flat files to application programming interfaces.

To help achieve optimal data interoperability, Humana **supports the electronic exchange of data for transitions of care** as Enrollees move between plans and plan types and providers. This data includes information about diagnoses,

In June 2019, **Humana and EPIC announced an innovative partnership where we will share technologies to give Enrollees and their provider’s integrated and real-time access to the Enrollee medical history, health insights, and treatment options.**

procedures, tests, and providers seen and provides insights into an Enrollee's health and healthcare utilization. By ensuring Enrollees and their designated caregivers have access to their personal health record, we can reduce burden, eliminate unnecessary procedures and testing, and give clinicians more time to focus on improving care coordination and delivering better health outcomes. As we know this is often a source of stress for both children in the foster care or juvenile justice systems, as well as foster families and the PCC agencies throughout the state. Humana works with EHRs to build bidirectional connectivity. As a result of this work, providers can receive Enrollee care summaries about their patients in their EHR workflow from Humana. This care summary is a snapshot of where the patient has been seen, medications, and diagnosis within the past year.

In 2018, Humana experienced more than 35.8 million transactions with EHR Vendors on behalf of providers located in Kentucky and 24 other states. This high level of connectivity has increased the number of notifications to providers on Enrollee admissions and service utilization, led to gap in care closures, and improved our ability to report on services our Enrollees received. Most importantly, it **enhanced the quality and timeliness of care** Enrollees received. We aim to achieve similar results for Kentucky SKY Enrollees through our relationships with EHR Vendors and third-party integrators.

Humana promotes interoperability with and among our providers and Subcontractors, as well state Medicaid programs and state Health Information Exchanges (HIE). We have configured technology to align with the FHIR HL7 Standards, and have built application program interfaces to support real-time data exchange with our providers. We have bidirectional data sharing with providers via connections with EHR systems; State HIEs; and material Subcontractors who submit data on dental, vision, BH, and Medical Advice Line. These transactions include, but are not limited, to Admit, Discharge, and Transfer (ADT); Continuity of Care Document (CCD, e.g., C32, C62, CCDA); and images. We also support providers through Healthcare Effectiveness Data and Information Set (HEDIS) and quality of care transmissions via Compass. We plan to expand this platform through collaborative arrangements with Kentucky's Regional Extension Centers (REC) aimed at improving interoperability and EHR adoption with providers (described later in this section).

Additionally, Humana will use our **Voice & Choice Information Exchange care portal** to share data as appropriate with the Enrollee and members of the care team who work with that child. The level of information shared will be role-based to meet the permissions and consents appropriate for the Kentucky SKY Enrollee. For the children in DCBS or DJJ custody, consent would be sought from the assigned State worker in addition to the family of origin where appropriate. Adoptive parents will be consulted, as well as the final consenting party for children in the Adoption Assistance program. Assigned CCs will work with Former Foster Youth to help them understand their rights to privacy and determine what level of information various members of the care team can access via the portal.

IMPROVED ACCESS TO APPROPRIATE SERVICES

Populations served through the Kentucky SKY program often need different care and services than the traditional Medicaid membership—specialists to treat the effects of trauma and abuse such as Trauma-Focused Cognitive Behavioral therapists; residential providers that can meet very acute needs while working to return the Enrollee to the community, such as the Willows program at Lincoln Trail; and even specialized Pediatric dentists that can provide comprehensive dental care for children who may not be capable of visiting a conventional dental office.

For these reasons, we know it will be critical during implementation to evaluate our network for Kentucky providers that can serve the specialized needs of Kentucky SKY Enrollees. Any gaps identified in this evaluation will drive recruitment strategies to bring existing providers into our network. These gaps may also indicate opportunities for Humana to work with providers in other markets to incentivize them to bring their services to Kentucky or fund training and certification opportunities for current providers to expand the type of care they provide.

Ensuring our Kentucky SKY Enrollees receive the right care, at the right place, and at the right time is the core of our UM program and critical to supporting the children in the Kentucky SKY program. We have established robust data analytic systems and logic-driven processes to monitor, identify, and respond to both underutilization and overutilization patterns. Our UM evaluation process identifies potential inconsistencies in service utilization by comparing approved services to identified Enrollee needs documented in the care plan and utilization parameters. As **Humana's Kentucky operations include complete integration of physical, BH, and pharmacy benefit management (PBM) data**, the full array of utilization across our membership data is analyzed, which is particularly beneficial for the Kentucky SKY population, as we can evaluate the full array of services and pharmacological supports provided to the membership. Frequency of selected procedures, BH services, ED visits, pharmacy and inpatient measures, and HEDIS gaps in care are reviewed as relevant monitors for overutilization and underutilization management trends, and provide valuable population level insights that highlight access to care issues for our Kentucky SKY membership.

Humana also assesses the effectiveness of our Care Coordination program, as poor care coordination can result in reduced access to medically necessary services or poor health outcomes. By evaluating utilization metrics, particularly those of higher acuity services such as hospitalization and ED, we can identify Enrollees who may not be receiving effective primary care, BH care, or preventive care, and provide direct supports and interventions to access care. We will also include evaluation of utilization using 3M PPEs, which further refines the analysis of higher acuity services by identifying those that are potentially preventable. The following utilization metrics are evaluated:

- Admission rate per 1,000 Enrollees
- Readmission rate per 1,000 Enrollees
- ED utilization rate per 1,000 Enrollees; average length of stay
- 3M PPEs (Admission, Readmission, and ED)
- Adherence to UM guidelines for preventive care
- Discharge-to-PCP encounter follow-up rates

The integration of UM and Care Coordination via our CCT helps facilitate this monitoring. Through the CCT, our UM associates and CCs perform weekly rounds on high-utilizer Enrollees and work together to identify barriers to accessing appropriate care and determine potential solutions on an Enrollee-by-Enrollee basis as part of our person-centered model of care. Realizing this population has complex needs and may require specialized treatment, we will be paying particular attention to the utilization of inpatient or crisis services without the expected preventive or therapeutic outpatient services that might prevent such utilization. In addition, Enrollees with high utilization may indicate a gap in caregiver or parent support or a lack of understanding of the needs of the child they care for.

We also monitor the following administrative components of Care Coordination to ensure we are meeting our own process and procedure expectations and that our Enrollees are receiving the services they need when/where they need them:

- Timely completion and documentation of all required assessments and tools
- Timely documentation of ongoing annual reassessment, changes in condition, and updates to the care plan
- Service delivery to ensure all needed services and items are delivered to our Enrollees and that there are no unmet needs on each Enrollee's care plan

This monitoring allows the Humana Kentucky SKY leadership team to evaluate the effectiveness of our CCs in working with this population and make sure that they are collaborating with other stakeholders to get shared information and buy-in and to ensure a High Fidelity Wraparound model of care planning is occurring adherent to the 10 principles of the model.

Our UM team also conducts internal case file audits, as well as inter-rater reliability audits, to ensure that UM criteria are applied consistently, services and service levels are appropriate and effective to support Enrollees

needs, and UM decisions are made according to the Commonwealth's requirements, as well as Humana policies and procedures.

Utilization Criteria Reviews

We understand there is no one-size-fits-all approach to determine the appropriate services for our Enrollees. This is especially true for the Kentucky SKY population. Humana provides guidance and facilitates coordination of care as Enrollees and their caregivers navigate through the healthcare delivery system.

We ensure our clinical reviews are flexible enough to allow deviations from the norm (when clinically justified) and consider special circumstances on a case-by-case basis. We empower our UM clinicians to consider the following when applying decision criteria to a service request:

- Age
- EPSDT
- Comorbidity
- Progress of treatment
- Complications
- Psychosocial situations
- Home environment
- Cultural needs
- Safe Discharge Plan

We also consider the characteristics of the local delivery system available to specific Enrollees and their caregivers. We know if a foster family has access to the right services they will feel more secure in the care they are providing for the child in their home. Those services include:

- Availability of post-acute service
- Coverage of post-acute services, as medically appropriate
- Local hospitals' ability to provide all recommended services within the estimated length of stay while actively engaging in discharge planning with residential/IOP/OP providers that can serve this population
- Availability of inpatient, outpatient, and residential facilities
- Availability of highly specialized services, such as ABA providers, pediatric dentistry, transplant facilities, cancer centers, etc.
- Availability of high-intensity wraparound and preventative outpatient services appropriate to the needs of Kentucky SKY Enrollees

EDUCATION & TRAINING

Humana will be a reliable partner with DCBS and DJJ to promote coordination of care, and improved access to appropriate services through education and training. We will educate DCBS staff on our care model to **promote a whole-person approach to the delivery of services**. We will also educate our state agency partners on the role of managed care and our CCT and how to access our key staff, Enrollees, and CCT, as well as their roles in our High Fidelity Wraparound model of care planning.

Humana understands that DCBS case workers, DJJ Social Workers, and clinicians have different specializations. Therefore, we will extend the clinical training programs required of our own associates to the staff at our partner Commonwealth agencies. This provides DCBS, DJJ, and Humana a common baseline on terminology and education. **DMS, DCBS, and DJJ will have access to all our clinical training modules (via Relias), which covers a variety of topics, including but not limited to, trauma-informed care modules, and can provide continuing education credits for social workers and clinical staff**. Our Co-located Complex CCs will also host lunch-and-learn sessions. We will consult with our DBS partners to determine session topics.

DCBS and DJJ will also have the opportunity to identify gaps in our training modules. Based on their recommendations, we will take steps to find or create training modules that will close these gaps and promote a more comprehensive approach.

COMMUNICATIONS

Beyond having a co-located associate in each DCBS regional office, Humana will reach out to the relevant state agency for their preferred mode of communication. We believe that effective, streamlined communication is crucial to improving health outcomes by enhancing access to the appropriate services and promoting coordination of care. Our co-located personnel will aim to meet with the DCBS case worker (as needed) for structured meetings regarding the health of our Enrollees. These meetings will allow DCBS and our associates to discuss whether the Enrollee is accessing the appropriate services, and what steps we can take to help promote access to these services. DCBS staff have unique insight into each Enrollee's welfare and circumstances, and we will work with them to ensure effective and timely communication.

Communication Processes

Organizations that communicate effectively have more successful programs, and the Kentucky SKY model's efficacy depends upon strong communication and collaboration within and between many different organizations. Transparency in communications is crucial to effective program management, effective team management, meeting DCBS and DJJ expectations, and ensuring consistent communication. **Humana documents the methods and activities needed to ensure appropriate, timely, secure collection, generation, and dissemination of program information among the program team, DCBS, and DJJ.** Humana's communication management approach helps avoid communication gaps.

Humana's Program Plan will be used to review overall program status, workstream statuses, upcoming milestones, escalated risks and action items, and mitigation and contingency plans. Humana's Project Manager has developed a Project Team Directory with the roles, names, titles, organizations/departments, emails, and phone numbers for every member of the project team.

Humana will work with DMS, DCBS, and DJJ to decide whether conversations and meetings should happen face-to-face or by telephone. We value the importance of in-person meetings to build relationships, especially early in the implementation process. To improve communication with our SMEs during implementation, we use telephone and web-based programs to facilitate effective work planning. We can share information in a variety of ways, including PDF files and webinars.

We will raise issues as we become aware of them and work collaboratively and transparently with DMS, DCBS, DJJ, and all other stakeholders as appropriate to address these concerns. In our current Medicaid program, our primary communication with the Commonwealth is via a monthly Operations team meeting. This meeting brings Humana and Commonwealth associates together to discuss topics such as staffing, enrollment, claims processing, assessment and care planning, provider training and education, call center, and grievances and appeals, along with any other issues that warrant discussion and attention. If at any point the weekly meetings are no longer deemed necessary by DMS, DCBS, and DJJ, we will adjust the timeframe (e.g., shift to bi-weekly).

We have found that collaboration can improve the implementation process, care coordination, and Enrollee experience. In Illinois, the state hosted a "best practice" session near the end of the first full year of operations, and Humana, along with the other health plans, shared successful process and policy approaches. Humana highlighted our **30-day Transitions Program** for Enrollees after a hospital or sub-acute discharge to help prevent unnecessary re-hospitalization during the immediate post-discharge phase.

PROCESS DEVELOPMENT

Humana will work with DCBS and DJJ to effectively communicate our processes. We strive to create a shared understanding of services rendered by each party. Upon Contract award or during Readiness Review, whichever happens first, Humana will develop drafts of our policies and procedures for the Kentucky SKY program. We will share these draft versions with our State partners to ensure we have clearly delineated our processes and provided a comprehensive description of roles and responsibilities for both our plan and each of the respective agencies. By sharing these documents early in the implementation process we will have time to collaboratively improve and tailor the processes with DMS's input when drafts become finalized. These policies and procedures will feed into the training we provide our associates and can also be provided to State agency staff.

Examples of key policies and procedures we will seek to jointly create are:

- Enrollee placement change status notification
- Enrollment process for express enrollment requests
- Enrollee PCP assignment collaboration with Enrollee and State Custodian
- Sharing of completed assessments
- Authorizations related to access to our Voice & Choice Information Exchange care portal

Through this engagement, we will design processes accordingly to promote care coordination and reduce duplication of services.