

C.22 Special Program Requirements

REQUIREMENT: RFP Section 60.7.C.22

22. Special Program Requirements (Section 32 Special Program Requirements)

Describe the Contractor's approach to meeting the Department's expectations and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices." The approach should address the following:

- a. Approach to ensuring Enrollees and Providers are aware of special program services.
- b. Description of medical necessity review process.
- c. Outreach methods to engage Enrollees.
- d. Approach to identify, enroll and encourage compliance with lockin programs.
- e. Approach to coordination, including referral and follow-up with other service providers, like Women, Infants, and Children (WIC), Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery.

By communicating with Enrollees and providers and maintaining well-defined protocols regarding utilization, Molina will be a responsible caretaker of Kentucky Medicaid resources.

Coordinating access to healthcare in collaboration with other state programs requires extensive oversight to ensure proper utilization of services. Our notification procedures for Enrollees and providers, and our methods of verifying that services are appropriate and medically necessary, will connect Enrollees to the care they need.

We will use a multitude of data sources to identify potential beneficiaries of services, and we will contact these beneficiaries at regular intervals or when a need arises. Our communications will be culturally and linguistically sensitive, acknowledging individuals' language preferences, religious customs, and other unique needs or characteristics. Whether the Enrollee is a child whose parents need help with scheduling a well check and immunization, or a pregnant woman who is not yet receiving prenatal care, we will reach out by phone, mail, or face-to-face, if needed, to emphasize the importance of this care. For Enrollees who are difficult to contact telephonically or whose home environment is unstable because of the negative effects of social determinants of health, Molina representatives will visit homes and check locations throughout the community to connect these individuals with the care they need.

In addition to Enrollee outreach, we will engage with providers through comprehensive communications and regular contact with our provider services representatives and Provider Engagement Team. We will offer a menu of incentives for reaching pre-determined, achievable benchmarks in quality measures and improvements.

Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 32, Special Program Requirements, defines Kentucky's special programs. Molina will leverage the extensive experience of our affiliated health plans in providing services in each area, ensuring compliance with all special program requirements:

- **EPSDT.** Our comprehensive strategy will make use of data and outreach through phone, mail, and at community events to raise awareness of the availability and importance of preventive services for children. Our Texas affiliate has used this strategy to increase its rate of well-child visits in the first 15 months by 27% (51.1% to 64.96%) between 2015 and 2018.
- **Dental services.** Our subcontractor, Avesis, has more than twice as many contracted providers as any other dental network, which comprises general dentists, orthodontists, pediatric dentists, endodontists,

- **Broad EPSDT services** ensure children's access to well care and immunizations
- **Outreach to Enrollees and providers** increases awareness of special programs

prosthodontists, and oral surgeons. Avesis will provide direct access preventive services, including oral cancer screenings, and is prepared to offer teledentistry after the Commonwealth recently approved the service. A Molina enterprise subcontractor since 2008, Avesis serves more than 400,000 members in 13 states on our affiliates' behalf. Molina's dental director, Jacinto Beard, is licensed in Kentucky, ensuring oversight and fulfillment of our responsibilities.

- **Emergency, urgent, and post-stabilization care.** Molina will cover these services without the need for authorization. For those Enrollees who are hospitalized after an emergency department (ED) visit for physical health or behavioral health needs, a Transition of Care care manager will plan the post-discharge process before the Enrollee leaves the hospital and continue follow-up for 30 days. We will embed care managers on-site at strategically selected providers, based on geography and the volume of Enrollees who receive services there.
- **Out-of-network emergency care.** Molina will pay out-of-network providers at the Medicaid fee-for-service (FFS) rate, without need for prior authorization. When an Enrollee leaves the ED, a care manager will follow up to re-emphasize and follow-up care needed such as scheduling an appointment with a PCP or specialist, helping secure prescribed medications and other factors that are known to lead to readmissions. We may also see a need to secure additional services such as food support while they recover.
- **Maternity care.** All pregnant women, upon identification, will be enrolled in either our OB Monitoring program or our High Risk OB program. Our affiliates have offered specialized care management for high-risk pregnancies since 2003 and have refined their programs using evidence-based practices and national guidelines. *Through subcontractor Lucina Analytics, we will use more than 3,000 data sources (claims, pharmacy, and so forth) to identify and risk-stratify women who are considered high-risk.*
- **Voluntary family planning.** Enrollees may self-refer directly for services from a network provider. Our Enrollee materials, such as the Enrollee Handbook, will provide education on this topic, including long-acting reversible contraception.
- **Non-emergency medical transportation.** Our customer service representatives and our care managers will be trained on the eligibility requirements to secure non-emergency medical transportation through the Commonwealth's Human Services Transportation Delivery program. When appropriate, we will refer Enrollees to this resource.
- **Pediatric sexual abuse examination.** Our network providers will include specialists in this area and in post-exam trauma-informed care such as therapy and counseling.
- **Lock-in program.** Following our affiliate models in Ohio and other states, we will design a program to prevent inappropriate utilization of non-emergency care and prescriptions and guide those Enrollees through recovery and into better health. Since 2015, our Ohio affiliate has realized more than \$7.6 million in savings through a physician and pharmacy lock-in program. Our lock-in program will comply with the requirements in Draft Contract, Section 32.10, Lock-in Program.

Our Enrollee materials will identify the special programs we offer as part of our covered services and educate Enrollees about how to make use of these services, including authorization requirements if applicable. In this section, we discuss these special programs and our:

- Approach to ensuring Enrollees and providers are aware of special program services
- Description of the medical necessity review process
- Outreach methods to engage Enrollees
- Approach to identify, enroll, and encourage compliance with lock-in programs
- Approach to coordination, including referral and follow-up with other service providers

a. ENSURING ENROLLEE AND PROVIDER AWARENESS OF SPECIAL PROGRAM SERVICES

Our efforts to ensure Enrollee awareness of special programs will begin with the New Enrollee Welcome Kit and the New Enrollee Welcome Call. The Welcome Kit will include the Enrollee identification card as well as information on how to access all covered services, value-added services, population health management programs, and these special programs. Written in English, Spanish, and other prevalent languages, the Welcome Kit will educate Enrollees about the importance of obtaining regular well-check visits and immunizations, with special emphasis on the availability of EPSDT services. The Welcome Call will reinforce this information and the procedures to access these services. We provide a sample of our Kentucky Welcome Kit in Attachments to C.12.

Our provider orientation materials and training will discuss the special programs from the perspective of whether the provider is responsible for receiving prior authorization and our related billing and reimbursement policies. We will emphasize the importance of EPSDT services and notify providers of the incentives available to Enrollees for completing EPSDT and maternity care, so providers can use this information during their own outreach.

Our provider services representatives will offer training regarding topics such as addressing social determinants of health and culturally competent care. Training will occur in a face-to-face setting (e.g., scheduled office visits, group training at public conferences, or in large provider conference rooms or auditoriums) or through webinars. We will provide written materials such as a Provider Manual, provider newsletter, and bulletins through the secure provider Web portal.

In addition to the orientation materials for Enrollees and providers, Table C.22-1 further describes how we will ensure awareness for each of the Commonwealth-defined special programs:

Table C.22-1. Ensuring Awareness of Each Program

Special Program	Method(s) to Ensure Awareness
EPSDT	<p>Enrollees:</p> <ul style="list-style-type: none"> • Welcome materials will include information about services, noting that they are free of charge and including the periodicity schedule defined by the Commonwealth in Draft Contract, Appendix L. • We will remind Enrollees of due or overdue EPSDT services through outbound calls, our field-based staff (including Molina Community Health Workers), and inbound call alerts. These alerts will notify our staff of a gap in preventive services when an Enrollee calls Molina, providing them the opportunity to reinforce the need for EPSDT services. We will send automated reminders and “birthday cards.” • We will offer gift cards as incentives for infant care (up to \$60) and adolescent care (\$25). • If an Enrollee qualifies for EPSDT Special Services based on assessment or referral from a healthcare provider, we contact the Enrollee/guardian to make them aware of which services are covered. <p>Providers:</p> <ul style="list-style-type: none"> • We will offer EPSDT policies and procedures training during provider orientation and re-training annually and include EPSDT information in the Provider Manual. • We will provide an EPSDT Quality toolkit and supplement with written materials throughout the year in the provider newsletter, bulletins, and on our website. • Value-based payment programs will emphasize incentives tied to EPSDT benchmarks.

Special Program	Method(s) to Ensure Awareness
Dental Services	<ul style="list-style-type: none"> • Enrollees: The Welcome Kit and Welcome Call will include information on the free annual visit and \$50 gift card as incentive for completion. • Providers: Our subcontractor Avesis will include material in provider orientation and the manual regarding Enrollees' annual visit.
Emergency/Urgent/Post-stabilization Care	<ul style="list-style-type: none"> • Enrollees: The Welcome Kit, Enrollee Handbook, and website will offer instructions on how to access urgent and emergency care. They will define the differences in the level of care between these services and when it is appropriate to use each. We will notify Enrollees they are not responsible for payment for screening and treatment related to the specific emergency condition. • Providers: Information regarding these services will be available in the Provider Manual that can be accessed via the Molina website 24/7. This will include a notice that we will allow providers a minimum of 10 days to submit emergency services notification to receive payment.
Out-of-network Emergency Care	<ul style="list-style-type: none"> • Enrollees: The Enrollee Welcome Kit, Enrollee Handbook, and website will emphasize the use of network providers but inform Enrollees they may use out-of-network services if necessary. • Providers: Information regarding these services will be available in the Provider Manual that can be accessed via the Molina website 24/7. This will include a notice that we will allow providers a minimum of 10 days to submit emergency services notification to receive payment.
Maternity Care	<p>Enrollees:</p> <ul style="list-style-type: none"> • Enrollee materials will include a section on maternity care, which will note that OB appointments are considered primary care and do not require prior authorization. • Women identified or presumed to be pregnant will receive a call from a care manager and will be notified of services available as part of the OB Monitoring program (low-to-moderate risk) or the High Risk OB Program. • Women will be notified of incentives: free car seat or baby seat for completing a prenatal appointment and a \$25 gift card for completing a postpartum appointment. <p>Providers:</p> <ul style="list-style-type: none"> • The Provider Manual will contain information regarding all the covered maternity benefits, the suggested scheduled for prenatal and postpartum care, and other important details. • Providers will be asked to notify Molina as soon as a pregnancy is confirmed to facilitate services for the expectant mother.
Voluntary Family Planning	<ul style="list-style-type: none"> • Enrollees: Network providers will be listed on our website and mobile app. Enrollees will receive all information in a confidential manner. Adolescents will receive assurances that family planning services will be confidential, and their privacy will be safeguarded for any necessary follow-up. • Providers: Our Provider Manual and website will include information that no prior authorization is required.
Nonemergency Medical Transportation	<ul style="list-style-type: none"> • Enrollees: We will include information about the Commonwealth's services in the Welcome Kit, Enrollee Handbook, and on the Enrollee Web portal. • Providers: We will include information about the Commonwealth's services in the Provider Manual and provider Web portal.

Special Program	Method(s) to Ensure Awareness
Pediatric Interface	<p>Enrollees:</p> <ul style="list-style-type: none"> We will inform Enrollees receiving school-based services that those services will continue under Molina during school breaks and during summer months. We will ensure Enrollees know that preventive and remedial care services are available under Molina benefits. For Enrollees receiving pediatric concurrent care, we will notify the Enrollee/guardian that we will cover palliative hospice services in conjunction with curative services and medications for those pediatric patients diagnosed with life-threatening / terminal illnesses. <p>Providers:</p> <ul style="list-style-type: none"> The Provider Manual and website will include policies on when a service is covered (e.g., preventive and remedial care services provided by the Department for Public Health) and when it is not (such as school-based service from school personnel), and note the exception that medically necessary school-based services will be covered by Molina if they occur during school breaks.
Pediatric Sexual Abuse Examination	<p>Enrollees:</p> <ul style="list-style-type: none"> We will include information on the website and mobile app that the examination does not require prior authorization. We also will include information on additional services such as therapy and counseling. The provider will additionally provide information to the child and non-offending family member. <p>Providers:</p> <ul style="list-style-type: none"> The Provider Manual and provider Web portal will include information that this service does not require a prior authorization. Additionally, provider educational materials will include information on the signs of abuse and how to report it. We will educate our network providers (such as children’s advocacy centers) about Molina’s care management programs and how to access care that may be needed in addition to an examination (such as therapy or counseling).
Lock-in Program	<ul style="list-style-type: none"> Enrollees: We will send a letter to Enrollees selected for the lock-in program that explains program details, the duration of the lock-in, and their right to appeal the decision; if an appeal is waived or denied, a care manager will call the Enrollee to educate them about the program, benefits, goals, and how to access care management services. Providers: We will send a letter to the provider, pharmacy, and/or ED notifying them they are the selected provider for an Enrollee, and all services/prescriptions must be approved through them; we will set system locks preventing other providers, pharmacies, and EDs from billing for non-emergency services.

In addition to printed materials, we will offer information and communication via electronic means:

Molina Mobile App. The app will allow Enrollees to view their current benefits, upcoming appointments, medications, allergy list, and conditions. In addition, Enrollees can receive alerts about needed screenings, treatments and immunizations. Enrollees can view their care plan and information about their Multidisciplinary Care Team, and *they can use the app to text message a care manager.*

Enrollee Web Portal. We will maintain a secure, HIPAA-compliant Web portal for Enrollees. It will include the Provider Directory and a community resource guide to assist them in locating organizations that address one or more social determinants of health. Enrollees can view and print their care plan and communicate with a care manager, read more information on programs such as EPSDT and dental services, and find educational articles and other information.

Provider Web Portal. We will notify an Enrollee’s PCP immediately through the portal when Enrollees fail to receive a timely screening or service. On a monthly basis, we will supply providers with a HEDIS Gaps in Care report for all Enrollees, viewable on the Provider Scorecard. We will continually review

claims data to identify Enrollees who have missed important preventive screenings or other services such as dental or maternity care. We will report if Enrollees have utilized the ED inappropriately. Our Quality Improvement (QI) department also will assist providers by contacting Enrollees who have missed services and helping them schedule appointments with the provider.

b. MEDICAL NECESSITY REVIEW PROCESS

Our decision process for all coverage determinations will comply with federal and Commonwealth mandates and coverage guidelines while also adhering to regulatory and NCQA standards for timeliness. Services that require prior authorization will be listed on our public website. Notification of admissions and requests for service authorization can be made in writing, by telephone, through our Web portal, or by fax.

Under the direction of our medical director, our Utilization Management staff of registered nurses, licensed vocational nurses, and other licensed professionals will apply nationally recognized evidence-based guidelines and gather the clinical information and medical records (such as clinical notes, consultation reports, imaging studies, lab reports, hospital reports, and letters of medical necessity) required to determine medical necessity and approve requested service authorizations. Utilization Management staff will refer cases that require physician intervention or do not meet clinical criteria to our medical director for final determination. This final decision will be based on a review of medical records and other analysis of appropriate clinical criteria. If reviewers believe the Enrollee would benefit from a care manager or a higher level of care management, they will refer the Enrollee to a care manager who reaches out to the Enrollee.

Enrollees may directly obtain many special program services without the need for prior authorization or approval. These services include preventive care, life-threatening physical health and behavioral health emergency services, family planning, pediatric sexual abuse examinations, and screening and/or treatment for communicable diseases including sexually transmitted infections and HIV testing. Table C.22-2 outlines the medical necessity considerations for each special program:

Table C.22-2. Medical Necessity Considerations for Special Programs

Program	Consideration
EPSDT	<ul style="list-style-type: none"> • No prior authorization will be required for primary and preventive care and immunizations that comply with the Commonwealth's and Molina's periodicity schedule. • We will provide EPSDT special services for eligible Enrollees and identify providers who can deliver medically necessary services according to federal Medicaid law; we will develop procedures for authorization and payment for these services. • We will track EPSDT services, including special services, to determine whether eligible Enrollees receive health assessments and all necessary diagnosis and treatment.
Dental Services	<ul style="list-style-type: none"> • No prior authorization will be required for preventive and primary care.
Emergency/ Urgent/Post-stabilization Care	<ul style="list-style-type: none"> • No prior authorization will be required for emergency and post-stabilization services or urgent care. • Providers will have 10 days to notify Molina of an Enrollee's screening and treatment for emergency services in order to prevent a denial for failure to notify.
Out-of-network Emergency Care	<ul style="list-style-type: none"> • No prior authorization will be required. • Molina will cover a minimum of three-day emergency supply of drugs requiring prior authorization until the authorization review process is completed.

Program	Consideration
Maternity Care	<ul style="list-style-type: none"> No prior authorization will be required for preventive/regular OB appointments. For women transferring from another MCO, we will honor prior authorizations for 90 days or until we contact the Enrollee or provider. Pregnant Enrollees may continue to see their current provider, whether in our network or not, through pregnancy and postpartum care. An obstetrician may serve as a women's PCP.
Voluntary Family Planning	<ul style="list-style-type: none"> No prior authorization will be required.
Non-emergency Medical Transportation (NEMT)	<ul style="list-style-type: none"> We will refer Enrollees to the Kentucky Office of Transportation Delivery, which provides NEMT to select Enrollees.
Pediatric Interface	<ul style="list-style-type: none"> Continuity of care policies will be applied for these services to ensure no gaps in care occur. After the continuity of care time frame has been exhausted, services will be reviewed using evidence-based guidelines under Molina's prior authorization process. Molina will provide palliative hospice services in conjunction with curative services and medications for pediatric patients diagnosed with life-threatening illnesses.
Pediatric Sexual Abuse Examination	<ul style="list-style-type: none"> No prior authorization will be needed to access these services. Molina will request providers inform the non-offending family member / guardian of care management services offered by Molina. If the family would like to learn more, the provider will submit a referral to Molina. The goal of this referral will be to help ensure all the child's physical health, behavioral health, or social determinants of health needs are met, in addition to assessing other covered services that could be beneficial to the child or family unit.
Lock-in Program	<ul style="list-style-type: none"> The Multidisciplinary Care Team will determine whether Enrollees should be placed in the program based on data and the care manager follow-up report The review will include all available information, such as claims, pharmacy, encounter data, and may include phone consultation with the PCP and other providers

In cases requiring retrospective review, care review clinicians will request medical records and conduct a medical necessity and appropriateness review based on InterQual or MCG criteria, Commonwealth and federal regulations, and Molina Utilization Management policies. Utilization Management staff also will verify Enrollees receive authorized acute services. We will use technology to conduct a regular comparison review of authorization data and claims information. In cases where claims have not been submitted, our Utilization Management team will reach out to the provider and the Enrollee to determine the reason and to further assist as necessary. If an Enrollee or provider disagrees with a decision of denial or reduction in service, they will have the right to appeal the decision. We will notify Enrollees (in their preferred written language) of this right to appeal when they enroll with Molina, and again when we issue the denial in the specific case.

c. OUTREACH METHODS TO ENGAGE ENROLLEES

In addition to the New Enrollee welcome kit and call, the website, and outreach for certain programs (e.g., care manager call to an Enrollee who is pregnant), we will employ a number of methods to reach Enrollees who are difficult to contact or are not participating in their healthcare as much as they could. For instance, when an Enrollee has missed an EPSDT appointment, we will reach out via phone and mail to counsel the Enrollee/caregiver on the importance of such appointments, assist with scheduling if needed, and invite them to health fairs and other events. In addition, when an Enrollee has missed an important screening or preventive service, we will attach an "alert" on the Enrollee record that is viewable

to all staff with access to Enrollee information. If that Enrollee calls Molina for any reason, we will see the alert and can remind the Enrollee of the service needed.

Our Community Outreach team will conduct health education events, bringing Enrollees and providers together to discuss chronic health conditions, self-care, and resources available. We also will host special events to target Enrollees in need of preventive health services such as well-care checkups, dental checkups, immunizations, and recommended diabetes management screenings. Our Care Connections team—nurse practitioners who visit homes and other locations to provide care in non-traditional settings—will be available for such clinics, which will initially be targeted to Enrollees experiencing homelessness and children who need immunizations and other preventive services.

Some Enrollees may be difficult to reach through notifications and community outreach. We will have staff who specialize in finding these Enrollees and educating them about the need for care:

Enrollee Locator Team. For high-risk/high-needs Enrollees, the Enrollee Locator Team will mine data from diverse sources (such as claims, authorizations, ED/hospital utilization, pharmacy, the Commonwealth). The team will reach out to shelters, the Salvation Army, community mental health centers, and community-based organizations (CBOs). For example, we anticipate that the Enrollee Locator Team will be critical in Region 7 where unemployment and homelessness are challenges for the region.

The Enrollee Locator Team will call every phone number found whether it is linked to a family member, emergency contact, friend, shelter, or other. They will then connect the Enrollee to a care manager who will conduct assessment and help to find providers, schedule appointments, and take other steps necessary to re-engage the Enrollee in healthcare.

Molina Community Health Workers. Molina Community Health Workers will be hired to help Enrollees navigate the healthcare system. For example, in **Region 3**, the Commonwealth's most diverse region, our goal will be to hire Molina Community Health Workers that have grown up in the area and understand that region's significant health disparities. Because **Region 8** is a highly rural region, Molina Community Health Workers will be essential in helping Molina understand how best to reach Medicaid Enrollees. Because they know the area and the organizations that provide community supports, they will be especially helpful in locating Enrollees. Molina Community Health Workers will reach out to CBOs such as emergency shelters, food kitchens / food banks, churches, day programs locations, and other common community locations.

Our Michigan affiliate received the State's Pinnacle Award for establishing this critical connection between members and their healthcare; in the year our Michigan affiliate introduced Molina Community Health Workers in that plan, they found that ***members who had received assistance from a Molina Community Health Workers were 25% less likely to have an inpatient or ED visit***, and the total cost savings was \$192,000. Based on this success, our organization includes Molina Community Health Workers as a standard part of our integrated system of care in all our affiliated health plans.

EPSDT OUTREACH

Exhibit C.22-1 details the components of our strategy to promote EPSDT services:

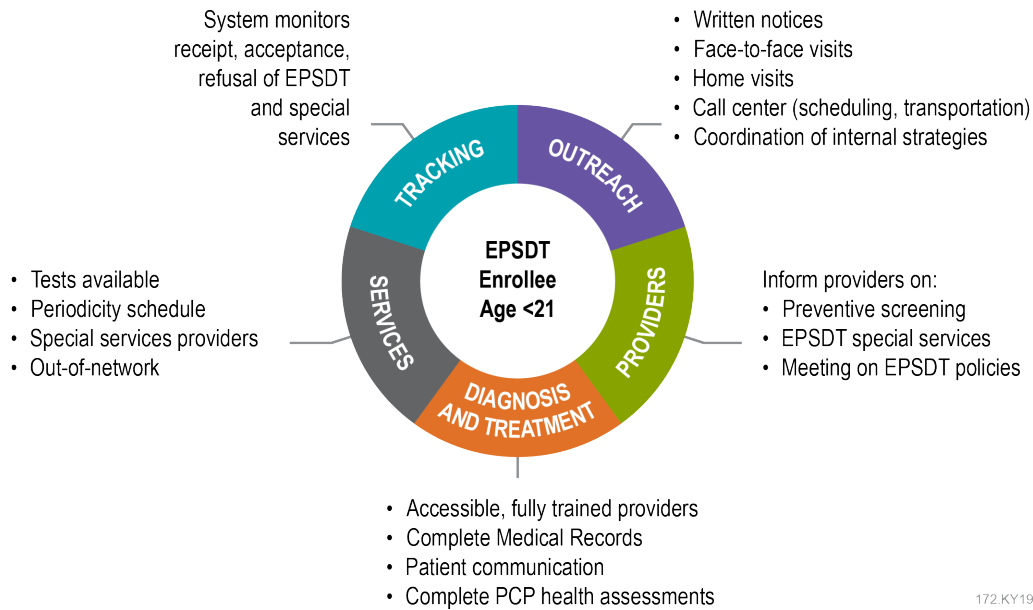


Exhibit C.22-1. Molina’s EPSDT Services

Our focus on **family health education** ensures Enrollees will receive information about available benefits and services within 30 calendar days of enrollment. Molina’s Analytics team will identify and distribute a list of all new Enrollees under age 21, as well as active EPSDT Enrollees, to our EPSDT coordinator. Our QI team will make up to three calls within two weeks to contact the families of new and existing Enrollees who have not had an EPSDT checkup. The QI team will provide education on the importance of an EPSDT visit, the periodicity schedule with the depth and breadth of services, how and where to access services, and reminders that services are provided without cost. We will execute monthly EPSDT campaigns in which we conduct reminder calls to Enrollees’ parents/caregivers a month ahead of a scheduled wellness visit.

Enrollee incentives and rewards, such as gift cards, also will be offered to encourage recommended visits. For Kentucky, we will offer the following incentives to Enrollees:

- \$10 gift card per visit (\$60 maximum) for up to six well-child visits in the first 15 months
- \$50 gift card for completing an annual dental visit

On an ongoing basis, we will send “birthday reminder” mailers regarding needed services. We also will engage Enrollees and their parents/caregivers at community events, health fairs, or back-to-school fairs. We will often partner with provider associations and CBOs at these events.

Connecting Kids to Coverage: Region 8 Application Assister Program

Molina understands medical coverage is foundational to health, particularly among children. To that end, Molina has provided financial support to expand the Kentucky Primary Care Association’s (KPCA) Connecting Kids to Coverage: Region 8 Application Assister Program to assist with Medicaid enrollment and help children receive covered healthcare screenings.

We support the administration’s goal of ensuring all Kentucky families, especially Kentucky children, have health coverage and receive the benefits they need.

We will conduct a pre-call utilization review of every Enrollee referred to care management. This information will be used to initiate a conversation with the family about EPSDT services and when completing the Health Risk Assessment. The Health Risk Assessment will incorporate questions regarding child immunizations that also will prompt communication and encouragement of EPSDT services.

We will monitor appointment compliance using a monthly report that identifies Enrollees who have or have not made scheduled appointments, including those who have accepted or refused EPSDT services and EPSDT special services. This monthly report, specific to EPSDT, will be more frequent than our quarterly gaps-in-care report. We will identify non-compliant Enrollees or parents and conduct outreach via telephone and mail. We will counsel them on the importance of EPSDT visits and extend invitations to health fairs and other events. Monthly reports will be compared to identify those who are still non-compliant and should be included in the next round of interventions.

We will submit an encounter report for each EPSDT service provided according to Commonwealth requirements, including the use of specified EPSDT procedure codes and referral codes. We will submit quarterly and annual reports on EPSDT and participate in any chart audit or quality assurance study required by the federal government or the Commonwealth.

We will maintain a consolidated record for each Enrollee, including reports of informing about EPSDT, information received from other providers, dates of contact, recommended diagnostic or treatment services, and follow-up to determine whether the Enrollee acted on the referral and received care.

MATERNITY CARE OUTREACH

All pregnant women, upon identification, will be entered into Molina's OB Monitoring program. To engage women in their care, Molina will offer several incentives.

We will offer a *car seat or booster seat* for completing a prenatal visit during their first trimester (or during the first 42 days of enrollment) and a *\$25 gift card* for completing a postpartum visit.

Before the baby is born, we will begin to notify the woman of the need for EPSDT services and reinforce this message during their in-home postpartum appointment with our Care Connections nurse practitioner.

For pregnant women who may be homeless or have unstable living situations, our Enrollee Locator Team and Molina Community Health Workers will reach out to shelters and CBOs we have relationships with such as *A Helping Hand and Volunteers of America, serving in both Louisville and rural areas in Kentucky*, which will help coordinate housing for pregnant women. Our care managers and Molina Community Health Workers will collaborate to reach Enrollees in a manner that is comfortable to them and leads to the most positive interactions.

We will offer a number of programs through our Care Management team:

The OB Monitoring program will be available to women who are considered at low or moderate risk. Care managers will offer health coaching on topics such as available Molina benefits, scheduling of appointments and transportation, the importance of preventive screenings, follow-up on missed appointments, and lactation education. Throughout each pregnancy, Molina Community Health Workers will review the care databases for Rising Risk Indicators and alert the clinical team when intervention is needed and/or the Enrollee should be classified as high-risk.

The High-Risk OB Care Management program will assist women whose pregnancies are considered at higher risk. Once enrolled in the program, women will continue to receive care management services for the duration of their pregnancy and six weeks afterward. Risk factors will include, but are not limited to, alcohol/drug use, history of NICU admissions, asthma, diabetes, maternal age, previous preterm deliveries, and cardiac-related conditions.

In addition to these programs, we will seek to address social determinants of health through targeted interventions. Our Ohio affiliated health plan recently launched the **Moms First Program** in Cleveland. Molina Community Health Workers visit women in the home to provide education and support during and after the pregnancy. In addition to counseling expectant mothers, Molina Community Health Workers have developed relationships with employment training programs and Dress for Success. The program also will provide a box of diapers and wipes to all new moms and unlimited-use bus passes to those women who need transportation to a job.

A woman who was receiving prenatal care before enrolling with Molina may continue with the same provider for the duration of the pregnancy. If a pregnant woman enrolls but is not receiving care, we will immediately place the Enrollee in the appropriate program and begin care.

d. IDENTIFYING, ENROLLING, AND ENCOURAGING COMPLIANCE WITH LOCK-IN PROGRAMS

Molina affiliated health plans in nearly all states have instituted physician and/or pharmacy lock-in programs to address substance abuse and the overutilization of services for pharmacy and non-emergent care. The most far-reaching is our Ohio affiliate's Coordinated Services program, which involves pharmacies and providers combating similar challenges as those Kentucky faces. We will use lessons learned from this program and customize our offering for Kentucky, based on the population's needs and geography. We will extend our lock-in program in Kentucky to apply to ED utilization as well. We will submit our lock-in program description to the Department for approval during Readiness Review.

Through data analytics, provider requests, or hospitalizations due to substance use disorder (SUD), we will identify Enrollees who have exhibited at least one of the following behaviors to indicate they should be considered for the program:

- Opioid, benzodiazepine, or other medication obtained from multiple pharmacies or multiple physicians
- Potential diversions of medications of abuse based on pharmacy fill patterns or ED utilization
- Service overutilization by receiving services that are not medically necessary
- Prescription misuse or behaviors that may represent a danger to the Enrollee

Once they enter the program, Enrollees will participate for a minimum of two years. During this period, the Enrollee receives intensive care management services directed by a care manager; where SUD is the issue, this will be an SUD navigator or a Molina care manager with extensive specialized SUD training. The care manager will work with the Enrollee to determine which provider will be the one prescriber and which pharmacy can be used to fill opioids or other potential medications of abuse/diversion. The care manager also will work with the EDs and urgent care facilities in the area to advise them the Enrollee is in a lock-in program.

IDENTIFICATION AND ENROLLMENT IN THE LOCK-IN PROGRAM

Molina will identify Enrollees by examining pharmacy claims for controlled substance prescriptions and ED use. On a monthly basis, our lock-in team will generate utilization reports identifying members who demonstrate behavior that may indicate a prescription misuse and/or service overutilization, prescription use behavior that is a danger to the Enrollee, or potential fraud, waste, or abuse.

Molina's Coordinated Services Program in Ohio

Since 2015:

- 2,570 members total
- 1,663 currently in the program
- 24-month minimum with single prescriber for controlled substances and/or single pharmacy for all medications
- Increased support through engagement with care manager
- Total savings of \$7,622,111

As an example, our Ohio Coordinated Services program looks back over the preceding 90 days and includes data elements about the member such as:

- Obtained prescriptions for abuse-potential drugs from four or more prescribers
- Used four or more pharmacy locations
- Used four or more abuse-potential drugs
- History of addiction or drug dependence with abuse-potential drugs
- Experienced poisoning overdose with a benzodiazepine, prescription opioid, or abuse-potential drug
- Received one narcotic analgesic, one benzodiazepine, and one muscle relaxant
- Received four or more of any combination of any of the following during a 90-day period:
 - Any schedule II, III, IV, or V drug
 - Cyclobenzaprine
 - Gabapentin
 - Metaxalone
 - Methocarbamol
 - Tizanidine

For Kentucky, we will add to the criteria: ED use for non-emergent services and excessive ED utilization.

Our Multidisciplinary Care Team—consisting of Molina medical and pharmacy directors, as well as Care Management team leadership and staff—will review utilization each month. A Molina care manager who is part of the Multidisciplinary Care Team will review each Enrollee’s medical history and referrals for suspected fraud or abuse and will review data in the Commonwealth’s database if available. Referrals can come from providers, pharmacies, law enforcement agencies, or other reliable sources such as other MCOs, advocates, or family members. The care manager also will attempt to contact the Enrollee, PCP, and specialists to gather information and determine whether there are any extenuating circumstances that would explain the Enrollee’s high utilization.

Based on the report and clinical judgment, the Multidisciplinary Care Team will determine whether to place the Enrollee in the program. If the decision is to include the Enrollee, enrollment in the lock-in program is mandatory for the Enrollee pending the option of a state hearing; if the Enrollee accepts Molina’s judgment or if the state hearing upholds the decision, the Enrollee will be placed in the program for a minimum of two years.

If the Multidisciplinary Care Team reviews this complete report and determines the Enrollee should be placed in the lock-in program, we will send an enrollment kit at least 45 days before the enrollment date. This kit will include a brochure explaining the program; a request for the Enrollee to select a designated pharmacy, provider, and ED; and forms to complete the selection. In addition, the kit will notify the Enrollee of the right to appeal the decision through a state hearing.

If the Enrollee elects a state hearing and Molina’s decision is overturned, the Enrollee will not be enrolled in the program. If the state upholds Molina’s decision, the Enrollee will begin an enrollment period of at least two years and receive a special Molina ID card. Molina will enter an alert of the Enrollee’s status into our integrated core systems and notify our contracted PBM of the Enrollee’s status. Non-designated pharmacies will be automatically instructed that an override can be obtained only in emergencies by contacting Molina or, after hours, the nurse advice line.

ENCOURAGING COMPLIANCE WITH LOCK-IN PROGRAMS

When the Enrollee is placed in the program, either upon acceptance of the first notification or after an appeal is denied, the care manager will educate the Enrollee on the procedures and benefits of the program. The care manager will serve as the single point of contact for the listed pharmacy/provider. Molina’s Care Management team will provide and/or coordinate the following services:

- Comprehensive assessment of health and psychosocial needs
- Coordinated service planning based on the needs of the Enrollee
- Provider collaboration to improve adherence rates and support treatment goals
- Education on self-management skills for chronic conditions
- Education on coping skills using a variety of wellness techniques
- Housing and employment assistance
- Linkage to community resources for food and utility assistance
- Linkage to specialists for behavioral health and pain management services
- Connection to a peer support specialist

The SUD navigator will be trained not only to address these practical concerns but to engage the Enrollee with techniques such as motivational interviewing. Additionally, staff peer support specialists will be available and have proven to be effective resources in showing Enrollees a path to overcome their addictions. In some cases, Molina's decision will cause the Enrollee to choose another MCO; when this happens, we will notify that MCO of the Enrollee's status.

ADDRESSING ENROLLEES WHO REFUSE TO PARTICIPATE

Enrollees will not be able to opt out of the lock-in program but will retain the right to appeal the decision. If the appeal is denied or if the Enrollee chooses not to appeal, we will place the Enrollee in the lock-in program and initiate system locks that alert pharmacies that controlled medications are not authorized for the Enrollee if prescribed by another provider than their assigned primary prescriber. The Enrollee's record also will be flagged in Molina's clinical systems to facilitate compliance and communication with potential treating providers.

When an Enrollee is placed in the program, we will place a high priority on connecting the Enrollee to our Care Management team. A care manager will reach out by phone and conduct a Health Risk Assessment and condition-specific assessments such as the PHQ-2 and PHQ-9 for depression and the CAGE-AID for substance use. Our care managers will use motivational interviewing to help the Enrollee come to the decision on their own regarding the need for behavioral change according to their own goals.

To maintain contact with Enrollees, we will assign a Molina Community Health Worker as an additional point of contact for the Enrollee. By pairing the Enrollee with a specific individual, we will allow our Molina Community Health Worker to build a relationship and earn the Enrollee's trust.

LENGTH OF ENROLLMENT IN THE PROGRAM AND ONGOING ASSESSMENTS

The enrollment period does not end after two years; rather, it will require an affirmative decision from Molina's Multidisciplinary Care Team that the Enrollee has avoided inappropriate utilization related to controlled substances or the ED. At least 60 days before the two-year enrollment period ends, a Molina care manager will conduct an all-encompassing review of the Enrollee's utilization, care management activity, and any referrals for fraud or abuse.

If the Multidisciplinary Care Team determines the Enrollee has met all requirements and is no longer at risk of death or injury, the Enrollee will graduate from the lock-in program. All system locks will be disabled, and the Enrollee will receive a standard Molina ID card. If the Multidisciplinary Care Team determines the Enrollee should stay in the program, the subsequent enrollment period also will be for two years. As with initial enrollment, the Enrollee will have the option to appeal this decision through a state hearing.

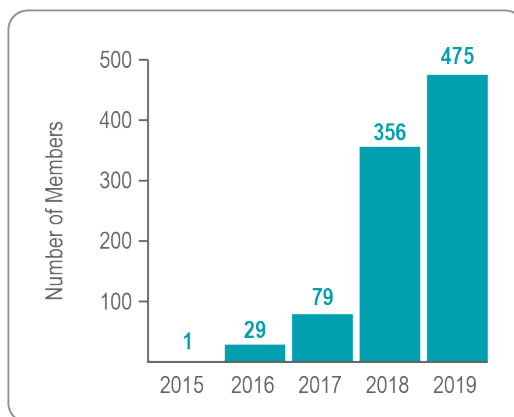
If an Enrollee joins Molina from another MCO, the lock-in period will continue, with the earliest end date remaining the same. If the Enrollee's prior providers are not in our network, we will assist the Enrollee in finding an in-network PCP, controlled substance prescriber, pharmacy, and/or ED that meets the Enrollee's needs and is willing to participate in the program. If an Enrollee leaves Molina and joins

another MCO, we will share information about the Enrollee’s lock-in status, including the earliest date the Enrollee can be released from lock-in.

TRACKING OUTCOMES AND ADJUSTING THE PROGRAM

To track program success, we will measure utilization and estimate cost savings, using as a baseline the year before the Enrollee was entered into the lock-in program. For each calendar year, Enrollees will be attributed to the category that represents the stage of the lock-in program they are in: Year 1, Year 2, or Year 3+.

We will examine this program regularly to extend its reach and refine services. In our Ohio affiliate, the Coordinated Services program was initially an 18-month term, but the state agency extended it to 24 months, and we extended our support and care management efforts. In addition, our affiliate’s collaboration with the state agency and the health plan’s own reporting led our Ohio affiliate to improve identification methods and bring more people into the program who had a history of opioid addiction and/or a poisoning overdose, supplementary to the all-encompassing category of excessive prescriptions of any type of medication. Our Ohio affiliate’s data collection and analysis improved, and their standard procedure became to place these members in the Coordinated Services program based on opioid-related criteria unless the Multidisciplinary Care Team found extreme extenuating circumstances. Exhibit C.22-1 shows the new members placed into the program under this criteria in each year, resulting from our affiliated health plan’s increased vigilance in monitoring opioid use.



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Exhibit C.22-1. Ohio Health Plan Members Initiated into the Program with Claims of Opioid Dependency and/or Poisoning Overdose

The lock-in program will be part of Molina’s quarterly review process through our QI Committee. All changes will be approved by plan leadership and submitted to the Commonwealth.

e. COORDINATION WITH OTHER SERVICE PROVIDERS

Based on experience in our affiliate health plans, we know the importance of directing Enrollees toward services and support beyond what is covered in their Medicaid benefits. Our care managers, care coordinators, and Molina Community Health Workers have an in-depth knowledge of government programs such as WIC, SNAP and Head Start, and will help educate Enrollees about special programs and supports that address social and functional needs. In addition, we will connect Enrollees with our CBO partners, whom we have carefully selected based on our shared goal of addressing social determinants of health.

Our training of care managers and Community Health Workers includes Kentucky-specific information on agencies such as the Department for Community Based Services, Kentucky Department of Behavioral Health and Developmental and Intellectual Disabilities (DBHDID) and the Kentucky Transportation Cabinet Office of Transportation Delivery, which will provide NEMT in the Commonwealth; information on Department of Health programs such as Kentucky’s HANDS; and agencies and CBOs that address early childhood development, employment, housing, and other concerns.

Care managers—and care coordinators in the case of Enrollees with Special Healthcare Needs—will be at the nexus of services for an Enrollee’s whole-person care, including physical health and behavioral health as well as services and supports that address social and functional needs. An Enrollee’s Multidisciplinary Care Team may include not only health providers but also social workers from schools or government agencies and representatives from CBOs. We will emphasize to all individuals on the care team that they may reach out to Molina at any time to express concerns or ideas to improve an Enrollee’s well-being.

Our staff will stand ready to also assist Enrollees in nontraditional ways to secure a variety of government services. One woman in our California affiliate's High-Risk OB program faced a domestic violence crisis. Our Molina Community Health Worker supported her through the process of obtaining a protective order against her abuser, helping her file the initial request, and attending all court hearings alongside her. Our Molina Community Health Workers in Kentucky will work with the same mission to provide traditional or nontraditional assistance that is most essential to meet an Enrollee's needs.

WIC, SNAP, HEAD START, FIRST STEPS, AND SCHOOL-BASED SERVICES

Our Health Risk Assessments will include questions about social determinants of health and other resources for care/services. Through these and other assessments, we will identify parents and children who might benefit from government supported services. We will inform them of the programs and help them apply if necessary. Throughout the child's life, we will make referrals and follow up to verify whether they are receiving services. This education and monitoring will begin as early as pregnancy, when we will advise women of nutrition programs such as WIC and SNAP. During in-home postpartum visits by our Care Connections team of nurse practitioners, will help mothers to apply for WIC and other relevant programs. *Throughout Enrollees' childhoods, we will connect them to the following age-appropriate resources as needed:*

- **Birth:** Mom and baby/infant nutrition, referral to the Department for Public Health
- **0–3 years old:** Early Head Start (Department for Community Based Services) and First Steps (Department for Public Health) for early intervention for children with developmental delays
- **3–4 years old:** Head Start
- **3–21 years old:** School-based services (Department of Medicaid Services) through our network providers, or through school personnel for children who have an individualized education plan

DEPARTMENT OF COMMUNITY BASED SERVICES

Our organization has a track record of collaboration with state partners in all our affiliated health plans, and we look forward to building a similar relationship with the Department for Community Based Services and other Commonwealth agencies. Molina One-Stop Help Centers throughout the Commonwealth will serve as a resource center for Enrollees, and these sites can be made available for events to promote the needs of Enrollees. Through Health Risk Assessments and our care managers and Molina Community Health Workers, we will refer individuals to Department for Community Based Services who may be eligible for food assistance or other social services. Our Molina Community Health Workers will be strong advocates for Enrollees to access needed services from both Commonwealth social service agencies and community-based resource providers. Our staff will collaborate directly with these agencies and organizations.

OFFICE OF TRANSPORTATION DELIVERY

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.

DEPARTMENT OF WORKFORCE INVESTMENT

As part of our multi-pronged staffing approach, Molina has reached out to the Kentucky Education and Workforce Development Cabinet's Department of Workforce Investment and its Career Development Office for guidance and assistance in building our health plan staff. Our goal will be to fill these positions with people who reside in, understand, and reflect the communities they support across the Commonwealth. Working with Department of Workforce Investment staff specializing in the healthcare field and the Kentucky Career Centers located across the Commonwealth, we will take advantage of their

specialized services, such as the job posting portal “Focus Talent” to post job announcements and descriptions and search resumes for qualified candidates. We also will participate in Kentucky Career Centers’ career fairs to meet face-to-face with candidates, and we will promote these and other career fairs to Enrollees who have been identified as unemployed or underemployed.

DEPARTMENT FOR PUBLIC HEALTH

Our organization is an enthusiastic partner with the state in all our affiliated health plans, and we will be in Kentucky as well. We have studied the Department’s programs and have relevant experience in key areas of focus. As one example, the Commonwealth is promoting breast and cervical cancer screening. In 2017, our South Carolina affiliate joined other MCOs, along with survivors and leaders from cancer advocacy groups, on the steps of the Statehouse for “SC United in Teal & White,” a rally to promote early screening efforts for cervical cancer. As part of this effort, Molina helped providers schedule 111 screening appointments, and the Community Engagement team staged “Teal & White” celebrations at several practices.

We will offer similar experiences and share the Department’s goals for its programs addressing diabetes, early childhood health (HANDS), and tobacco and smoking cessation. Notably, as the Commonwealth attempts to expand Syringe Services programs and encounters opposition in some areas, Molina’s Community Engagement team can participate in education efforts with the shared goal of extending this important harm-reduction measure to all counties.

We understand that local health departments work independently, and we will seek opportunities to partner with those departments to address their top health priorities.

KENTUCKY HOUSING CORPORATION

Our housing assistance specialists will live in Kentucky, be knowledgeable on all current housing resources throughout the Commonwealth and make a point of engaging the Commonwealth’s housing agency to learn about new and ongoing programs and opportunities for our Enrollees. We have identified this as an important social determinant of health for our neediest Enrollees, and we are committed to finding unique solutions.

CBO PARTNERSHIPS

We are partnering with CBOs to allow us to connect our Enrollees to committed organizations that will help ensure their needs are being met. We have chosen to engage with these CBO partners because of their diligent work in their communities to address social determinants of health such as food insecurity, access to rural healthcare, and Enrollee self-empowerment. We have also contributed financially (\$525,000 to date) to these key organizations because we believe in their missions and support the work they do to improve the lives of Kentuckians. Our CBO partners include:

- ***Goodwill Industries of Kentucky***, which offers free expungement clinics and reintegration classes that help Enrollees in need of a second chance address a variety of unique barriers they experience as they reenter the community from correctional facilities
- ***Kentucky Primary Care Association’s Connecting Kids to Coverage Assister Program***, which focuses on reaching the underserved, hard to reach populations enroll in Medicaid and receive early childhood healthcare services
- ***Dare to Care, Kentucky’s Heartland, and God’s Pantry Food Bank***, which work to address food insecurity
- ***Boys and Girls Club of Bowling Green***, which promotes health education
- ***Family Scholar House*** and the ***Louisville Urban League***, which help Kentucky residents explore economic opportunities and find a way out of poverty

- *Audubon Area Community Services* and *United Way of Northeast Kentucky*, which work to expand access to healthcare in rural communities
- *Home of the Innocents*, which provides multisystemic therapy to children who have been abused or neglected

KENTUCKY DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL AND INTELLECTUAL DISABILITIES (DBHDID)

Molina will build a strong partnership with the DBHDID. Given the importance of the shared goal of DBHDID and the Department for Medicaid Services 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 that 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 the Kentucky Opioid Response Effort. We look forward to continuing discussions on these and other topics and bringing all MCOs together.

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