C.20   Covered Services

REQUIREMENT: RFP Section 60.7.C.20
20. Covered Services (Section 30 Covered Services)
a. Provide a detailed description of how the Vendor's operational structure and practices will support integrated delivery of services (i.e., staff, contractors, systems, calls centers, etc.). In addition, the Vendor's response should address:
   i. Innovative approaches to ensure Enrollees experience whole-person care that integrates their medical and behavioral health benefits and addresses social determinants of health.
   ii. Approach for coordination with carved-out services (e.g., transportation and transitions to long term supports and services).
   iii. A description of any value-added services the Vendor proposes to provide to Enrollees.
b. Provide the Contractor's approach to assisting Enrollees to access direct access services and second opinions, and referrals for services not covered by the Contractor.
c. Describe the Vendor's proposed approach to the following:
   i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities.
   ii. Coordinating with the Department to establish collaborative agreements with state operated or state contracted psychiatric hospitals and other Department facilities that individuals with co-occurring behavioral health and developmental and intellectual disabilities (DID) use. Describe potential challenges and methods to address such challenges.
   iii. Complying with the Mental Health Parity and Addiction Equity Act.
d. Describe initiatives the Contractor will implement to identify trends in provider-preventable conditions and to educate providers who are identified as possibly needing support in better addressing those conditions.

Enrollees will receive true whole-person care through Molina's culture of innovation and integration of physical health and behavioral health with the social determinants of health.

Kentucky seeks a more solid path in providing healthcare to its most vulnerable residents. These individuals need a system of care that integrates physical health and behavioral health, addresses social determinants of health, and ensures access to primary and preventive care in traditional and nontraditional settings and in urban and rural areas.

Molina offers that path. Our parent company and affiliated health plans specialize in working with state partners to provide government-sponsored healthcare. Of our 3.4 million covered lives nationwide, approximately 88%—nearly 3 million—are through Medicaid, and the rest are through related programs, including Medicare, Medicare–Medicaid Plans (dual eligible beneficiaries), and Marketplace. Our health plans have been built to address the needs of this specialized population and the providers who serve them.

- Our integrated care model will include in-house behavioral health operations and staff positions to address social determinants of health
- Molina One-Stop Help Centers help us connect with Enrollees and providers
- Molina and the Commonwealth will collaborate regularly to improve service and information-sharing

A hallmark of our commitment to whole-person care is our in-house behavioral health operations, including care for individuals with substance use disorders (SUDs). *We are one of the nation's few MCOs that does not subcontract behavioral health services to either a third-party subcontractor or a separate corporate entity.* Our affiliated Medicaid health plans provide truly integrated behavioral health services and coordination in 14 Medicaid health plans across the country. These plans manage approximately 1.3 million members with a diagnosed mental health and/or SUD. We have behavioral health practitioners and subject matter experts supporting all our clinical and operational departments and provide regular mandatory training to all staff enterprise wide on a wide variety of behavioral health topics. Our new SUD Model of Care with Opioid Use Disorder Focus incorporates the latest research and consideration of social determinants. Our enterprise has experience working across the spectrum of behavioral health providers from major health systems to community health systems.

Molina's work in the Commonwealth continually building our Kentucky Medicaid program provider network and engaging with providers gives us insight into their concerns and opportunities to improve Enrollee care; one method we will use to improve Enrollee health outcomes will be to offer value-based payment (VBP) agreements, including incentives for Medication Assisted Treatment and other behavioral health-related services, to providers.

Our behavioral health director, Dr. LaTonia Sweet, is a lifelong Kentuckian who received her MD from the University of Kentucky. She has been a leader in the Commonwealth in developing treatment programs to address substance abuse. Dr. Sweet knows Kentucky's healthcare landscape as a provider, leader, and consumer. She has full authority and the confidence of our executive teams at both the health plan and corporate levels to help build a health plan in Kentucky that provides all covered services and supports, ensuring delivery of high-quality care and services to Kentucky Medicaid Enrollees.

We will outreach to Enrollees to keep them informed about the preventive care and immunizations they need, as well as the services we offer for chronic conditions. Our staff and providers will educate Enrollees on the importance of self-care and the connection between physical health and mental health. Our Population Health Management program will proactively address health concerns that are of special interest to the Department such as obesity, diabetes, heart disease, asthma, and chronic obstructive pulmonary disease.

Within this proposal section, we highlight the operational structure and practices of our integrated care management program coupled with our integrated delivery system and network; our approach to assisting Enrollees with accessing services; collaboration with Commonwealth agencies and other stakeholders; and initiatives to identify trends in provider-preventable conditions.

Covered services include but are not limited to physical health, behavioral health, dental, vision, maternity, urgent and emergency services, surgery, and durable medical equipment. Molina understands, agrees and will comply with all requirements set forth in Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 30, Covered Services. We have reviewed the list of Contractor Covered Services in the Draft Contract, Appendix H. We acknowledge this list is for illustration purposes only and that the Commonwealth determines whether a service is a covered service.

a. OPERATIONAL STRUCTURE AND PRACTICES FOR INTEGRATED DELIVERY

A key tenet of our technical approach is true integration of physical health and behavioral health, including SUDs and social determinants of health. *We directly integrate physical health and behavioral health management services, coordinating the holistic needs of members—a proven model that differentiates Molina from nearly every other MCO.* With a completely integrated approach, we truly look at the whole person with every encounter, review, and outreach because Enrollees do not have physical health issues or behavioral health issues in a vacuum. Having a completely integrated system allows us to understand how each of these areas of health and wellness influence each other and how to best serve Enrollees.

By looking at Enrollees' holistic needs, we can anticipate possible issues or concerns Enrollees may have before they get a diagnosis or poor outcome. For example, through our integrated care management, Enrollees will benefit from improved quality of life due to addressing gaps in care, comorbidities, and complexities of their illness; having access to providers practicing collaborative care and integrated programs that lead to a personalized experience; simplifying how they navigate the system; and improving their healthcare literacy. While Molina's Integrated Model of Care highlights the operational elements of Enrollee care, we strive to achieve strategic excellence in aligning our partnerships between our parent company and affiliated health plans to identify, promote, and coordinate strategies that will in turn improve the quality life of all members across the Molina enterprise.

Most of our Enrollees will face challenges concerning one or more social determinants of health: housing, employment, finances, family/caregiver support, food security, or rural setting that limits service. Our Health Risk Assessment and Enrollee Needs Assessment will screen for physical health, behavioral health, and social determinants. We will train our care managers on social determinants of health: what they are and how to identify and address them. Our Member360 care management software tool will enable all staff who interact Enrollees to view updated information from a whole-person perspective—a 360-degree view. We have partnered with several community-based organizations (CBOs) throughout the Commonwealth that will assist our Enrollees with food, housing, employment, and education.

Exhibit C.20-1 shows the components of our organization. We will carefully select all components—staff, providers, subcontractors, systems, and community partners—based on their ability to meet the complex needs of the Kentucky Medicaid population.
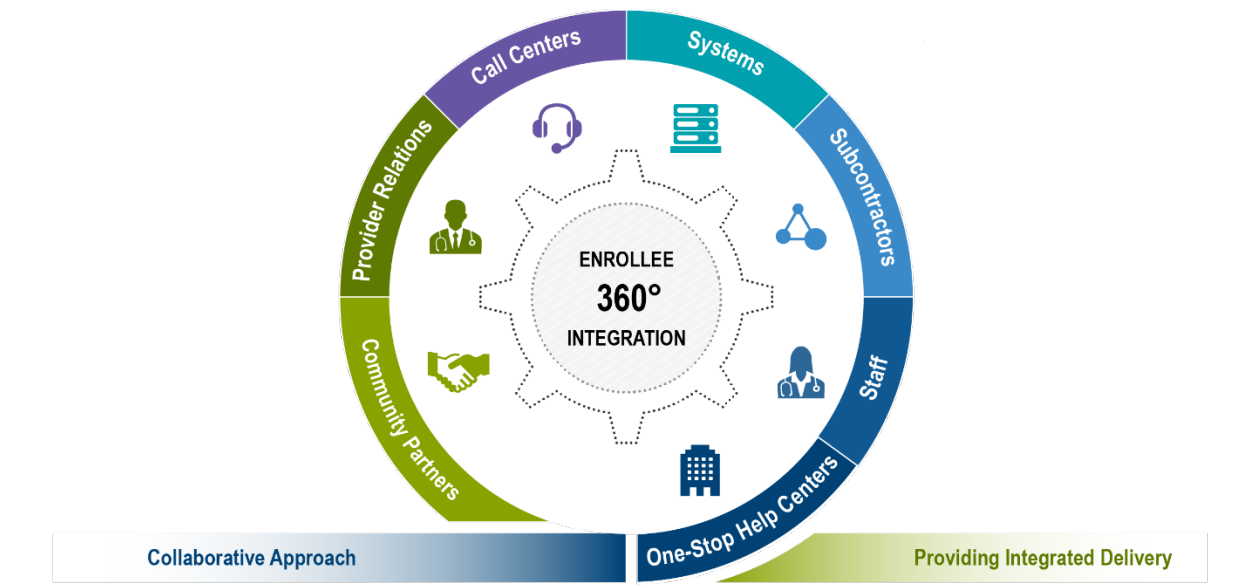
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Exhibit C.20-1. Molina's Integrated System of Delivery

REGIONAL OPERATIONS CENTER AND MOLINA ONE-STOP HELP CENTERS

Molina is investing heavily in our Kentucky operations. Along with our Kentucky health plan that will employ 445 Kentuckians, our parent company will also locate a Regional Operations Center in Louisville that will support Kentucky health plan operations as well as affiliated health plan operations in Eastern states. *We will create approximately 700 new jobs at this site, bringing our total contribution to the local economy to more than 1,100 jobs.*

- **Regional Operations Center in Louisville**
- **Molina One-Stop Help Centers** throughout Commonwealth
- Centers will be open to Enrollees for appointments and computer and WiFi access

Molina will also make a tangible and lasting commitment to Enrollees in Kentucky by opening six regional service centers. The regional service centers, Molina One-Stop Help Centers, will be located at our headquarters in Louisville, Covington, Bowling Green, Hazard, Lexington, and Owensboro. These centers will give Enrollees the opportunity to visit with care managers and Molina Community Health Workers, attend Enrollee orientation sessions, and get help and information regarding covered services and value-added services. Enrollees will be able to make an appointment or walk in to receive help. We will not provide healthcare at these sites, in compliance with

CMS and Kentucky requirements. Enrollees also will be able to access an array of ancillary services, including but not limited to:

- Complimentary use of computers and Wi-Fi

- Access to and personalized assistance with completion of forms to apply for SNAP, WIC, and other government benefits

- Employment assistance, including enrollment in GED classes and testing, and help from staff with resume writing or completing job applications

- Private rooms with telehealth capabilities

- Community events such as CBO meetings and nutrition and health classes

- Community resource guides that list community organizations and government programs that can help with housing searches, financial assistance with rent and utility payments, and other needs

- Access to a Molina housing specialist who will travel throughout the Commonwealth and will be available at each location periodically, complementing their availability by phone and email

Our Molina One-Stop Help Centers will be easy to visit and near public transit stops. They will have conference rooms and other amenities that can be used by providers upon request. Our Molina One-Stop Help Centers also can serve as meeting sites for an Enrollee's multidisciplinary care team, our Provider Advisory Workgroup, and other community gathering opportunities.

STAFF

Dr. Sweet, along with our CEO and medical director, will lead a team of employees in functional areas including Enrollee Services; Provider Services and Provider Engagement; Care Management; Quality Improvement (QI); and Population Health Management, each led by Kentucky-based directors. Molina's executive leadership will attend Department meetings in person, and we will welcome the opportunity to take a lead role in working with the Commonwealth, other state agencies such as the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and other MCOs on initiatives to benefit Enrollees, providers, and all stakeholders.

- Dr. LaTonia Sweet, our behavioral health director, is a Commonwealth leader
- Staff consists of experts who led previous Molina implementations

Our implementation team includes experts from our affiliated health plans and corporate headquarters who have a wealth of experience in building new health plans. They will apply best practices and lessons learned from our previous implementations, including our successful entry into Mississippi in 2018. As we continue to build our staff for the Operations phase, we will prioritize hiring individuals with knowledge of Kentucky's population and healthcare landscape.

SUBCONTRACTORS

Molina maintains ultimate decision-making authority and responsibility for all subcontractor activities. We will continually monitor our subcontractors to ensure adherence to our policies and procedures, and Commonwealth and CMS requirements.

Molina's Delegation Oversight Committee, in collaboration with our Provider Services and QI departments, will oversee subcontractor compliance with contractual requirements. Our contracts with subcontractors clearly define performance and reporting obligations. The Delegation Oversight Committee will review summary reports of subcontractor performance quarterly. We will discuss any issues related to performance (such as claims timeliness or compliance with credentialing turnaround times) and issue corrective action plans (CAPs) as appropriate. We will audit subcontractors at least annually or more frequently if their performance has led to a CAP. For more information on our subcontractor oversight, see Proposal Section C.1, Subcontracts, and C.11, Monitoring and Oversight.

- **Avesis:** Largest dental network of any Commonwealth vendor
- **March Vision Care:** Full range of vision services and manages claims payment
- **CVS Health:** More than 1,100 pharmacies
- **Lucina Analytics:** Helps identify women for High Risk OB care management
- **Molina Healthcare, Inc.:** Provides corporate support

To deliver the highest-quality service in Kentucky, we have selected as our subcontractors one Kentucky-based firm and several national organizations with whom our affiliated health plans have long and successful working relationships. Our subcontractors in Kentucky are:

- Accounting
- Actuarial and underwriting
- Appeals and grievances
- Claims processing and administration
- Population Health Management program outreach, education, assessment, and health management
- Health plan employee benefits and payroll
- Information technology systems and infrastructure
- Legal services
- Nurse Advice Line
- Print and fulfillment

Avesis. Our parent company and Avesis have worked together to provide dental services to members since 2008. Avesis currently serves more than 400,000 members in 12 of our affiliated health plans. ***Avesis has more than twice as many providers as any other Kentucky dental vendor and provides all covered services within its network, including orthodontia.*** The company relies on dentists within the Commonwealth for claims review, including a licensed orthodontic specialist. These reviewers' knowledge of Kentucky Administrative Regulations will be instrumental in consultations with local dentists to eliminate or reduce unnecessary appeals. Molina's dental director, Dr. Jacinto Beard, is licensed in Kentucky and will provide expertise and oversight for the dental services we provide to Enrollees.

March Vision Care. A partner with our parent company since 2001, March now serves 2.6 million members in 11 of our affiliated health plans. March offers a network of ophthalmologists, optometrists, and opticians who see patients at both private locations and large retail outlets. Services include routine vision exams, eyeglass frames and lenses, and contact lenses. March's commitment to providers includes a proprietary application, EyeManager, that regulates the payment process and auto-adjudicates more than 90% of claims.

CVS Health. The nation's largest PBM operates more than 68,000 retail pharmacies throughout the U.S. Our parent company and CVS have worked together since 1995, and CVS now provides pharmacy

services in all our affiliated health plans. Services include formulary management, discounted drug purchase managements, and clinical services and healthcare interventions. CVS participates in our affiliates' pharmacy lock-in programs in other states and is equipped to do so in Kentucky.

Lucina Analytics. A Kentucky-based firm, Lucina Analytics will provide a platform to identify pregnant women and stratify them by risk level for appropriate follow-up by Molina care managers. Lucina will analyze more than 3,000 early pregnancy identifiers and issue a daily update to Molina, with the most likely high-risk cases prioritized at the top of the list. Risk stratification will be continual during and after the pregnancy, assisting us in creating and updating each care plan.

Molina Healthcare, Inc. Our parent company will provide a wide range of administrative resources and support for Kentucky Medicaid, including:

SYSTEMS

Our enterprise-wide commitment to continually improve management information systems operations is evident not only in our enhancements to foundational capabilities such as core claims, care management, utilization management, and electronic data interchange (EDI) platforms, but also in our efforts to accelerate modernized capabilities such as payment integrity and digital systems.

- **All systems are integrated and will be ready for implementation day one**
- Care management platform is fully integrated for easy information-sharing

At the foundation of our IT core processes are systems that enable us to quickly refine our configuration, resulting in more streamlined and efficient reporting capabilities built for government-sponsored programs such as Kentucky Medicaid. We will create a Kentucky-specific contract management configuration in our core processing system, QNXT, for Enrollees, authorizations, and provider-affiliated attributes for specialized reporting.

Our automation and intelligence capability is an essential component for all business process operations to provide superior services and outcomes to both Enrollees and providers. We have proven outcomes to share leveraging machine learning, robotic process automation, and artificial intelligence. We have led by example with IT's implementation of a DevSecOps framework in the Azure cloud. This shift in the software development life cycle delivery model leverages standard software development practices integrated with end-to-end automation to shorten our time to market, accelerate business priorities, and embed security in the development process.

Security is paramount in all aspects of our IT end-to-end processes. Our multifaceted philosophy leverages best-of-breed, proven technologies with Zero Trust Layer design principles at the core of our cybersecurity program. Technologies leveraged include identity management, rigorous multi-factor access control/process, single sign on, and data loss prevention. All are monitored 24/7 by our Security Operations Center.

Our integration platforms transition from point-to-point integrations to modernized global and secure services leveraging our EDI framework and API gateway, Apigee. These technologies are configured in Azure, leveraging a highly available active configuration that allows for real-time monitoring of service availability. In addition, integration is a key strategic principle enabling our organization to rapidly adopt new technologies and foster partnerships such as Salesforce, which will help us deliver improved capabilities and Enrollee outcomes.

Our care teams will communicate and track Enrollee progress through Clinical Care Advance, an integrated web-based care management platform that promotes information-sharing across teams. Clinical Care Advance assists our care managers and home healthcare coordinators in managing assessments, care plans, and other clinical information. Member360 will integrate a range of internal/external Enrollee data to provide care coordinators with a full picture of Enrollee heath needs and will guide care planning/management.
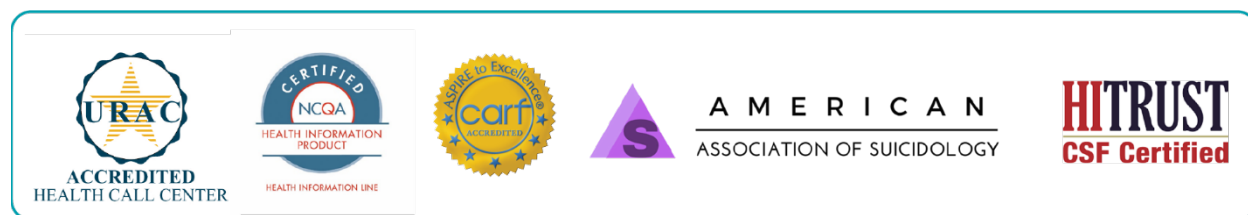
CALL CENTERS

Our toll-free Call Center will be located in Louisville and will be solely dedicated to our Kentucky Enrollees. Customer service representatives will be available by telephone and TTY/TDD, Monday through Friday, 7:00 am to 7:00 pm Eastern Time, and Provider Services Call Center staff will be available Monday through Friday from 8:00 am to 6:00 pm Eastern Time, including federal holidays.

- Enrollee and provider call centers are staffed at our operational hub in Louisville
- Services include Nurse Advice Line and Behavioral Health Services Hotline

Our Call Center will meet the current American Accreditation Health Care Commission / URAC-designed Health Call Center Standard for Call Center abandonment rate, blockage rate, and average speed of answer. Customer service representatives will focus on first-call resolution of Enrollee issues and concerns or facilitate resolution with appropriate staff. Customer service representatives will be a critical part of a team that is committed to connecting Enrollees to the services and resources they need, while promoting Enrollee self-care and providing education to help Enrollees overcome health disparities.

Enrollees will have access to a toll-free Nurse Advice Line and Behavioral Health Hotline, both through a parent-company vendor, that are available 24/7 nationwide for medical advice and triage. The Nurse Advice Line holds URAC Healthcare Call Center accreditation, NCQA Health Information Line certification, and HITRUST certification. It is staffed by registered nurses who bring an average of 15 years of experience and five years of telehealth experience. The Behavioral Health Hotline meets all URAC accreditation standards and is HITRUST CSF certified, American Association of Suicidology accredited, and Crisis and Information Call Centers: Integrated AOD/MH (Adults) accredited (CARF International). Our Call Center, Nurse Advice Line, and Behavioral Health Hotline can assist Enrollees in other languages if English is not their preferred spoken language.

Also located in Louisville, our Provider Services Call Center will deliver efficient and personalized services to providers through specially trained local staff who understand Kentucky Medicaid program requirements and the needs of our provider network. Provider services representatives will help providers access a full range of data including Enrollee eligibility, claims, authorization information, interpreter services, and contracting and credentialing status. Representatives will focus on first-call resolution of provider questions, issues, and concerns or facilitate a viable resolution. They also will be essential to our commitment to establish a collaborative relationship with providers, so they can focus on offering high-quality, efficient services to our Enrollees.

PROVIDER RELATIONS

To prepare for operations in Kentucky, we convened several focus groups with providers and held numerous meetings with an array of provider associations. They told similar stories of frustration with claims, credentialing, and peer-to-peer reviews. To address these issues, we will have a team of highly trained claims experts supporting providers with prompt payment and quick resolution of issues, and we will promote a VBP strategy that shifts providers from a volume-based model to one that emphasizes quality improvement and population health.

- Every provider has contact information (cell phone, email) for an assigned provider services representative
- Provider Engagement Team is additional resource to facilitate VBP performance

Provider Relations will consist of two separate departments: our provider services representatives and our Provider Engagement Team. They will address different priority areas for providers; together they demonstrate our commitment to working with providers on the full range of issues they face.

Provider Services Representatives

We will have provider services representatives in our Call Center, but *80% of our provider services representatives will meet providers in-person in the community, developing strong collaborative relationships.* We will assign provider services representatives by geography and by specialty area. We will have a dedicated provider services representative in each of our Kentucky offices to serve behavioral health providers.

Our affiliated health plans have a long history of working collaboratively with providers and responding to issues of concern. In 2014, when our affiliate began operations in Ohio, they started an initiative called "It Matters to Molina." They distributed simple note cards at all meetings they attended, and provider services representatives gave out their contact information and emphasized they were actively soliciting feedback to learn about opportunities for improvement. Based on those responses, our Ohio affiliate has improved claims processes and increased the availability of forms on the provider Web portal, among other enhancements. For Kentucky, we also will offer monthly "It Matters to Molina" webinars, open forums in which we will answer questions we have received and give providers the opportunity to ask questions as well.

Provider Engagement Team

The Provider Engagement Team will focus on helping providers improve their performance and monitor HEDIS and other measures. The Provider Engagement Team will be particularly instrumental in building relationships with providers with whom we have VBP agreements.

Our Kentucky Provider Engagement Team will follow the model of our affiliate health plan in Illinois. That plan recently began an initiative with high-volume providers that had high costs of care and low-quality ratings. They selected 11 facilities, serving more than 100,000 of their members in total. They began to hold quarterly meetings with each facility individually, discussing ideas to improve efficiency, reviewing results, and setting expectations for the next quarter. They also emphasized ways to reach incentives through the pay-for-performance plan.

In addition, our Illinois affiliate listened to providers' suggestions and improved their processes. Our affiliate embedded a care manager at each facility to work with discharge planners and the facilities' care teams, coordinating follow-up care and scheduling appointments while members were still in the hospital. Table C.20-1 shows the difference in inpatient and emergency department (ED) admissions at facilities in the Illinois Central and Southern regions in the first year of the Provider Engagement Team initiative:

Table C.20-1. Utilization Reductions in Our Illinois Affiliate

Facility	IP Admissions Per 1,000 Enrollees			ED Admissions Per 1,000 Enrollees		
	2017	2018	Difference	2017	2018	Difference
OSF	152	126	-17.5%	819	791	-3.5%
Heartland	163	129	-20.9%	1093	929	-15%
Advocate	101	90	-11%	654	656	+0.2%
Carle	1459	1055	-44.99%	262	144	-27.7%
SIHF/Touchette	1262	1180	-14.48%	126	108	-6.5%

Based on the immediate success of this Provider Engagement Team initiative, our affiliate has expanded their collaboration to 28 facilities and continues to evaluate more candidates. Kentucky can expect the same commitment to shared success that the Provider Engagement Team has brought to Illinois.

Nine CBOs throughout Commonwealth help Molina address social determinants of health:
- Housing insecurity
- Food insecurity
- Employment
- Education
- Rural access

COMMUNITY PARTNERS

After discussions with provider associations, legislators, and Enrollees, as well as through outreach to more than 100 CBOs, we identified dozens of organizations around the Commonwealth that serve community needs and align with Molina objectives to improve care by addressing rural access, foster care, self- and social-empowerment and social determinants of health, such as food insecurity and housing. We are eager to expand these relationships in every county. We then partnered with nine CBOs that provide strong solutions in urban and rural areas of Kentucky. Table C.20-2 details our partnerships with CBOs:

Table C.20-2. Community Partnerships

Organization	Program Name	Purpose
Dare to Care	Mobile Market	Mobile grocery store delivers fresh fruit and vegetables to "food deserts" in Louisville (Region 3)
	Prescriptive Pantry	Enrollees receive nutritious take-home food package while at their doctor's office (Region 3)
Kentucky's Heartland	Diabetes-appropriate food and education	Pilot program features diabetes-appropriate food, educational classes, and cooking demonstrations. Partner agencies work with local healthcare providers to track data for outcomes in order to improve food security and dietary intake (Regions 1, 2, and 4)
Home of the Innocents	Multisystemic Therapy for families	Program is the Commonwealth's first to offer the new Multisystemic Therapy for Family and Community Preservation Program. Youths ages 12–17 and their families receive counseling on the effects of trauma, with the goal of helping youth heal from past trauma and preventing the trauma from becoming a disorder that leads to the child's removal from the family or incarceration (Region 3)
Family Scholar House	Healthcare Pathways	Healthcare Pathways program provides targeted academic coaching, apprenticeship coaching, job shadowing, mentoring, and other services to help single mothers pursue careers in healthcare-related fields (Region 3)
Louisville Urban League	"It Starts with Me!"	Community health workers engage families with identifying and addressing social determinants of health and barriers to achieving family-sustaining employment (Region 3)
	Expungements	Molina will fund 50 expungements in Louisville or other locations. Molina One-Stop Help Centers throughout the Commonwealth will host Urban League training and outreach (Region 3 plus others TBD)
Boys and Girls Club of Bowling Green	Triple Play	Molina revived this comprehensive health and wellness program—which had been discontinued due to insufficient funds—to teach young people about the benefits of exercise, nutrition, and developing healthy relationships (Region 4)

Organization	Program Name	Purpose
Audubon Area Community Services	Pop-up Clinics	Standalone healthcare site near school in rural Hancock County will offer well-child screening and immunizations. Molina has provided Audubon Area Community Services financial support to expand the health center in Hancock County to add more exam rooms, expand behavioral health services, and grow their capacity to provide telehealth services (Region 2)
God's Pantry Food Bank	Patient Pantry	Patient Pantry program where food bank is partnering with hospital systems in rural areas to identify food insecure patients through existing screening processes and providing those patients with a take-home food box at discharge, along with information about the pantry closest to their home (Regions 5 and 8)
United Way of Northeast Kentucky	2-1-1 service support	Organization will expand its Kentucky 2-1-1 service, which helps callers by searching database of more than 300 agencies and 1,000 programs to address healthcare, food insecurity, housing insecurity, rent and utility assistance, and other services (Regions 5, 6, 7, and 8)
Goodwill Industries of Kentucky	Reentry and Expungements	Molina has partnered with Goodwill to create RISE (Reintegrating Individuals Successfully Every Day) Lexington and fund 50 expungements in Lexington to support the community reentry of justice-involved individuals. Molina will participate in expungement, reentry, and reintegration classes (Region 5)
Kentucky Primary Care Association (KPCA)	Connecting Kids to Coverage	Molina will provide funding for KPCA to expand its program, in which assisters work with Federally Qualified Health Centers to enroll children in Medicaid. The program can be used to enroll any eligible child in Medicaid regardless of whether the child becomes a Molina Enrollee (Region 8 with possible statewide expansion)

Molina is committed to establishing a *Molina Community Innovation Fund in Kentucky that will provide $625,000 per year for the first 4 years of the Contact term (up to $2.5 million cumulatively) to address Enrollee social determinants of health and invest in healthcare innovation throughout Kentucky*. These dollars will be allocated to areas throughout Kentucky where we have identified the greatest needs and/or opportunities that can be positively impacted by an investment.

a.i. Innovative Approaches to Ensure Whole-person Care

Whole-person care for beneficiaries in Medicaid and related government programs is our entire business. Most members in our affiliated health plans nationwide face challenges in one or more social determinants of health, and we know this is also the case in Kentucky. In refining our model of care, we have focused on helping Enrollees overcome health disparities associated with these challenges, which include but are not limited to, rural access (particularly for SUD treatment), food insecurity, housing insecurity, education, and employment.

Our innovations are fully integrated into our care model. Staff members will be participants in the Enrollee's care teams, and their contacts with Enrollees will be recorded and shared with care managers.

Success Story: Care Connections

In 2016, Molina Healthcare of California began to send nurse practitioners to the homes of new mothers, who often weren't going to the doctor's office for postpartum visits. In one year, the rate of African-American mothers receiving postpartum care increased by 37%. *Our California affiliate received California's first Health Equity Award in 2018.*

Care Connections

One of our organization's most successful innovations, which we will bring to Kentucky, is the Care Connections program first introduced in California. Care Connections is a team of nurse practitioners who provide in-home visits to members who have difficulty accessing care in facilities. Most MCOs contract out such services. At Molina, these nurse practitioners are part of our integrated care system.

In 2016, our California affiliate discovered a disparity in postpartum care received by African-American women, because of transportation and childcare issues as well as perceived bias from some providers. In response, we launched the Mothers of Molina (MOM) program, which delivers in-home postpartum visits to all new mothers. We have since expanded Care Connections to address other conditions where gaps in care exist. Our California affiliate added in-home visits for diabetes screenings and care, and introduced pop-up clinics to provide well-child care and immunizations. *In 2018, our Care Connections team's efforts in California led to increases in HEDIS rates for A1C testing, A1C<7, A1C<8, A1C<=9, BP<140/90, eye exam, and nephropathy.*

In Kentucky, we plan to hire a team of full-time nurse practitioners. In addition to postpartum and diabetic visits, this team can provide in-home services for annual physical exams, pain and functional status assessments, PHQ-9 depression screening and Alcohol Use Disorders Identification Test, and well-child checks. In addition, they can be deployed as needed to address unique concerns in the Commonwealth, such as pop-up clinics in underserved communities.

We will always encourage the Enrollee to maintain ongoing care from a PCP and suggest evaluations and care from specialty providers as warranted. Care Connections nurse practitioners will notify Enrollees' care managers upon any identified significant change, so the care manager can reassess and incorporate updates to the care plan as needed. Molina care managers will provide assessment results, facilitate meetings, and coordinate with Enrollee care teams, including Care Connections staff, to develop and monitor the care plan in support of Enrollees achieving optimal health.

Peer Support Specialists

Molina will employ certified peer support specialists to help our Enrollees with behavioral health diagnoses. These specialists have a lived experience in recovery and formal training to deliver services that promote self-care, increased motivation, and improved overall health. The use of peer support specialists is an evidence-based practice and has been shown to be exceptionally successful in motivating people who are currently in recovery. *Peer support specialists will work closely with our behavioral health director to address the development of recovery plans, assist in combined presentations on recovery principles in behavioral health, and meet with providers, specialists, and other stakeholders.* They will provide recovery training for Enrollees, providers, and Molina staff. Peer support specialists will participate in Enrollees' care team, assist Enrollees with setting and pursuing their own recovery goals, and work with care managers and/or the treatment team to determine the steps needed to achieve these goals.

Peer support specialists will travel hundreds of miles each month to meet with Enrollees, many of whom are in remote areas. They will communicate with youth in foster care and with Enrollees who are not currently in treatment for behavioral health but might benefit from it. Because of a shared experience in recovery, peer support specialists can relate to and develop trust with Enrollees and overcome communication barriers.

An affiliated health plan employed in-house peer support specialists and reported a 38% decrease in ED visits and a 64% decrease in inpatient admissions. Other affiliates have adopted the model with similar results.

To augment our own peer support specialists, we will seek to contract with providers who have peer support specialists on staff.

Molina Community Health Workers

We will hire Molina Community Health Workers for their local knowledge and statewide coverage. Molina Community Health Workers also will attend health fairs and other events, but their main tasks will be locating Enrollees who are difficult to reach and linking Enrollees to healthcare and community resources. Our Molina Community Health Workers will serve as navigators of the health and human services system by providing Enrollees with education, advocacy, and social support. As members of the community in which they serve, they understand the community's culture, language, and norms. They will establish relationships with community organizations such as shelters, churches, adult day programs, soup kitchens, and food banks. They will work with these CBOs and local agencies to assist Enrollees with housing, food, clothing, heating, medication refills, scheduling appointments, transportation needs, and education and workforce opportunities. They will help Enrollees obtain durable medical equipment and financial assistance and advise Enrollees on maintaining Medicaid eligibility. Molina Community Health Workers will extend the reach of our care managers and participate on Enrollee care teams, helping to create and carry out the care plan.

In Mississippi, where our affiliate began operations in late 2018, seven Molina Community Health Workers throughout the state communicate daily with transition of care coaches, who support members as they move out of an inpatient care setting. Molina Community Health Workers support transition of care coaches by locating members who cannot be reached by telephone. To locate members, they may call pharmacies, providers, equipment companies, and any other contact point where members might have left a phone number. If this search does not yield phone contact, they may visit the last known address. To encourage Enrollees to answer our calls, Molina will adopt a strategy from our Mississippi affiliate: securing phone numbers in each area code so Enrollees see an incoming local call, which they are more likely to answer.

Molina Community Health Workers and our care managers in Mississippi contacted 1,790 individuals in the first four months of 2019 who were candidates for care management and successfully enrolled 53% into the program.

Accountable Health Communities

Molina's Ohio affiliate participates in accountable health communities in the areas of Cincinnati and Cleveland that were selected in 2017 for the CMS program, which endeavors to improve health outcomes by addressing social determinants. Their team of Molina Community Health Workers serves as a navigation partner to the two CBOs that received grants. They conduct in-depth interviews with individuals who are considered high-risk based on social needs and frequent ED visits. Based on the results of the interview, the Molina Community Health Workers develop an action plan, follow up regularly to see that it is being followed, and, when necessary, offer assistance in coordinating transportation or resolving housing matters. In Kentucky, the UK Research Foundation participates in the accountable health community grant, covering 27 counties. Molina welcomes the opportunity to offer similar services to those offered in our Ohio affiliate.

Housing Specialist

In Kentucky, full-time housing specialists will support care managers by helping Enrollees resolve housing concerns. Our Ohio affiliate began its Housing Assistance program in May 2018 in which housing specialists gather information regarding a member's current living situation, urgency of the housing need, safety concerns, income, and any barriers to housing. The housing specialist then assists members with housing applications and other matters until housing is secured or rent and utility payment disputes are resolved. Our housing specialist in Kentucky will receive training on how to help Enrollees with behavioral health concerns or other special needs access specialized housing assistance funds and recovery housing resources.

SUD Model of Care with Opioid Use Disorder Focus

The Commonwealth has identified SUD as a priority public health concern. Specifically, opioid use disorder continues to have a destructive impact on lives and communities. In 2017, Kentucky had the fifth-highest drug death rate in the U.S., with a total of 1,565 overdose deaths. Although the number and rate of deaths dropped substantially in 2018, the crisis continues to take a great toll in Kentucky. The Kentucky Pharmacy Association's 2019 Opioid Summit discussed related effects:

- Of 40 counties identified by the CDC as "most likely to experience hepatitis outbreaks due to needle use," 10 are in Kentucky

- Most overdoses are poly-drug, including non-opioid substances, with more than nine drugs detected in some cases

- 1,300 drug-dependent babies were born in one year

- Most overdoses occur in the 35−54 age range

Exhibit C.20-2. SUD Model of Care with Opioid Use Disorder Focus

But the matter goes far beyond Kentucky's borders, extending to all of Molina affiliated health plans. To respond to this nationwide emergency, our organization created an enhanced SUD Model of Care with Opioid Use Disorder Focus. The new model involves five key components as illustrated in Exhibit C.20-2.

Drawing on recommendations from the American Society of Addiction Medicine and the National Institute on Drug Abuse, as well as on research from throughout the healthcare industry and our experiences in our 14 affiliated Medicaid health plans, we formalized these best practices to identify and engage members earlier; decrease costs; and increase training and knowledge of our staff, providers, and community partners.

As part of our new model, Molina's SUD navigators will ensure inclusion of behavioral health goals/milestones in the Enrollee's care plan when behavioral health issues are identified. They also will assist with identifying and addressing barriers, such as transportation, and participate in the Enrollee's care team.

We will have full-time SUD navigators in Kentucky who will be care managers trained in SUD treatment and dedicated solely to those cases. Our SUD navigators will make initial contact with an Enrollee within one day of referral, second contact within five days of referral, and follow up as needed based on the Enrollee's recovery and whether SUD continues to be a primary concern. Our navigators will be well-versed in coordinating the most appropriate care for Enrollees, including traditional treatments for SUD or pain management, as well as non-pharmacological treatments for pain (such as acupuncture, mindfulness/meditation, or massage).

Our referral process also will promote earlier identification of Enrollees who are in the midst of or at risk for crisis. We will train our staff and providers in identifying and treating SUD, as many healthcare workers are called upon to treat a condition for which they have little or no background. A set of defined measures will determine program success—a combination of in-process and outcomes metrics that will allow us to track progress and shape new provider incentives.

For a complete description of this new program, see Proposal Section 23, Behavioral Health Services.

Telehealth

Telehealth and telemedicine services are vital to delivering integrated care to Enrollees who live in rural, urban, or geographically isolated areas; those who face barriers to accessing care in a traditional primary care setting; or those who require specialty care that may not otherwise be readily available. Our model will enable Enrollees to access telehealth services from their home or from one of our regional Molina One-Stop Help Centers rather than from a provider's office. Through our parent company's vendor, Teladoc, Molina will offer services for physical health and behavioral health that adhere to URAC and American Telemedicine Association guidelines. In addition, our dental subcontractor, Avesis, will offer teledentistry, which was recently approved for use in Kentucky. For more information on our telehealth offering, please review Proposal Section 17, Provider Services.

a.ii. Coordination with Carved-out Services

Molina will follow the best practice of extensive collaboration with external entities to deliver high-quality care and ensure proper utilization of services. This will include delegation oversight in the case of subcontractors and vendors, as well as coordination with carved-out services that can include providers, state agencies, and other stakeholders. Through regular meetings and a standardized reporting schedule, we will address issues early and find solutions that work for all parties.

LTSS Coordination

The most significant carved-out service in Kentucky is long-term services and supports (LTSS). Molina will coordinate LTSS and other services through a strategy of education and communication aimed at three distinct groups: staff, providers, and Enrollees. Table C.20-3 details how we will communicate with each group:

Table C.20-3. Coordination of Carved-out LTSS Services

Function	Activities
Staff education	• Staff training specific to functional area (Utilization Management, Care Management, or Operations) • Policies and Procedures • Written material with resources/reminders of high-level talking points for communications with providers and Enrollees, how to identify Enrollees in Molina systems, and guidance and memos that have been sent to providers
Provider education	• Definitions, restrictions, billing/claims details, identification of Enrollees • Provider memos from Molina • Provider memos from the Commonwealth • Provider Engagement Team meetings
Enrollee education	• Enrollee Handbook specific to appropriate carved-out benefit • Phone call and face-to-face visit with care manager about benefits Enrollee has or is entitled to
Enrollee oversight	• Identified for carved-out services in reporting • Staff guided to manage/oversee benefits specifically

Transportation

We will coordinate and communicate with the Office of Transportation Delivery to enable eligible Enrollees to access non-emergency transportation through the Human Services Transportation Delivery program. Our customer service representatives and care managers will be trained on the Commonwealth's eligibility requirements to access these services, and we will screen Enrollees to ensure they meet these requirements before we make a referral. The Enrollee Handbook will include phone numbers and websites for Enrollees to contact transportation brokers or the Kentucky Medicaid office.

Coordination Approach

We will monitor these services regularly to identify areas for improvement. Our affiliate in Illinois regularly encountered Enrollees and providers who did not understand the complexities of the LTSS benefit. Providers often inappropriately billed our affiliated health plan and/or the member for a portion of services. Upon discovering this pattern, our affiliate issued a notice advising providers that such "balance billing" was prohibited.

Enrollees often are not aware of such services or their eligibility. Molina care managers will educate Enrollees and caregivers on how to obtain access to and receive care and/or services from various sources, whether they are covered services or not, including assistance in finding the appropriate resource or provider based on the Enrollee's primary health concerns.

Molina's Healthcare Services staff will link Enrollees with entities outside of Molina and facilitate coordination of needed services. Healthcare Services staff will consider interventions that include coordination of covered and non-covered services to address each identified need in the Enrollee-centric and integrated care planning processes. In addition to carved-out services, care managers also will refer Enrollees to the correct Commonwealth agency or designated entity for assessment or reassessment after a change in condition, such as contacting the Department of Community Based Services eligibility worker on behalf of our Enrollee to confirm the Enrollee's new level of care. Care managers can also make referrals to other agencies for health and social services concerns such as Social Security or other financial eligibility reassessments, Medicaid eligibility reassessment, and changes in residential setting.

a.iii. Value-added Services

Table C.20-4-describes the value-added services Molina will offer to Enrollees:

Table C.20-4. Value-added Services

Program	Enrollee Action	Eligibility	Value
Amazon Prime Home Delivery	Home-based delivery of healthy food and health-related supplies. 90-day subscription at no cost to Molina Enrollees; $5.99/month thereafter. Healthy Rewards will be administered via Amazon Card for Enrollees who are in Amazon Prime home delivery program	18 years and older (must have valid credit or debit card)	Varies based on time period of use
Healthy Rewards	Attend one postpartum visit 7–84 days after the birth of the baby	12 years and older (new moms)	$25 gift card
	Complete a prenatal visit during their first trimester or within 42 days of enrollment	12 years and older (pregnant moms)	Car or booster seat
	Receive yearly diabetic retinal eye exam Complete HbA1c lab work	18−75 years old, diagnosed with diabetes	$50 gift card each ($100 maximum annually)
	Complete an annual mammogram screening; limited to one per Enrollee per year	50–74 years old (female)	$25 gift card
	Complete up to six well-child visits on time within a 15-month period	1–3 years old	$10/visit (maximum $60 gift card)
	Complete a well-child visit annually at age 2, 3, 4, and 5	2–5 years old	$25/visit (maximum $25 gift card per year)
	Complete an office visit for cervical cancer screening (Pap test)	21–64 years old (female)	$25 gift card

Program	Enrollee Action	Eligibility	Value
	Complete an annual chlamydia screening	16–24 years old (female)	$25 gift card
	Complete a follow-up PCP visit within seven days of an inpatient hospitalization or behavioral health stay, unlimited	All	$50 gift card
	Complete annual adult preventive screening visit (limited to one per year)	18 years and older	$25 gift card
	Complete annual preventive dental visit (limited to one per year)	All	$50 gift card
School/sports physical	Receive one free physical for school or sports per year	6–18 years old	Free annual physical
Vision	Additional $100 above the standard benefit for medically necessary and appropriate services (such as corrective lenses or contacts) every 24 months	21 years old and older	$100
Obesity / WW (Weight Watchers)	Enrollees who receive prior authorization from the health plan can receive up to 13 weeks of WW (Weight Watchers) services; can be referred by providers, internal departments (care managers, etc.), or by self-referral	All	$40 value
Free phone/data	Free cell phone includes 350 monthly minutes, 1 GB of data, and unlimited texts; Enrollees with their own smartphones may receive 1 GB of free data and unlimited texts off their existing phone bill	All Enrollees not actively enrolled in program	Free—no cost for Enrollee
GED	Gift card for passing GED exam	18 years and older	$50 value
CVS discount card	Enrollees receive 20% discount on thousands of regularly priced CVS brand health-related items	All Enrollees	Varies by usage
Asthma	Enrollees who sign up and complete the three-month Asthma Disease Management Breathe with Ease® program receive an allergy-free pillowcase and mattress cover	Mattress / pillow: All Enrollees in the Asthma Disease Management program	Mattress cover: $60 Pillow covers: $20
	For children under 18 who have been prescribed an inhaler, Molina will provide a second inhaler at no additional cost	Second inhaler: 6–18 years old	Free—no cost for Enrollee
Respite care	Molina provides respite care to allow an Enrollee's caregiver self-care time to recharge and rejuvenate, with prior authorization	Enrollees with Special Health Care Needs who live in the community and have a full-time caregiver	8 hours per year of respite care

b. ASSISTING ENROLLEES TO ACCESS DIRECT ACCESS SERVICES

Molina will assist and support Enrollees in accessing essential healthcare services throughout the physical health, behavioral health, and social services care continuum. During development of a care plan, the care manager may include identification of services required to support the Enrollee's physical health, behavioral health, and social service needs, based on Enrollee preference. The care plan may include:

- Referrals to outpatient care

- Condition-specific, definable Enrollee-centric goals

- Measurable interventions to promote Enrollee well-being

- Enrollee strengths and potential barriers to care

- Referrals to local behavioral health, Health Homes, and Accountable Care Organization programs

- Referrals to the KY Acquired Brain Injury, HCBS, Supports for Community Living, Model Waiver II, Michelle P. Waiver, Acquired Brain Injury—Long Term Care, HCBS Transitions 1915(c) waivers, and other available community-based programs

Molina's Healthcare Services staff will review the care plan with the Enrollee and/or their designee. Based on an Enrollee's preference, the care manager will update, manage, and facilitate coordination between disciplines to provide our Enrollees with the most appropriate and successful path to achieving optimal health outcomes. Our Healthcare Services staff will use and continually update the Enrollee's care plan to ensure our Enrollees have access to essential services.

Direct Access Services. To assist with direct access information and authorization, our Enrollee Call Center will be available from 7:00 am to 7:00 pm Eastern Time Monday through Friday. Our Provider Call Center staff will be available from 8:00 am to 6:00 pm Eastern Time Monday through Friday, with support until 9:00 pm from our Provider Services Call Centers in other time zones. Our Nurse Advice Line will be available 24/7 to provide Enrollees with access to licensed clinical staff.

We will allow Enrollees with Special Health Care Needs who need a course of treatment or regular care monitoring to directly access a specialist appropriate to their condition and identified needs.

For all Enrollees, we will ensure direct access and will not restrict the choice of qualified providers for the following services:

- Primary care vision services, including eyeglass fittings, provided by ophthalmologists, optometrists, and opticians

- Primary care dental and oral surgery services and evaluations by orthodontists and prosthodontists

- Specialist services (no PCP referral required)

- Voluntary family planning

- Maternity care for Enrollees under 18 years of age

- Immunizations for Enrollees under 21 years of age

- Sexually transmitted disease screening, evaluation, and treatment

- Tuberculosis screening, evaluation, and treatment

- Testing for HIV, HIV-related conditions, and other communicable diseases as defined by 902 KAR 2:020

- Chiropractic services

- Women's health specialists

When an Enrollee requests or receives services from an out-of-network provider, we will reach out to encourage the qualified providers to join our network and add the provider as soon as the necessary processes have been completed. As part of our continuous network development process, we will review out-of-network utilization and attempt to bring qualified high-volume providers into our network.

Second Opinions. Enrollees may request second opinions from a qualified network provider or from outside the network. ***All in-network and out-of-network second opinions will be provided at no cost to the Enrollee.*** We will inform Enrollees and providers of this option through the Enrollee Handbook, the Provider Manual, and provider training. Requests can be made through an Enrollee's assigned PCP or the Enrollee Services Call Center. The Call Center will assist the Enrollee in coordinating the second opinion by communicating with the PCP, specialists, and/or medical group. The second opinion provider will submit a consultation report, including any recommended procedures or tests, to the Enrollee and the referring PCP.

Referrals for Non-covered Services. When an Enrollee receives a referral for services not covered by Molina, our care manager will assist the Enrollee in locating qualified providers and accessing other non-covered community-based services. The care manager will evaluate the covered and non-covered benefits and advise the Enrollee appropriately regarding the ability and process, including appropriate entities to contact, to secure services. Based on Enrollee need and preference, care managers will follow up with Enrollees on the status of their referral for non-covered services.

c. COLLABORATION WITH COMMONWEALTH DEPARTMENTS

Both local and Commonwealth-level agencies express a desire to improve communication and coordination with MCOs to enhance service to Kentuckians. Molina embraces this model to enhance the efficiency and effectiveness of the system of care for Kentucky's future. We understand Commonwealth agencies are working toward the goal of better communications, including the development of the Kentucky Health Information Exchange as an information-sharing tool. Molina will strive to reduce duplication of efforts by collaborating with Commonwealth departments with whom we share Enrollees to streamline and document clear protocols for referrals and sharing information.

In our regularly scheduled meetings with the Commonwealth, we will supply not only a list of challenges we encounter, but a set of proposed solutions. Following our quality improvement processes, we will initiate pilot programs targeted to limited populations or areas, share our findings with the Commonwealth, and expand successful programs to all areas, including sharing best practices with other Kentucky Medicaid MCOs when appropriate.

Our affiliated health plans all work with government agencies and other MCOs and often take a leadership role in statewide initiatives. For example, in Illinois, providers were frustrated about the different credentialing requirements for the nine MCOs in the state and the need to submit forms for each. In 2018, our Illinois affiliate took a leadership role to solve that problem. Working with all MCOs to identify essential data that would satisfy all requirements, our Illinois affiliate created the Universal Roster Template where providers fill out one form and can be credentialed with every MCO. The health plan created and distributed the training materials and hosted three training and feedback sessions to demonstrate how to use the new tool. Providers embraced the new method, and in the first six months of its use, the time for loading providers into the system has been cut in half. Providers have also reported high levels of satisfaction and a reduction in billing errors.

Kentucky will benefit from the same culture of collaboration that is a core belief among leaders in all Molina affiliated health plans.

c.i. Interfacing with the Department and Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID)

Molina will build a strong partnership with DBHDID. Given the importance of the shared goal of DBHDID and the Department to promote a DBHDID/Medicaid service delivery system that promotes evidence-based best practices, Molina proposes monthly meetings in addition to the quarterly meetings required in the Draft Contract. Rather than meet individually, we recommend all MCOs meet jointly with the departments to better facilitate the Commonwealth's goals of minimizing provider abrasion and enhancing continuity among MCOs. This model follows our experience in other states. We place high importance on frequent meetings to ensure open and collaborative communication and facilitate local community engagement activities and clinical consultations with behavioral health provider groups.

During a 2019 meeting with DBHDID, Molina discussed topics such as expanding the continuum of care opportunities for people with serious mental illness; partnering more closely with plans around specific services such as crisis services; and using data to drive policy and VBP opportunities. In addition, as described above, we will fully synergize our SUD Model of Care with Opioid Use Disorder Focus with the Kentucky Opioid Response Effort. We look forward to continuing discussions on these and other topics and bringing all MCOs together.

c.ii. Coordinating with the Department to Establish Collaborative Agreements for Psychiatric Hospitals and Other Facilities

Molina will coordinate with the Department to establish collaborative agreements with Commonwealth-operated or Commonwealth-contracted psychiatric hospitals, nursing facilities, and intermediate care facilities used by Enrollees with co-occurring behavioral health and developmental and intellectual disabilities. Coordination of activities will include admission and discharge planning, treatment objectives, and projected length of stay for Enrollees committed by a court of law and/or voluntarily admitted to the state psychiatric hospital.

Molina proposes partnering with the Department on a Task Force Collaborative to establish, monitor, and maintain ongoing communication among MCOs, facilities, and the Department. The effort will promote continual coordination and foster prompt identification of educational and training opportunities for Molina and Department staff, as well as facilitate the sharing of information and best practices. We will engage in collaborative contracting discussions to promote agreements that support value- and evidence-based approaches to contracting, which will ensure MCOs and the facilities operated by or contracted with the Commonwealth are providing adequate access to timely, appropriate, and least restrictive care when necessary. Through provider education, frequent and recurrent collaboration with facilities, and strong relationships with contracted partners, Molina will provide various avenues for open communication at all times.

This collaboration follows the model at our affiliated health plans across the nation, as we leverage our in-house behavioral health services to offer the highest level of service to Enrollees. Examples of such collaborations include:

- **Our Texas affiliate** participates in clinical rounds every other week with the top behavioral health hospitals, a practice we will bring to Kentucky

- **Our Illinois affiliate** meets regularly with top behavioral health hospitals; as a result of their feedback, they are formulating high-quality goals for those hospitals

- **Our Wisconsin affiliate** invites behavioral health providers from non-hospital facilities (residential facilities, sub-acute detox centers, etc.) to meet with health plan staff and present their latest findings and suggestions

During an Enrollee's stay, the behavioral health care manager will participate in regular clinical rounds to assist with the discharge planning process, identify outpatient resources, and collaborate with the

behavioral health providers on next steps for the Enrollee. These meetings will typically include a variety of faculty who support the Enrollee, including a hospital clinical director, utilization review nurse, and discharge planner. In addition to the behavioral health care manager, Molina's behavioral health director, behavioral health manager, and utilization management nurse also will attend. By participating in clinical rounds meetings, we will facilitate ongoing communication between all participating team members, both from the hospital and from Molina, ensuring a seamless Enrollee transition from inpatient to outpatient setting.

Potential challenge. Coordinating timely contracting and processing of credentialed providers/facilities

Solution. Molina's Contracting and Provider Services teams will extend telephonic and face-to-face support during the contracting and credentialing processes to ensure providers and facilities have guidance in becoming part of the Molina network.

Potential challenge. Draft Contract, Section 30.4, Telehealth requires covered services to be delivered via telehealth. Some provider groups may not have telehealth available at their site or location.

Solution. Molina One-Stop Help Centers will be equipped to facilitate telehealth connections in private rooms. In addition, we will collaborate with provider groups to develop value-based contracting opportunities related to telehealth. Application-based technology (mobile devices) may also be an opportunity if allowable by the Department. Additionally, our telehealth provider, Teladoc, offers behavioral health services.

c.iii. Complying with Mental Health Parity and Addiction Equity Act

Molina's parent company supports compliance with The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and enforces this compliance throughout all our affiliated health plans. We understand that compliance is the responsibility of health plans, not providers. Our corporate Behavioral Health department conducts parity analysis of mental health and SUD benefits each time we receive a behavioral health benefit exception request. We consider parity as part of the prior authorization review process, and a parity review occurs in conjunction with these processes, typically on a biweekly or monthly basis. ***Molina and our affiliated health plans have never had any MHPAEA sanctions or fines in our Medicaid or commercial lines of business.***

Molina's internal analysis by the corporate Behavioral Health team will include a review of inpatient, outpatient, emergency, and prescription drugs for mental health and SUD benefits in all classifications in which medical/surgical benefits were provided. Exhibit C.20-3 details the categories reviewed to ensure parity.
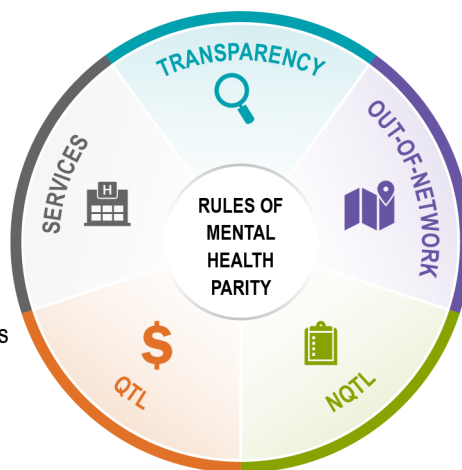
Services
Services must be at Parity within 4 areas:
- Outpatient
- Inpatient
- Emergency Services
- Rx Drug

Quantitative Treatment Limits (QTL)
- Cost-sharing and treatment limitations cannot be more restrictive than most medical/surgical benefits
- Cost-sharing: Co-pays, Deductibles, Co-Insurance
- Treatment Limits: Lifetime/Annual/Day

Transparency
- Transparency of MCO Information
- For denials: MCO must give reason and criteria used

Out-of-Network
- Out-of-Network behavioral health cannot be harder to access than other services

Non-Quantitative Treatment Limits (NQTL)
- Prior Authorization policies, Medical Necessity Criteria, standards for provider network, drug formulary design

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Exhibit C.20-3. Rules for Mental Health and SUD Parity

Enrollees will not be required to fail a higher level of care, nor will they face financial requirements (deductibles, co-pays) that are not imposed for physical healthcare.

To ensure leadership in all our affiliated health plans is well aware of their responsibilities under MHPAEA, our organization has created a number of tools that are updated and distributed by our corporate oversight team. Table C.20-5 shows the Molina Parity Crosswalk, an at-a-glance guide to ensure behavioral health benefits are no more restrictive than medical or surgical benefits.

Table C.20-5. Molina Parity Crosswalk

Medical/Surgical Benefit	Behavioral Health Benefit
Inpatient	Inpatient
Observation	Observation
Outpatient Primary Care	Outpatient Psychotherapy
Home Health	Intensive Outpatient
Home Health	Partial Hospitalization
Skilled Nursing	Residential Mental Health
Invasive Surgery	ECT—Inpatient
Epidural Injection	ECT—Outpatient
Invasive Surgery	RTMS
OT/PT/ST	ABA
Psychological Testing	Psychological Testing
Neuropsychological Testing	Neuropsychological Testing
Skilled Nursing	Residential SUD
Outpatient Primary Care	MAT: Behavioral Health Component (Counseling)
Pain Management	MAT: Multi-Tiered Rx Drug
Detox	Detox
Skilled Nursing	Eating Disorder Residential
Home Health	Eating Disorder IOP
Home Health	Eating Disorder PHP
Urine Drug Screen/Labs	Urine Drug Screen

In addition to the Parity Crosswalk, our corporate Behavioral Health department supports plans with:

- **Mental Health Parity Training:** All behavioral health medical directors undergo annual training to ensure they have an understanding of the law and implications of unfairly limiting member access to necessary mental health and/or SUD care.

- **Mental Health Parity Checklist:** This tool assists plans with conducting an internal assessment of their compliance with MHPAEA and identifying areas of opportunity to strengthen compliance.

- **Consultation with Corporate Compliance:** This step ensures the standard approach to assessing and monitoring parity is appropriate and comprehensive.

Molina will monitor and evaluate compliance with access and care standards to meet all requirements as described in the Draft Contract, Section 30.9, Mental Health Parity, and related federal requirements. We will use nationally recognized care guidelines, multidisciplinary team rounds, peer-to-peer consults, transition and discharge planning, CAHPS and behavioral health Enrollee satisfaction surveys, behavioral health quality indicators, and the regional Quality and Member Access Committees to monitor and evaluate our compliance with access and care standards.

d. INITIATIVES TO IDENTIFY TRENDS IN PROVIDER-PREVENTABLE CONDITIONS

Of the estimated thousands of deaths based on hospital errors each year in Kentucky, most are preventable through provider adherence to evidence-based guidelines and practices. We share the Commonwealth's goal of reducing provider-preventable conditions, including Never Events. As such, we will have policies and procedures to identify, investigate, review, and report any Potential Quality of Care issues, Never Events, and/or service issues affecting Enrollee care.

Molina welcomes the opportunity to participate in a Medicaid program targeting these provider-preventable conditions. This information is already tracked in Kentucky for Medicare payments through the Hospital-Acquired Condition Reduction Program (HACRP). Molina's data analysis showed that in 2017, 11 of 54 Kentucky hospitals participating in HACRP were penalized with a 1% reduction in Medicare payments because of low quality scores; in 2018, 17 of 47 facilities saw payments reduced by 1%.

Our Texas affiliate participates in a similar program for Medicaid. The state annually adjusts hospitals' rates based on evaluations that include quality ratings for Potentially Preventable Conditions. The Texas health plan loads these new rates into our system at the state's direction.

Regardless of the Commonwealth's role, Molina will identify these facilities, particularly those that are on the list repeatedly, and offer targeted education on best practices to reduce hospital-acquired conditions, injection-related infections, and other common provider-preventable conditions. We will monitor resources such as the Leapfrog Hospital Safety Grade and the CMS site Nursing Home Compare to identify facilities in need of support.

Our Quality Assessment and Performance Improvement (QAPI) program, led by our local Kentucky QI team, will incorporate a range of patient safety initiatives, including monitoring provider-preventable events to identify and address trends. All potential quality of care referrals will be evaluated by QI clinical staff through a documented process. Components in the process will include investigating the issue, including outreach to providers for related medical records, as applicable; documenting the summary of the investigation for the chief medical officer or medical director; preparing an individual case for the chief medical officer or medical director to present to the Professional Review (e.g., Credentialing) Committee; tracking data to determine case resolution and completion time frames; and reporting systematic trends to the appropriate committee.

Molina's Provider Services department will address clinical guidelines during provider orientation; through reminders in provider newsletters and issue-focused blast faxes; and through reminders in the provider services representative's monthly agenda for provider office facility visits. If guidelines change, a published notice will appear on the bottom of each Remittance Advice form advising providers to review the new information.

Our policies that help promote provider awareness regarding Never Events will include, but will not be limited to:

- Sharing best practices through our QI department via forums and/or literature
- Provider Engagement Team discussions with contracted providers, assisting them in adopting best practices to improve health outcomes and achieve targeted metrics
- Requesting a thorough root cause analysis from providers when provider-preventable conditions occur, and sharing these lessons learned with the applicable providers in our network

- Requesting that providers share their Never Event policy with our Enrollees
- Encouraging providers to report the event to the Joint Commission or Patient Safety Organization in addition to us and the Department

We will apply these established retrospective procedures in a forward-looking manner by educating and informing our providers, in alignment with the Commonwealth's goal of increasing education and awareness to prevent other avoidable occurrences. These practices reflect our organization-wide belief that data-sharing promotes overall improvements in healthcare.

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