C.2 Collaboration

REQUIREMENT: RFP Section 60.7.C.2
2. Collaboration (Section 9 .0 Organization and Collaboration)
   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.
   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 affiliated health plans' collaboration experience and best practices will drive Molina's efforts to partner with the Department, fellow MCOs, and other stakeholders to develop effective initiatives that will deliver positive results to the Kentucky Medicaid program.

Molina offers a proactive collaborative approach to partnering with the Department and other stakeholders to develop new initiatives, share best practices, and achieve Kentucky Medicaid program goals.

Molina views our relationship with the Department as a partnership to work together to make Kentucky Medicaid a best-in-class program and deliver a smooth, "no-noise" operation that will benefit program administration, providers, and Enrollees. We will work to make Kentucky a healthier place to live and a better place to work, where its citizens enjoy a better quality of life. We believe Commonwealth officials, as well as the other Medicaid MCOs, share these goals. Through our affiliated health plans' experiences in other states, ***we understand there is immense value in working cooperatively with other MCOs, which often produces innovative approaches that improve coordination and mitigate issues such as provider abrasion, while at the same time improving overall health for the Medicaid population.***

Many of our affiliated health plans have years of experience collaborating with their fellow Medicaid MCOs, state agencies, regulators, subcontractors, providers, and community-based organizations (CBOs) to improve overall Medicaid member health outcomes, quality, and program performance.

Our affiliated health plans continue to work in cooperation with these diverse stakeholders to develop and implement innovative initiatives that have a positive impact on population health, including effective value-based payment (VBP) models, physical health and behavioral health integration, population health management, and addressing members' social determinants of health, by connecting diverse entities to more streamlined, actionable data and best practices across operational areas.

That experience will drive Molina's proactive leadership approach to partnering with the Department and other stakeholders to develop new and exciting initiatives, share best practices, achieve Kentucky Medicaid program goals, and address many of the Department's population health, healthcare access, and Enrollee and provider satisfaction priorities.

a. APPROACH FOR MONTHLY COLLABORATION MEETINGS

Molina's recommended approach to monthly collaboration meetings is outlined in the following subsections. Molina understands, agrees, and will comply with all requirements set forth in Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 9, Organization and Collaboration.

We outline the meeting formats, suggested meeting topics, and proposed meeting agendas. Each is the product of best practices developed over 25 years through successful collaborative efforts by our 14 affiliated Medicaid health plans enterprise wide.

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a.i. MEETING FORMATS

Enterprise wide, Molina's affiliated health plans proactively partner and collaborate with a diverse range of Medicaid stakeholders, including Medicaid and other state agencies, legislators and staff, members, providers, CBOs, advocacy groups, and, when appropriate, subcontractor partners. This proactive approach supports the development of new initiatives, sharing of best practices, achieving program goals, and addressing key population health, healthcare access, and member and provider satisfaction priorities.

Molina suggests that all meetings be held face-to-face at the Department. Collaborative efforts work best when all key stakeholders are in the same room and able to interact freely, allowing attendees to focus on the discussion at hand, engage in problem-solving and better ensure issues resolution, and drive more productive outcomes.

Based on meeting agendas and our affiliated health plans' experience with similar Medicaid-focused conferences in other states, attendees could include, but would not be limited to:

- The Department and other key Commonwealth agency representatives, such as the Department of Public Health
- MCO representatives
- Providers / provider organizations
- Legislative staff
- Medical association representatives
- CBO representatives
- Healthcare access advocates

Based on our affiliated health plans' experience in other Medicaid states, these meetings could also include valuable face-to-face engagement and collaboration with MCO subcontractor representatives, when applicable, driven by agenda topic. In instances where key participants may not be able to attend in-person, Webinars, or similar teleconferencing, should be made available.

Additionally, we suggest MCOs submit agenda topics to the Department (along with any questions based on Department-agenda topics) before scheduled meetings. This will allow the Department to review questions in advance and prepare responses, ensuring topics are addressed timely and efficiently. This approach also will ensure the right resources are in the room, based on applicable topic, to drive effective discussion and resolution, avoiding administrative burdens on the Department and any back-and-forth tracking of open issues.

Given the Department's critical leadership role as the de facto "communications hub" between the above-mentioned stakeholders, Molina would be willing to work with the Department in scheduling, formatting, and facilitating meetings, setting agendas, notifying and selecting meeting invitees, and distributing meeting minutes and action items for follow-up.

To maximize convenience for and participation of all relevant stakeholders, Molina also would be happy to ***host meetings at our forthcoming Regional Operations Center in Louisville.*** If a meeting has a regional focus (e.g., improving Enrollee access, targeted quality initiatives, and so forth), Molina could again ***host meetings at any of our forthcoming additional regional Molina One-Stop Help Centers, to be located in Covington, Lexington, Bowling Green, Hazard, and Owensboro.***

Meeting Format

We suggest the following format for collaborative meetings between MCOs, the Department, and other relevant parties:

- **Schedule.** Monthly or on a frequency set by the Department
- **Length of Meetings.** Two-hour sessions

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- **Attendees.** Leader representation from all MCOs, the Department, and other organizations (including MCO subcontractors), including, but not limited to:
  - Medical directors
  - Healthcare Services departments
  - Behavioral Health Services departments
  - Provider Services / Network Management departments
  - Community / Enrollee-engagement departments
  - Pharmacy directors
  - Quality directors
  - Population Health directors
  - Subcontractor oversight / subcontractor representatives

Members of our executive management team, including our chief executive officer and chief compliance officer, as well as representatives from our subcontracted vendors, will be readily available by request of the Department to provide operational updates or to participate in general discussion regarding new or current Kentucky Medicaid initiatives, such as the program's proposed VBP model or other projects.

Molina Healthcare of Washington: More than 20 Years as a Trusted Collaborative Partner

As a close partner with the Washington State Health Care Authority (HCA), Molina Healthcare of Washington has fostered decades-long collaborative relationships with a diverse range of stakeholders to become the state' largest and strongest Medicaid MCO, and a true leader in successfully delivering fully integrated managed care to Medicaid members in multiple counties and regions.

Since 1997, the health plan has worked closely and held regular meetings with state agencies such as HCA and the Washington State Office of Rural Health, along with dozens of local county-level agencies, more than 1,000 CBOs, tribal governments, and other key stakeholders.

The health plan has also been a leading voice in the state's "Healthier Washington" program since its launch in 2012. The program's goal is to create healthier communities by taking a collaborative regional approach to improving quality of care, enhancing the health of state residents, and reducing health care costs.

Helping advance the program's goals, the health plan is a proactive leader within the state's nine regional Accountable Communities of Health (ACHs), which are tasked with building the foundational infrastructure for regional, multi-sector collaboration; developing regional health improvement plans; jointly implementing or advancing local health projects; and advising state agencies on how to best address health needs within their geographic areas. ACH partners are diverse, including, but not limited to, MCOs; local, county, and regional public health / behavioral health agencies; provider organizations; patient advocacy groups; CBOs; school districts; tribal governments; and more.

Thanks in part to our Washington affiliate's statewide leadership, the Washington ACH model that evolved in practice has been largely successful to date. In 2015, ACHs began to build modestly resourced coalitions focused on improving health in their regions, funded under a State Innovation Model federal grant. Since then, they have evolved into independent organizations leading the collaborative design and implementation of $1.1 billion worth of health system transformation projects.[1]

[1] hca,wa,org, Center for Community Health and Evaluation, "Regional Collaboration for Health System Transformation: An Evaluation of Washington's Accountable Communities of Health," January 2019

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a.ii. SUGGESTED TOPICS FOR INITIAL 3–6 MEETINGS AND BEYOND

As part of their successful collaboration efforts with diverse stakeholders, including Medicaid agency partners and other MCOs, our affiliated health plans often help drive development of meeting agendas. These agendas address top action items and issues based on thorough research of agency priorities and/or challenges; feedback from provider and member forums; and interaction with fellow MCOs, public agencies, CBOs, and other entities.

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Topics identified as "long-term" by the Department should drive the agendas for initial collaboration meetings. This focus will help facilitate action on the identification and implementation of cross-plan strategies and potential challenges. Table C.2-1 provides a proposed list of potential topics for the first 3–6 meetings based on known Department priorities for the Kentucky Medicaid program.

Table C.2-1. Proposed Initial Department/MCO Meeting Topics

Department and MCO Meeting Topics	
Implementation challenges/successes immediately post-go-live	Enrollment (passive/auto-assignment)
Pharmacy (PBM transparency)	Behavioral health (including substance use disorders)
Provider satisfaction improvement (including the VBP model)	Provider credentialing
Network development/management	Population health management / social determinants
SKY program*	Children's health
Enrollee engagement / community outreach	Quality improvement
Program integrity / fraud, waste and abuse	Kentucky Health Information Exchange / electronic health records adoption

**Only if awarded Sky program contract*

Tables C.2-2 and C.2-3 depict proposed meeting templates, illustrating how Molina would organize and prioritize meeting agendas and topics. The two tables represent the first 12 collaboration meetings, with suggested topics for the initial 3–6 meetings as well as topics for subsequent meetings.

Table C.2-2. Proposed Ongoing Meeting Agenda—Meetings 1–6

Meeting Time	Two-hour block	
Meeting Location	Onsite location or remote	
Attendees		
Agenda Item	**Notes**	**Prior Meeting Notes**
1. Pharmacy (PBM transparency)	Priority item	
2. Provider satisfaction improvement (including the VBP model)	Priority item	
3. Rural access improvements	Priority item	
4. SKY program*	Priority item	
Program integrity / fraud, waste and abuse	Standing topic	
Population health management / social determinants	Standing topic	
Health information / data exchange and security	Standing topic	
Children's health	Standing topic	

**Only if awarded SKY contract*

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Table C.2-3. Proposed Ongoing Meeting Agenda—Meetings 7–12

Meeting Time	Two-hour block	
Meeting Location	Onsite location or remote	
Attendees		
Agenda Item	**Notes**	**Prior Meeting Notes**
1. Behavioral health (including substance use disorders)	Priority item	
2. Provider credentialing	Priority item	
3. Quality improvement	Priority item	
4. Enrollee engagement / community outreach	Priority item	
Program integrity / fraud, waste and abuse	Standing topic	
Population health management / social determinants	Standing topic	
Health information / data exchange and security	Standing topic	
Children’s health	Standing topic	

Additional topics could include items identified during the many Technical Advisory Committee meetings, as these are often top-of-mind issues. Over the past months, we have participated in these committee meetings and have developed an appreciation for the strong engagement demonstrated by committee members as well as the serious issues that need to be addressed by MCOs. These collaborative meetings with the other MCOs will allow for greater communication to address these concerns.

Lastly, in addition to the proposed agendas, we also recommend maintaining an Issue Tracking Log, illustrated in Exhibit C.2-1, Sample Issue Tracking Log, which provides an example of one used by our Ohio affiliate. The Department could consider using a similar log to track pertinent issues and identify the impact of these issues on Enrollees, providers, and other Medicaid stakeholders; provide the resolution determined by the collaborative meetings for all parties to review; and respond to the resolution or issue, as needed.

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#	Issue	Impact	MCP Resolution Notes	ODM Responses
	General File Issues			
1	BIAR files are late each week. Per the "BIAR Claims Extract Guide R58", section 1.3 File Transmission Process, we should be receiving the files no later than Monday of each week, but we consistently receive them through Wednesday and	MCPs are required to use these Historic Claims Files in our PCP assignment process. We are also required to assign a PCP to every new member as well as send an ID card within 10 business days of receiving the 834C. Because of these time constraints, we aren't able to utilize	No resolution to date	This is an artifact of MITS processing capability and ODM does not expect it to resolve in the near future. Some of the delays are due to batch void and adjustment processing for encounters that have taken place recently. Voids and adjustments take double the time to process in MITS and we have
2	Quarterly enrollment file and CPC attribution file process was changed for Q2-2019 without any notification or updated specifications:	MCPs have built processes around the delivery and specs of these files. Accommodating these changes requires considerable time and effort.	A new file delivery schedule has been established, but we are still awaiting a new spec document that includes clarification on whether files should be dropped	ODM did notify the plans of the change in enrollment file production on monthly payer one on one calls as well as at our monthly payment innovation meetings with the MCPs.
	Episodes of Care Reports			
3	Episode reports are consistently incomplete when posted to MITS. We are usually missing summary	Incomplete or late data delays MCP/provider engagement on the latest Episode results as well as	No resolution to date	
4	Q1 and Q2 Episodes reports reflected 2017 thresholds instead of 2018; instead of going back to	Leaving two quarters worth of incorrect data in the hands of the providers can cause confusion; MCPs	No resolution to date	
	CPC Reports			
5	DXC produced CPC summary reports for MCPs, but not the individual practice reports we have historically been given	Missing data makes CPC provider engagement very challenging as we do not have access to what the providers see. In addition, MCPs have no way of	DXC has produced CPC practice reports, but there were issues with both types (see new issues# 8-10), so as a whole, this issue	DXC did not produce these because they were not specifically told to

Exhibit C.2-1. Sample Issue Tracking Log

b. EXPERIENCES AND LESSONS LEARNED FROM SIMILAR COLLABORATIONS

Leveraging our organization's more than 25 years of Medicaid managed care experience, our 14 affiliated Medicaid health plans collaborate with their state Medicaid agency partners, other MCOs, and ancillary stakeholders across the nation. After conducting a deep dive into the current scope of Commonwealth needs, we have highlighted affiliated health plan experiences we will leverage for collaboration with the Department, other MCOs, and various agencies and entities in Kentucky. It is in the best interest of all involved parties to exhibit transparency and a willingness to work toward the greater good to bring the highest quality healthcare to Kentucky Medicaid Enrollees.

Throughout the experiences provided on the following pages, the primary lesson Molina has learned is ***active meeting participation, along with proactive approaches to problem identification and resolution, as well as transparent collaboration, delivers consistent benefits.***

The following examples depict how Molina's affiliated health plan collaboration efforts drove positive experiences for their members and providers, as well as smoother operations for regulators and MCOs.

UNIVERSAL PROVIDER ENROLLMENT ROSTER—MOLINA HEALTHCARE OF ILLINOIS

Providers throughout the state of Illinois had expressed frustration for years that the state's nine Medicaid MCOs forced them to complete different enrollment forms to launch the credentialing process. In 2018, Molina Healthcare of Illinois took a leadership role within the Illinois Association of Medicaid Health Plans to create a Universal Provider Enrollment Roster.

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Previously, the differing forms and information requested led to billing errors as well as members receiving outdated information. In addition, the existing rosters did not contain information about office hours, Americans with Disabilities Act accessibility, and other vital answers to questions about access. From January to May 2018, our Illinois affiliate worked with fellow MCO to develop a roster that captured all relevant information required to complete a clean credentialing application and expedite provider load into claims systems. The health plan sought and incorporated feedback from providers to identify and address inconsistencies. ***Our Illinois affiliate then led the development of a new "universal roster" template that added all required fields needed to meet federal and state regulations and MCOs' operational needs.***

All MCOs approved the new roster, which was introduced in June 2018. Before providers shifted to the new form, our Illinois affiliate completed three training-and-feedback sessions demonstrating how to use the new document and to answer provider questions. The health plan further took the lead in creating written training materials emphasizing the roster's universal standardization in instructions, format, and data entry requirements. Moreover, at the request of the Illinois Department of Healthcare and Family Services, our Illinois affiliate's manager of provider network administration gave a presentation and demonstrated the new roster during a statewide meeting.

Initially, providers were resistant to the new roster because it represented a new process to learn, but they quickly realized that the documentation, with its emphasis on standardization across all MCOs in a format that met all state and federal requirements, eased the administrative burden and streamlined the process. Today, the primary advantage to providers is that the only documentation required for credentialing is to register with the Illinois Department of Healthcare and Family Services' IMPACT website, using the Universal Roster form our Illinois affiliate helped create. Although plans and providers still must reach their own contractual agreements, a provider is credentialed as soon as the Illinois Department of Healthcare and Family Services approves the application.

IMPACT

In the first six months after the introduction of the Universal Roster, our Illinois affiliate has ***reduced provider information load turnaround time into its claims system from 60 days to 30 days.*** Providers also have reported high levels of satisfaction and a reduction in billing errors. Molina can use the best practices gleaned from this experience to bring MCOs and providers together to develop new and innovative ways to reduce provider abrasion in Kentucky.

UTAH COALITION OF MEDICAID HEALTH PLANS—MOLINA HEALTHCARE OF UTAH

Formed in 2014, the Utah Coalition of Medicaid Health Plans was created with no MCO assessments or a funding mechanism. Coalition governance features rotating leadership and administrative support among the four health plans operating in the state. All coalition decision-making requires unanimous consent.

Molina Healthcare of Utah was the driving force behind creation of the Coalition. Each health plan president serves as their health plan's voting member representative. Additionally, the plan's vice president of government contracts plays a supporting role that allows the plan to have strong influence on the issues undertaken and the consensus approach adopted by the Coalition.

The Coalition also works closely with the lobbying arms of each MCO to coordinate and direct shared legislative priorities and bills of importance to bring before the Medicaid agency.

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IMPACT

- Helped guide passage of a series of bills over three years
- Adopted and launched a high-cost drug kick payment program in 2019 (ongoing)
- Received recognition among the state's executive and legislative branch leadership for the Coalition's positive impacts to legislative and regulatory decision-making and its willingness to work with governing bodies and agencies to develop long-term solutions to state health priorities

Leveraging the best practices gleaned from our Utah affiliate's experience, Molina will work with the Department and fellow MCOs to develop and execute legislative guidance that helps achieve our unified goal of improved quality of care for Medicaid Enrollees.

PROVIDER DOCUMENTATION RESOURCES—MOLINA HEALTHCARE OF OHIO

Molina Healthcare of Ohio worked with the state's other Medicaid MCOs to develop and deploy standardized provider documentation and administrative forms. In close collaboration, all Ohio MCOs uniformly streamlined a set of forms and instruction sheets, including:

- Community Behavioral Health Form
- General Provider Standard Form (prior authorization)
- Instruction sheet for prior authorizations

Moreover, these collaboration efforts have also created a standardized Primary Care Provider (PCP) Change Form, which allows members to select or change their preferred provider. This new universal form will be made available to all Ohio Medicaid members.

IMPACT

Molina Healthcare of Ohio and its fellow Medicaid MCOs continue to work on viable ways for providers to have 24/7/365 access to the resources, information, and documentation they need to work with Medicaid MCOs in a more streamlined and uniform fashion. These efforts create the environment providers need to streamline back office processes and support "one and done" document submission and approval. Moreover, these initiatives are designed to reduce provider abrasion and improve member care.

Molina can use the best practices developed by Molina Healthcare of Ohio to bring MCOs and providers together to develop similar initiatives that improve the provider experience in the Kentucky Medicaid program.

MOLINA HEALTHCARE OF OHIO—ALIGNED VALUE-BASED PAYMENT MODEL

Working closely with the Ohio Department of Medicaid, Molina Healthcare of Ohio and other Medicaid MCOs collaborated to develop and implement a patient-centered medical home-based VBP model, Ohio Comprehensive Primary Care. Ohio Comprehensive Primary Care is a fully aligned, uniform Ohio Department of Medicaid-approved VBP program developed to adhere with CMS' State Innovation Model initiative. This cooperative effort resulted in true practice transformation of VBP programs offered by the state's Medicaid MCOs.

To maintain communication and aligned goals, our Ohio affiliate meets monthly with representative from the Ohio Department of Medicaid and other Medicaid MCOs to discuss Comprehensive Primary Care program successes, challenges, and best practices. Additionally, all participating MCOs meet monthly among themselves to remain aligned in their program efforts.

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IMPACT

This collaborative effort has incentivized MCOs to "go the extra mile" that the Ohio Department of Medicaid requires, developing and implementing consistent provider messaging, minimizing provider touch-points with multiple MCOs, and partnering with the state agency on continual program improvements.

The Comprehensive Primary Care program currently ***includes PCPs with more than 50% of all attributed Ohio Medicaid members (approximately 1.4 million members) and creates a broad standardized program with adoption from multiple MCOs and covering a sizeable percentage of membership.*** It has further funded and incentivized primary care practices to a degree that true practice transformation can occur. Since launching the Ohio Comprehensive Primary Care program in 2017, the state has already experienced a lower trend in healthcare spending and higher quality performance compared to non-participating primary care practices.

We can use the best practices learned from our Ohio affiliate's experience to bring together the Department, MCOs, and the Kentucky Medicaid provider community to develop an effective VBP model that drives improved agency/MCO communication and Enrollee outcomes, while reducing provider abrasion.

TRI-COUNTY HEALTH IMPROVEMENT PLAN—MOLINA HEALTHCARE OF SOUTH CAROLINA

In 2019, Molina Healthcare of South Carolina joined the Healthy Tri-County initiative, powered by Trident United Way, in partnership with core partners MUSC Health and Roper St. Francis Healthcare. Healthy Tri-County is a multi-sector regional initiative to improve health outcomes in Berkeley, Charleston, and Dorchester counties. The long-term aspirational goal of Healthy Tri-County is to improve the health and well-being of every person and community within the Tri-County region.

The Tri-County Health Improvement Plan 2019–2023 provides recommendations and action steps to address prioritized health topics:

- Access to care (insurance and transportation)
- Behavioral health (including substance use disorders)
- Immunizations (pneumococcal and HPV)
- Cancer screenings (lung, breast, colorectal, cervical, prostate)
- Diabetes coalition (prediabetes and diabetes)
- Obesity, nutrition and physical activity (potentially breaking out into subgroups on water intake, fruits/vegetables, breastfeeding, physical activity)
- Maternal, infant, and child health (maternal mortality, long-acting reversible contraceptives, well visits)

IMPACT

The Tri-County project is seeking to build on individual health plan initiatives and accomplishments to improve health outcomes in an underserved area of the state. The use of member incentives such as those offered by our South Carolina affiliate, including, but not limited to, gift cards for completion of A1c tests, eye exams, and nephropathy screenings, can be an important step in assisting members to get needed care. Early results of the Healthy Tri-County project are encouraging and demonstrate a potential model to be considered for future Tri-County cross-plan initiatives.

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Molina will use the best practices gleaned from our South Carolina affiliate's experience to bring other MCOs, health agencies, and CBOs together to develop similar initiatives targeting improved health outcomes for Kentucky Medicaid Enrollees.

PARTNERSHIPS TO IMPROVE HPV IMMUNIZATION RATES—MOLINA HEALTHCARE OF SOUTH CAROLINA

As key members of a diverse partnership with the American Cancer Society and Eau Claire Cooperative Health Center in Columbia, South Carolina, Molina Healthcare of South Carolina, and select MCOs began meeting to develop strategies to improve HPV immunization rates. The talks resulted in a pilot project to support Eau Claire Cooperative Health Center in driving practice improvement efforts to increase immunization compliance rates for adolescents. For this project, our South Carolina affiliate:

- Partnered with the American Cancer Society to develop co-branded immunizations for adolescents reminder postcards. More than 6,800 reminder postcards were mailed to 11-and-12-year-old female and male members. The health plan also conducted nearly 1,000 follow-up calls to assist members and their parents/caregivers in scheduling appointments and transportation.
- Our South Carolina affiliate's associate vice president of Quality also participated on a panel focused on adolescent HPV during the most recent South Carolina Public Health Association conference where she shared project results and areas of opportunity to improve adolescent immunizations rates. Provider groups in attendance also received a detailed immunizations for adolescents report for review.

IMPACT

To date, in aggregate, more than 1,330 out of some 7,400 gaps in care have been closed for these measures (approximately 18%).

Molina can use the best practices gleaned by our South Carolina affiliate to collaborate with other MCOs and health agencies to develop similar initiatives to improve gaps in care for Kentucky Medicaid Enrollees.

PROGRAM INTEGRITY/COMPLIANCE—MOLINA HEALTHCARE OF OHIO

Close collaboration between the Ohio State Program Integrity department and all Medicaid MCOs (compliance officers and Special Investigation Unit leadership) has fostered the sharing of process improvement best practices related to fraud, waste and abuse (FWA) investigations and referrals.

This cooperative and transparent partnership between all parties has resulted in a review of the program integrity section of the state's MCO Policy and Procedure Guide, creation of new referral forms, and changes to the frequency of reporting and specific data required by the Ohio State Program Integrity department to monitor program effectiveness.

IMPACT

This collaborative effort and resultant program efficiencies resulted in increased FWA recoveries by MCOs across the board, including some $300,000 in additional funds recovered by Molina Healthcare of Ohio in 2018 (latest available full-year results).

Molina can use the best practices gleaned by our Ohio affiliate to collaborate with the Department and other MCOs to develop similar process improvements that support more effective mitigation of FWA and improve recovery efforts for the Kentucky Medicaid program.

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