

D Implementation Plan

REQUIREMENT: RFP Section 60.7.D

D. Implementation Plan

1. Describe the Vendor's proposed approach to support the readiness review process, and include the following information:
 - a. A proposed Program Implementation Plan beginning from Contract Execution through ninety (90) days post go live, including elements set forth in the Contract, such as:
 - i. Establishing an office location and call centers.
 - ii. Provider recruitment activities.
 - iii. Staff hiring and a training plan.
 - iv. Developing all required materials.
 - v. Establishing interfaces to other Information Systems operated by Subcontractors, the Department, or others as required.
 - b. Proposed staffing to support implementation activities and readiness reviews.
 - c. An overview of system operational implementation requirements and related milestones.
 - d. Required MCO, Department, and other resources to ensure readiness.
2. Describe potential limitations or risks that the Vendor has identified that may impact planning and readiness, and indicate the Vendor's proposed strategies to address those limitations and risks. Include examples of similar situations the Vendor has encountered with prior readiness planning and resulting solutions.

A proven project management process, honed and refined specifically for state Medicaid clients for more than 25 years and delivered by a highly experienced team of project managers, ensures the on-time, seamless implementation and successful management of the Kentucky Medicaid program.

Through this procurement, the Department seeks MCO partners to collaborate across the healthcare ecosystem to improve health outcomes, enhance the Medicaid managed care system, focus on enhanced access and higher quality while simultaneously implementing cost-efficient and effective operations, and craft innovative, targeted solutions to address Kentuckians' most pressing issues. The Molina enterprise has a simple mission: ***to improve the health and lives of our members by delivering high-quality healthcare.*** Our mission has seen us grow from a single clinic in 1980 to a healthcare company of national scope today. And, our mission aligns with the vision and goals of Kentucky Medicaid.

Our organization has applied care and respect to the implementations of more than a dozen new statewide Medicaid programs at our affiliated health plans since 1994. A successful implementation and comprehensive, quality management of the Kentucky Medicaid program starts with vendors who understand the needs of Kentucky Medicaid beneficiaries and a network of Kentucky providers who share our mission of serving those in the program.

Our implementation approach has enabled us to hone our processes over the years. We have a proven track record of successfully implementing and managing unique, complex government healthcare programs. ***Most recently, Molina Healthcare of Mississippi entered the state as a new MCO and successfully implemented the MississippiCAN (2018) and CHIP (2019) programs on time, smoothly transition members to their health plan.*** Mississippi has similar member health disparities, rural access barriers, and provider concerns to overcome as Kentucky. Our successful implementation in the state proves our ability to tailor our approach and smoothly implement on-time with zero impact. We offer this proven model with best practices and lessons learned to ensure Kentucky Medicaid's program success.

Highlights of Molina's Proven Program Management Approach

- Program Management approach aligned with Project Management Institute standards, best practices and Molina's affiliated health plans' nationwide experience, including our most recent highly successful implementation in Mississippi
- Tools and approach catered specifically to the requirements of Kentucky and its Enrollee and provider communities
- Quality performance measurement and management tools that ensure control and traceability

Within the remainder of this section, we provide our proposed approach to support the Readiness Review process and proposed strategies to address identified, potential limitations and risks, in compliance with the RFP and Attachment C, Draft Medicaid Managed Care Contract and Appendices.

1. PROPOSED APPROACH TO SUPPORT THE READINESS REVIEW PROCESS

Every Molina program aligns with and adheres to industry standard methodologies, such as the Project Management Institute's Project Management Body of Knowledge (PMBOK®). Our project and program management approach aligns with industry changes and yet has maintained an element of flexibility and scalability to meet the unique needs of each state client. Project management is essentially technical in nature, focusing on the achievement of a task, whereas program management is a more complex concept, focused on achievement of a business objective. We incorporate program management aspects, including a focus on realizing benefits, resource planning, risk management projects, and business process areas, while integrating end-to-end testing with iterative test cycles across systems. Careful prioritization across all phases of Readiness Review will lead to a successful launch of our Kentucky Medicaid program operations.

The core of our methodology is based on PMBOK standards and various system development life cycles, such as Waterfall and Agile. The PMBOK framework provides guidance and best practices for planning, measuring, and overseeing complex projects and programs over their entire life cycle. Our deep program management experience allows us to successfully manage multiple sub-projects in a coordinated way to obtain benefits across systems, business processes, and organizational teams. Our flexible, scalable approach ensures appropriate capacity and internal controls will be in place to accommodate our initial Kentucky Medicaid enrollment and anticipated growth.

Our model includes the creation of a temporary Kentucky Implementation Program Office, which will own all aspects of the successful implementation. It will be led cooperatively by the Molina's interim chief executive officer (CEO), vice president of government contracts, and a program manager. This leadership will set overall strategy and approve all specific work-thread strategies. The Program Office will set schedules, budget, and quality targets. As part of the leadership team, Molina's vice president, government contracts will be our information conduit to and from the Department.

THE READINESS REVIEW PROCESS

The Readiness Review process is a specific set of activities performed in parallel with the Implementation Plan. The Desk Readiness Review and the Onsite Readiness Review have very different models fully integrated into our delivery model.

Desk Review Process. For the Desk Review process, Molina will use a custom system, our Readiness Review Tool, to catalog, track, and control the development of required materials. The tool is preloaded with Molina-required documents (mostly current approved versions of policies and procedures). Next, a full assessment of Kentucky Medicaid program contractual requirements and Commonwealth regulations will identify and address any gaps and prioritize the development and review cycles.

We will maintain tight document version control, assign an owner, a corporate approver, and a local health plan approver for each document. Operational, quality, regulatory, and medical leaders will thoroughly vet all documents and approve them. The implementation program manager will track all event dates to control progress and ensure on-time delivery per Commonwealth guidance. Molina's vice president, government contracts will have the last internal approval before submission to the Department for approval. While Desk Review work is typically performed concurrently with the more technical aspects of the overall implementation, it does use common subject matter experts (SMEs) and analysis staff to ensure committed changes are properly integrated into the technical solution.

If specific Readiness Review Testing is required, we will expand the model to include designated resources that will help to coordinate required coding or configuration and closely manage test conditions

(e.g., environments, scenarios, data assumptions, results, and so forth). All output from testing efforts will be stored and cataloged within the Readiness Review Tool. Regardless of the type of deliverable or process, the Desk Review will be led and managed by the Molina's vice president, government contracts.

Onsite Readiness Review. The Onsite Readiness Review is a key milestone event in the implementation process, and activities typically include both technical and non-technical staff to showcase the progress and confidence of the Molina solution. Onsite Review will be managed by the Program Leadership team and fully integrated into the overall program plan.

Our organization's shift of methodologies toward the Agile project management approach has allowed for improved readiness demonstrations, resulting in more in-depth onsite overviews and significantly improving our ability to prepare for Onsite Readiness Reviews. As part of the Agile method, small cross-functional development teams (Squads) work in two-week Sprints of work throughout the project. At the end of each Sprint, the Squad performs a live demonstration of their progress for the cycle. The demonstration is commonly performed by the process owner, who is responsible for operational activities (either corporate or at the local health plan). The results from the demonstration are built into the next two-week Sprint.

Our Implementation Plan assumes all materials, policies, and procedures; systems demonstrations; onsite reviews; and staff must be materially ready for Readiness Review (rather than, for example, a First Enrollee Effective Date). This approach will allow us to confidently demonstrate that our systems and process are ready for live Enrollee and provider support. While still not migrated into production until full internal and agency approval, system capabilities can be easily demonstrated per any Department guidelines.

1.a. PROGRAM IMPLEMENTATION PLAN

An efficient work plan provides a roadmap for a rigorous program management approach and systematic communication among all stakeholders. It identifies the timeframes and key checkpoints in the implementation process along with the project scope, resources, tasks, deliverables, critical paths, and dependencies. It includes a schedule of tasks and milestones required throughout the program. By identifying these features, the work plan is a "living" document that demonstrates the interrelationships among all tasks.

Our disciplined approach to program management will ensure a successful implementation of Kentucky Medicaid program operations with all deliverables met on time to ensure seamless continuity of care for program Enrollees. Our Program Implementation Plan represents best practices established over the course of more than 25 years of successful Medicaid program implementations. We then tailored it to meet the unique needs of the Department and Kentucky Medicaid Enrollees and providers as detailed in the RFP and Draft Contract.

Our draft Kentucky Medicaid Program Implementation Plan addresses each phase of the program and includes assumptions of responsibilities, milestones, and deliverables detailed in the RFP. The plan also includes assumptions regarding the contract award date, readiness dates, and some buffer for document approval turnaround times. As these assumptions are confirmed, we will update the baseline plan. We will update the plan continually based on improved understanding of the work required, team performance, current project status, and as we accomplish activities and deliverables. Activities to date are described below.

Work Achieved to Date

Following the initial Contract award in November 2019, Molina kicked off implementation activities for the Kentucky Medicaid program. This included facilities research, recruitment coordination, and network expansion, as detailed below and as updated within our work plan.

Project Kick-off. To ensure we are prepared for the pending Contract award, we formally launched the Kentucky Medicaid program project, involving all named Molina business owners and stakeholders.

Before the kick-off, we performed a full sweep of the RFP and Contract to analyze and confirm strategy and did so again following the release of the reissued RFP. We developed a rough budget and obtained enterprise-level approval. The kick-off detailed the Kentucky opportunity and landscape, project scope, and engaged all teams to do initial assessment activities.

Expanded Network. We have continued to work with Kentucky providers to expand our comprehensive network. We have accelerated our contracting efforts by adding additional providers, and our Network Development staff continues to work within the Commonwealth to familiarize us with local needs and opportunities.

Facilities Research. *Molina is committed to locating our health plan headquarters in West Louisville,* subject to availability of space. Understanding the potential difficulties in finding a space for our Regional Operations Center and the need to find locations for our Molina One-Stop Help Centers, we began work early to research and identify facilities. We retained a local commercial broker to help facilitate the search and have performed site visits on 50 of the 90 office recommendations in our target cities.

Recruitment Efforts. We believe in recruiting from within the communities we serve, and we are fully committed and dedicated to hiring locally and providing positive economic impact in the Commonwealth. We have established recruiting and onboarding volume and timing efforts, the recruiting budget, and the senior leadership team staffing plan. *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 (DWI) and its Career Development Office for guidance and assistance in recruiting and filling approximately 1,100 positions.* We have a signed contract with a recruiting firm and have a secured relationship with an on-demand local recruiting firm for all levels of positions. We also have established priority hires (contractual and operational requirements) and a local recruiting plan. To support the local recruiting plan, we visited and confirmed sites for eventual local job fairs and established logistics (sites, marketing, and media opportunities) for a Molina Open House ahead of actual job fairs to raise awareness of Molina and our employment opportunities.

Kentucky Draft Implementation Plan

We provide Molina's Draft Implementation Plan for Kentucky within Attachments to Section D. We also provide this plan on the USB in Microsoft Project so the Department can explore numerous other views of our comprehensive work plan. The Program Implementation Plan starts at the beginning, based on an estimated Award Date through approximately 90 days post go-live, including elements in the Draft Contract. We have broken down the Program Implementation Plan by task and subtask; it contains a schedule for the performance of each task included in each year of the Contract. The temporary support by our program-specific resources extends for approximately 90 days post go-live to ensure that systems and processes are stable, data is accurate, reports have cycled, and that the local Kentucky staff are fully able to support the program. In Exhibit D-1, we summarize the Kentucky Medicaid Program Implementation Plan.

2019

Q1 | 2020

Q2 | 2020

Q3 | 2020

Q4 | 2020

Q1 | 2021

Q2 | 2021

Initiation and Strategy Phase

Contract Award

- Establish Program Charter
- Secure Specific Budget, Resources, Schedule
- Begin Staff Recruitment Efforts
- Conduct Kick-off Meetings

Network Contracting Phase

- Develop Kentucky Network Adequacy Model
- Contract Key Providers and Provider Groups
- Perform Provider On-boarding / Training

Documentation Phase

- Develop Kentucky Policies and Procedures
- Develop Technical Requirements
- Update Corporate Procedures

Facilities Build Phase

- Provision Louisville Headquarters
- Provision Regional Operations Center
- Provision Molina One-Stop Help Centers

Technical Build Phase

- Configure Systems
- Build / Test Interfaces (Internal and External)
- Test All Systems

Readiness Review

- Create / Approve / Submit All Requested Materials
- Participate in Cooperative Testing with Agency
- Conduct Onsite Review

Staffing Phase

- Hire and Train All Staff

Go-Live Phase

First Enrollee
Effective Date
01/01/21

- **Early:** Bring Website Live, Conduct Enrollment
- **On:** Transition / Start Enrollee Care
- **Late:** Start Claims Payment, Reporting

Operations Phase

- Stabilize All Systems
- Complete Reporting Cycles

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Exhibit D-1. High-level Kentucky Medicaid Program Implementation Plan

1.a.i. Establishing Office Locations and Call Center

Molina Healthcare of Kentucky headquarters will be in Louisville. To better serve Enrollees and providers, we will also locate six Molina One-Stop Help Centers across Kentucky. Additionally, to support our Kentucky health plan and the Commonwealth economy, our parent company will establish a Regional Operations Center in Kentucky, which will provide enrollment processing, claims payments, and other services, in support of our affiliate health plans throughout the eastern states.



Molina Healthcare of Kentucky Health Plan Headquarters



Local Health Plan. Molina has already started the process of securing office space for our Kentucky health plan headquarters. This effort is performed as part of the overall implementation plan and is governed by Readiness Review and go-live targets. This is a standard build-out typically requiring minimal tenant improvements outside of technical investment. In addition to health plan administrative functions, the facility will house

provider and member support activities, Call Center, care management, utilization management, compliance, quality, and other functions.

The health plan will employ approximately 445 staff.

Recruitment of key Kentucky-based and appropriately licensed leaders, including the permanent CEO and medical director, are underway. As we follow our proven implementation plan, staff recruitment and hiring efforts will increase as we progress toward go-live. Onsite training facilities will ensure new hires can begin training immediately, and key elements, such as Call Center, are completed with all functions built-out ahead of go-live.



Local Call Center. In addition to the 445 staff, by Day 1 of operations, we will have Call Center staff hired, trained, and actively supporting Kentucky Enrollees and providers. Our toll-free Call Center will be available by telephone Monday through Friday, 7:00 a.m. to 7:00 p.m., Eastern Time. For physical and behavioral health issues and questions,

Enrollees will have support available 24/7/365. The dedicated Call Center will be supported by substantial technology and telecommunications investment and must be in place approximately 30 days before any enrollment or marketing event to accommodate hiring and training of staff.



State Agency Shared Office Space. We welcome the opportunity to collaborate with state agencies and believe shared office space is crucial to communication and relationship building. We will dedicate space with our Kentucky Health Plan for Department staff, which will include, at a minimum:

- A private office with a door that locks
- A computer with Internet access, telephone, printer, and fax machine
- A desk, chair, a bookcase, a file cabinet that locks, and standard office supplies

Space provided will comply with HIPAA standards. Molina will cooperate with the Commonwealth to provide appropriate secure system access.

Molina One-Stop Help Centers

We will locate six Molina One-Stop Help Centers across the Commonwealth. One of these will be in the Molina headquarters in Louisville, while others will be located in Covington, Bowling Green, Hazard, Lexington, and Owensboro. We strategically selected these locations across the Commonwealth, based on our research and Kentucky knowledge, for the greatest widespread accessibility, addressing rural needs and underserved communities. These sites will be operational and staffed for go-live.

Our goal is to build out these facilities in areas that are easy to access by public transportation. County demographic assessments and the real estate searches ensure we have access to available resources (e.g., appropriate access, staffing, and accommodations) and we spend funds appropriately to best serve the surrounding community.

Our Molina One-Stop Help Centers are intended to reduce the gap of reaching out to rural areas. They will promote Enrollee and provider walk-ins and will act as a community resource center focused on assisting with any Enrollee and provider healthcare-related needs. For example, providing a space for telehealth access, training and education, and a meeting place for committees and community-based organization events. Each facility will offer free Wi-Fi, meeting room(s), computer access, and translation services, and will be fully Americans with Disabilities Act (ADA) compliant. At our Molina One-Stop Help Center, providers can meet face-to-face with Molina staff; address complaints; receive training, education, and documentation; and attend meetings, as needed. Enrollees will have access to services and information like:

- **Training and Education.** Orientation sessions and orientation video; instruction on how to use the mobile app and services available through the app; information on healthcare benefits, including standard and value-added services; and job and education support, including signing up for GED classes and testing at no cost
- **In-person Assistance.** Selecting or changing their primary care provider (PCP); healthcare assistance, including getting questions answered, concerns addressed, and any barriers to healthcare access resolved; help using the Enrollee Web portal and registering an account; help filling out forms to receive assistance from SNAP or other programs; help writing a resume and completing a job application; and access to other programs and social determinants of health support, including help with finding food, housing, utility assistance, etc.
- **Provider and Care Manager Meetings.** Face-to-face meetings with a care manager to receive a private Health Risk Assessment and Enrollee Needs Assessment; reviewing Molina's Population Health Management program; and access to a private room with telehealth capabilities to receive telehealth services
- **Community Events.** Opportunities to participate in community events with local community-based organizations, including the potential for nutrition, cooking, and health classes

Regional Operations Center

Our goal is to establish our health plan and the Regional Operations Center in one large facility in the Louisville Opportunity Zone. To ensure on-time operations at go-live, we will establish the health plan facility in Louisville, while a site for overall operations will be either found or built out. Once the Regional Operations Center facility is established, the health plan will transition to the same facility.

Somewhat independent of the site build out will be migration of operational capabilities. Once operational capabilities are initially established in Kentucky, movement to a central facility would be a separate and easier undertaking. The initial migration benefits from several strengths within our organization: Our supporting technology structure is cloud-based, making it agnostic to the physical location and as many of our capabilities are already not co-located, relocation to Kentucky is not a significant hurdle. Proper infrastructure for telecommunications, network, security, and business continuity are vital and complex functionality that we build out routinely.

Making an Economic Impact with 700 Jobs

Our Regional Operations Center will support the Kentucky health plan and Molina affiliated health plans in the Eastern Time Zone, adding 700 new jobs in Louisville. The Center will perform functions, including claims processing, encounters, Enrollee and provider Call Center, and appeals and grievances. It will also include a dedicated technical presence to address local as well as corporate system support.

The migration of capabilities is essentially a repeatable process. For each business capability, we will follow a simple Plan-Do-Check-Act model as shown in Exhibit D-2. We will use this model to polish each capability until migration cycles are complete.

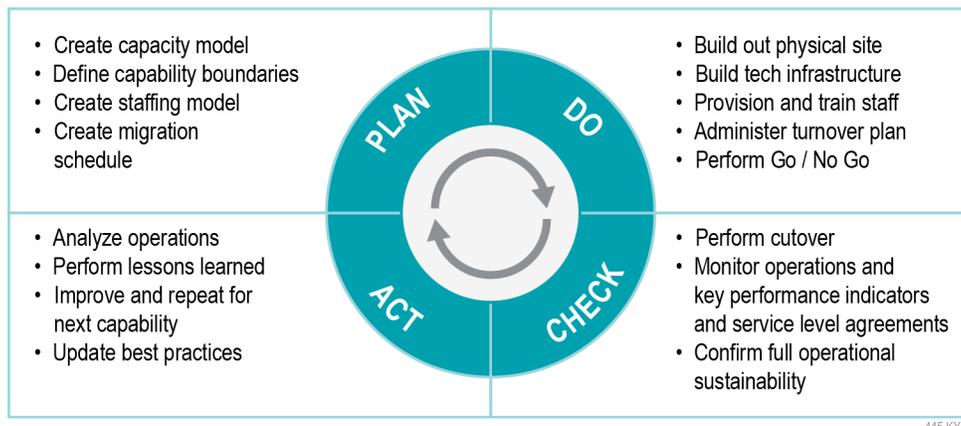


Exhibit D-2. Molina’s Iterative Build Methodology

A capability can be defined as a business process (such as claims adjudication) or a group of business processes (such as full claims processing).

It is our commitment to migrate all capabilities to the Kentucky Regional Operations Center within 18 months of the Kentucky Medicaid program go-live.

1.a.ii. Provider Recruitment Activities

The objective of Molina’s provider network development strategy is to develop a comprehensive, broad, direct network that meets Enrollees’ healthcare needs and aligns with the Commonwealth’s goals of improving health outcomes, focusing on quality, and operating in a cost-efficient and effective manner.

We completed a comprehensive review of the Kentucky Medicaid program’s covered services, demographics of eligible Enrollees, and current Medicaid network and network adequacy requirements to identify a high-quality, efficient network of providers that will meet our Enrollees’ physical health and behavioral health needs and support diverse cultural, linguistic, and disability needs. We have designed our network to support our population health objectives and interventions, meet unique Enrollee needs, and address the Department’s stated Medicaid program priorities. We have an ongoing process to identify providers who are willing to meet our terms and conditions for participation, including all provider types identified in Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 28.2, Network Providers to Be Contracted.

Our network development approach considers providers’ geographic location, distance, and travel time relative to Enrollees, office accessibility, cultural competency, ethnicity, language, if they are accepting new Medicaid patients, availability of telehealth services and/or technology, and other special needs of the Kentucky Medicaid population, including expected utilization of services.

A Proven, Comprehensive Approach

- Locally based provider contracting representatives who provide in-person, one-on-one assistance to facilitate contracting credentialing
- Comprehensive, continuous assessment of network access, availability, quality, and alignment with Enrollees needs
- Extensive national experience developing and implementing innovative value-based payment (VBP) programs that reward providers based on high-quality and cost-effective care
- Innovative technology-enabled collaborations to support and promote population health in both urban and rural geographies

The Molina enterprise offers more than 25 years of experience developing and managing comprehensive high-quality provider networks, currently serving 3.4 million members across 15 states. We recruit experienced providers who have traditionally delivered a significant level of care to Medicaid beneficiaries, are committed to providing high-quality care, and willing to partner with us to improve health outcomes, minimize administrative costs, and collaborate to identify and implement access / care management solutions. ***For more than 25 years, we have passed every Readiness Review and have met network adequacy requirements before go-live for every one of our implementations.***

Under the direction of Provider Network Director Kim Sweers, Molina’s Provider Network team ***has recruited providers throughout the Commonwealth and in bordering states.***

Table D-1 provides a snapshot of regions and provider types for which we have already achieved network adequacy.

Table D-1. Network Adequacy Heat Map by Provider Category

Provider Type / Categories	Number of Counties at Adequacy							
	Reg 1	Reg 2	Reg 3	Reg 4	Reg 5	Reg 6	Reg 7	Reg 8
Acute IP Hospitals, ASC, IP Substance Abuse, IP Psych Facilities	4/12	6/12	9/16	14/20	19/21	5/6	8/14	9/19
All Other Specialties and Provider Types	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Behavioral Health, Substance Abuse, Psychiatry	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Community Mental Health Center	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Dental	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Diagnostics, Imaging, Laboratory, Mammography	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
FQHC, Birthing Center, Health Dept, Home Health, RHC, Duty Nurse	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Pharmacy, DME	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Podiatry*	6/12	12/12	16/16	20/20	20/21	6/6	13/14	19/19
Primary Care, Family Planning, APRN, PA	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Renal Dialysis Clinic	12/12	10/12	16/16	20/20	21/21	6/6	14/14	19/19
Specialist Network	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19
Speech, Occupational, Physical Therapy, Chiropractor	10/12	11/12	16/16	20/20	21/21	6/6	14/14	19/19
Vision, Audiology	12/12	12/12	16/16	20/20	21/21	6/6	14/14	19/19

Legend										
100%	95.2%	92.8%	91.6%	90.5%	83.3%	70%	57.1%	50%	47.3%	33.3%

Acronyms: IP = inpatient; ASC = ambulatory surgical center; FQHC = Federally Qualified Health Center; RHC = rural health clinic; DME = durable medical equipment; APRN = advanced practice registered nurse; PA = physician’s assistant

* Molina has identified adequacy gaps related to Podiatry. Appalachian Regional Hospital has podiatrists within its provider network and would address the shortfall in Region 5. We have identified 4 independent providers in Region 7. We will continue to pursue contracts with these organizations in advance of the event we are awarded a Medicaid Contract with the Commonwealth. If an Enrollee requires access to these providers, Molina would either enter into a single case agreement or provide transportation to another provider in an adjacent county.

Understanding Kentucky’s challenges related to Medicaid network access and adequacy—especially in rural and Health Provider Shortage Areas regarding provider concerns and other administrative

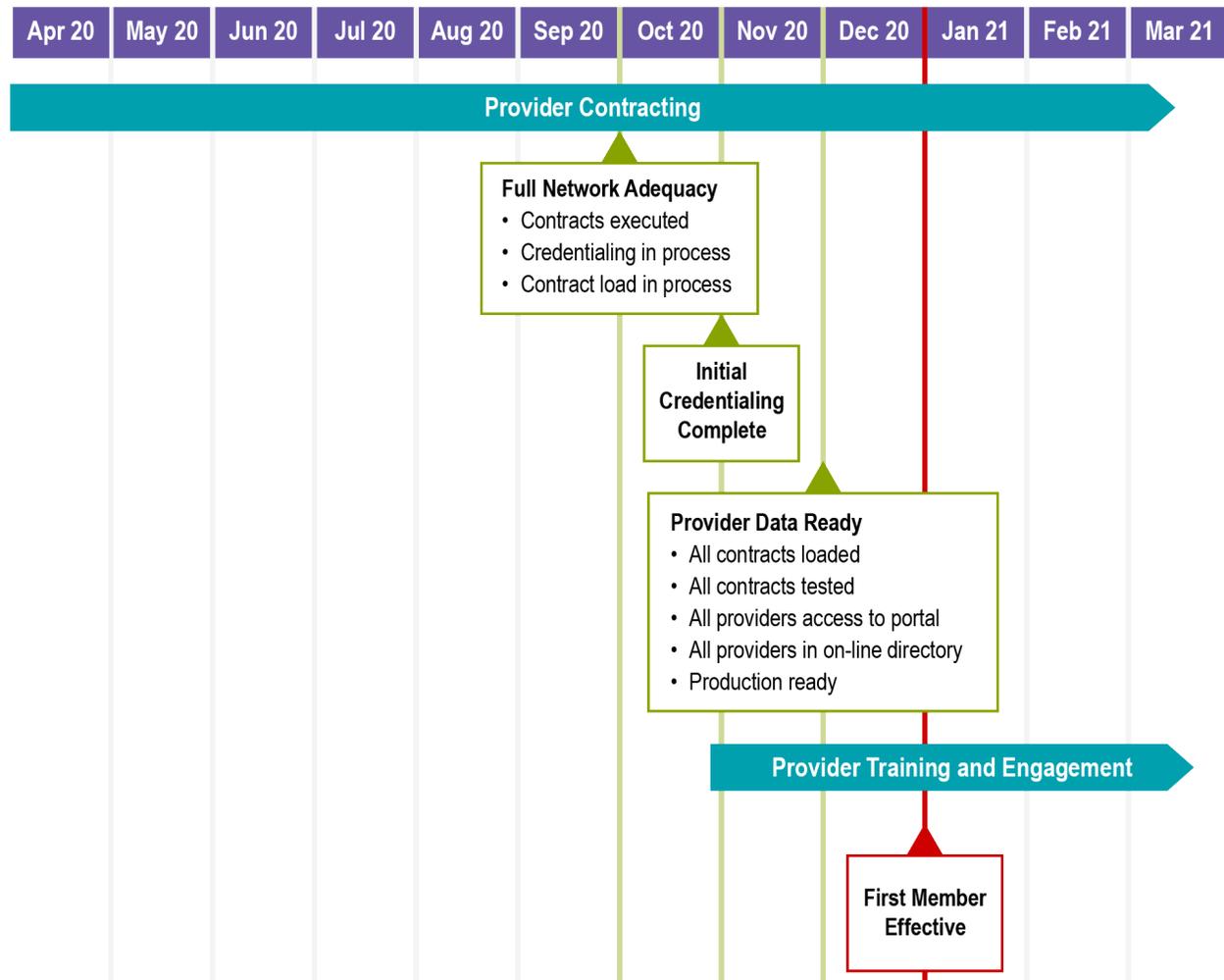
frustrations—allows us to bring a tailored, dedicated approach to ensuring the implementation of a strong, robust provider network vital to the success of the Kentucky Medicaid program. For example, *the U.S. Health Resources Services Administration has designated all but 10 of the 120 Kentucky counties as Health Provider Shortage Areas*. Given the concerns that MCO networks are insufficient in rural areas, which limits access to care, Molina will continually recruit additional providers to strengthen our network in these shortage areas and encourage providers to open their panels to more Medicaid Enrollees.

Overarching Recruitment Approach. Our approach, which centers on four concepts that will strengthen our ability to recruit providers who deliver care locally in the most appropriate and cost-effective setting, includes:

1. **Reduce providers' administrative burden.** Understanding that providers delivering care in traditionally underserved and non-urban communities face challenges with sufficient resources to serve local Enrollees adequately, Molina will focus on reducing providers' administrative burden to maximize the amount of time providers spend in direct services delivery. Programs like our Preferred Provider PA Program, which relaxes or eliminates prior authorization requirements for providers demonstrating quality outcomes and proactively analyzes claims submission to reduce or eliminate claims denials, will help providers stay focused on delivering care.
2. **Reimburse providers promptly.** Because many providers in traditionally underserved and non-urban communities often struggle with adequate funding, Molina will employ advanced technologies like our Prospective Claims Accuracy Solution that uses an algorithm aligned to our payment policies to prospectively check claims for accuracy, electronic funds transfer, and remittance advice for faster and safer payment and explanation of payment. In fact, across all our affiliated health plans, we averaged *10.6 days from receipt of a clean claim to payment in 2019*, including claims that required secondary quality review.
3. **Support providers with addressing Enrollees' unique healthcare issues and disparities.** Kentucky has been impacted by the opioid epidemic. We will support providers in traditionally underserved and non-urban communities with tools and resources like our:
 - Substance Use Disorder (SUD) Model of Care with Opioid Use Disorder Focus that includes proprietary tools providers can use to screen Enrollees for opioid use, an enhanced care opioid use care coordination model, and comprehensive data dashboard and report
 - Behavioral Health Provider Toolkit that will help primary care providers (PCPs) and specialists navigate an area of health with which they may not be familiar by providing them with screening tools, diagnostic criteria, clinical guidelines, interventions, links to additional clinical resources, and guidance on how and when to refer an Enrollee for treatment with a behavioral health provider
 - Community-based SUD navigator staff—trained in SUD treatment and dedicated solely to Enrollees with SUDs—who will engage with Enrollees with SUDs to encourage treatment, coordinate care for them, and work with them on treatment adherence.
4. **Partner with FQHCs, RHCs, and CMHCs on efforts to recruit graduating doctors and advanced practice nurses.** In every market our organization works, we focus on creating strong partnerships with FQHCs, RHCs, and CMHCs with the understanding that these resources serve most members. In Kentucky, in addition to Kentucky Primary Care Association's (KPCA) safety net providers, we have begun discussions with several FQHCs to determine ways to recruit additional providers through targeted initiatives like providing grants and scholarships for medical students and advanced practice nurses; providing funding to acquire new or improve existing telehealth technology capabilities; and recruiting providers (e.g., pediatric psychiatrists) from outside the Commonwealth where needed. Additionally, as a member of the Kentucky Rural Health Association (KRHA), we will explore ways of working with the KRHA in support of efforts to broaden the rural healthcare delivery system. We will also continue to work with CBOs, such as Family Scholars House and Audubon Area Community Services, to support healthcare workers across the continuum of care to increase access to care.

Through face-to-face meetings with providers, we listen to their needs, their ideas, and their frustrations to understand where opportunities exist to improve the provider experience, reduce administrative burden, and create targeted solutions to address local healthcare issues and disparities in an effort to secure more providers to serve our Enrollees. Throughout Kentucky, providers expressed similar challenges: onerous, lengthy credentialing processes; difficulty getting timely assistance from MCOs; and burdensome administrative requirements required by MCOs. In preparing our network strategy for Kentucky, we considered the challenges providers are facing, and are proposing an innovative approach to recruit providers in traditionally underserved as well as non-urban areas, address workforce shortages and network gaps, and contract with providers in bordering states. Our three-pronged approach, described below, includes credentialing and onboarding providers using a swift, provider-friendly process; establishing regional Molina One-Step Help Centers to engage providers and their staff in person; and assessing referral and practice patterns to engage and contract the providers Enrollees use in bordering states.

Exhibit D-3 provides a high-level overview of Molina’s Kentucky Medicaid program provider implementation activities.



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Exhibit D-3. High-level Kentucky Medicaid Program Provider Activities

1.a.iii. Staff Hiring and a Training Plan

Enrollee care and provider satisfaction are highly dependent on the quality of the staff that delivers those services. Resource allocation and deployment begins with human resource planning and continues with acquiring, developing, deploying, and managing the health plan team. Resource planning activities include determining the resources necessary to support the project organizational structure and a staffing plan that outlines the roles, responsibilities, and reporting relationships. Initial allocation begins during the Initiation and Planning phases, where we start to monitor, track, and supplement resources, as necessary, throughout the implementation and over the life of the Contract.

Our successful implementation history indicates that our program team has adequate time and insights to fine-tune our staffing model by finding locally based and appropriately licensed candidates who meet, and often exceed, the Commonwealth's high standards as well as our own stringent experience requirements. Our team of executive and key staff are leaders in their respective areas, and they each bring a deep understanding of what it takes to successfully implement the Kentucky Medicaid program to best serve Enrollees.

Throughout the transition time frame, the key staff named in our proposal are committed to ensuring the health plan is appropriately staffed with local, qualified hires and will serve on an advisory basis thereafter. They will also be available to the Department throughout the Implementation phase to answer any questions and provide support during health plan start-up. Those selected for the permanent executive team and key staff roles, all of whom are subject to approval by the Commonwealth, will be solely dedicated to the Kentucky Medicaid program for the duration of the Contract.

Staff Hiring

As shown in Exhibit D-4, we propose a dedicated, locally based Implementation team who will hire and ensure an in-place staff, trained and ready for successful operations. Although the Implementation team will remain in a supportive role after the go-live date, the Operations team will be fully functional by the time operations begin, carrying out all operational activities required under the Kentucky Medicaid program Contract and maintaining responsibility for monitoring and supplementing staff. Where local resources are not available, we will actively recruit candidates to fill out our staffing model. As needed, the local Operations team can be supplemented by regional or corporate experts. Once local resources can stand on their own, the corporate resources will migrate to an advisory role. Below, we describe our approach to recruitment and staff hiring.

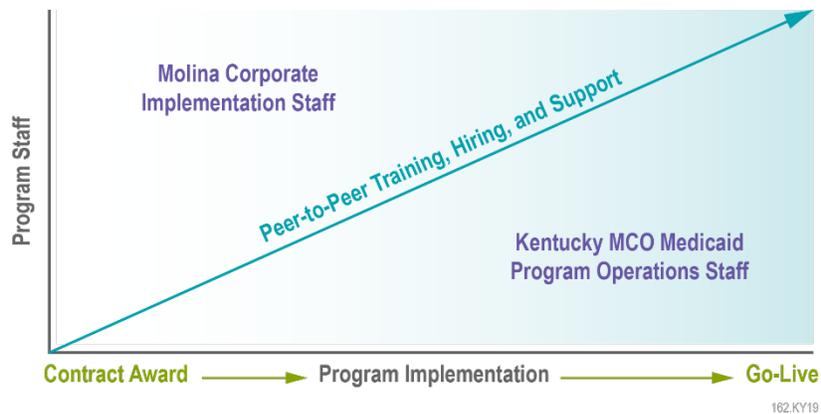


Exhibit D-4. Hiring and Training Staff for Go-Live

Recruitment and Staff Hiring

We believe in recruiting from within the communities we serve, and we are fully committed and dedicated to hiring locally and providing positive economic impact in the Commonwealth. Our full-time, Kentucky-based team will comprise leaders in their respective areas who bring a deep understanding of

what it takes to successfully serve Kentucky Medicaid program Enrollees. Molina believes that one of our strongest pillars for success is our human capital. Our corporate culture and our enterprise-wide commitment to a careful talent attraction process are the keys to workforce longevity.

As our parent company has grown from one clinic in Southern California to a Fortune 500 company, one of our corporate guiding principles has been to hire the right people and empower them to work with confidence and authority. Our organization offers competitive compensation and health benefit plans and a host of enhancements to help employees maintain a healthy and well-rounded lifestyle. We actively promote our corporate culture through our recruitment and hiring process by seeking out candidates who believe in our mission to provide quality healthcare to underserved populations. In the case of continued staffing gaps, our common Molina model office will allow us to draw from Molina regional resources.

We employ a host of resources to find the best people in the industry, including the Employee Referral program, qualified healthcare recruiters, external staffing agencies, job fairs, and job sites. We recognize that one of the best ways to attract talent is to tap into the extensive network of talent already at our disposal: employee referrals. Through our Employee Referral program, an employee can receive up to \$3,000 if a referred candidate is hired. It is a testament to our faith in our employees, and likewise to our employees' understanding of our culture.

Our organization also uses qualified internal healthcare recruiters and external staffing agencies. We attend job fairs with hundreds of employers, which enables us to meet professionals we have not found through other avenues to find the right candidates for any open positions. We are also active on the standard job sites both for the workforce at large (CareerBuilder, Indeed, LinkedIn) and will use local Kentucky workforce resources, such as iHireSocialServices (a Kentucky website dedicated to recruiting staff in social services), employment fairs we host in each region of the Commonwealth, and agencies and organizations such as the Kentucky Education and Workforce Development Cabinet Office and Kentucky Career Centers.

We seek employees who have the proper qualifications and experience working in the healthcare industry. Furthermore, by leveraging behavioral interviewing techniques, we also identify staff who will be a "cultural fit" for our health plan and share with the Commonwealth and our company a deep and demonstrated passion for improving outcomes among underserved Enrollees. This approach will help ensure a workforce that understands the Commonwealth's vision and goals for its Medicaid populations. The result of these efforts will be a committed, highly professional workforce that will provide the highest level of service for the people of Kentucky.

Training

Molina will support the growth potential of each contributor within the organization by taking a comprehensive view toward employee training and development. Our training, education, and supervision of staff will engage every employee in a proactive way. As we build our plan and our staff in Kentucky, we will pay special attention to creating a culture of collaboration and accountability. New staff members at all levels will participate in a comprehensive training program, which will include required corporate-wide training, such as HIPAA policies; fraud, waste, and abuse awareness; code of conduct; and plan-specific training particular to each functional area. We also will ensure Kentucky-specific training, including Kentucky Medicaid, SKY Program Overview, and Prevalent Health Conditions in the Kentucky Medicaid population.

In addition to our formal training sessions, we also will conduct a robust online offering of required and optional courses through our iLearn system. Training schedules and modules will be tailored to each position. Most training modules will include a comprehension test at the end of the module to gauge the employee's understanding of the materials. There also will be ongoing training sessions for updates related to the healthcare industry and specific contractual requirements. These trainings will be facilitated by the Learning and Development team, the local management staff, and the local Compliance department. Besides required courses, each employee will have the opportunity to take advantage of other

online training courses through the iLearn system. The topics available will vary from computer skills to more advanced healthcare topics. Employees can schedule these courses at their convenience.

Below, we highlight some of the functional area trainings that occur during implementation to ensure readiness for go-live.

Kentucky Call Center Training. Call Center new hires will be placed on an accelerated quality monitoring program where our Quality Assurance team and Enrollee Services supervisors will monitor at least 10 calls over the first month answering calls for each customer service representative. Our online Quality tools will allow us to identify specific areas of opportunity, such as building rapport with the Enrollee, product knowledge, and documentation of calls. Once identified, we will provide additional periodic training sessions on an individual and group basis focused on what our Quality data indicates. Training also will be prompted by changes in product or process details. All customer service representatives will receive behavioral health training upon hire and annually on a wide range of topics, including call management processes, behavioral health tutorials, and best practices for crisis assessment and intervention. The training curriculum will include a SUD training program, which will discuss how to assist Enrollees with opioid misuse or crisis, and courses on depression, general mental health, suicide risk and assessment, and techniques to de-escalate calls.

Clinical/Functional Area Training. We will have local, qualified clinical training staff conduct utilization management and care management modules for the Kentucky Medicaid program. These sessions in Kentucky will educate clinical departments and care managers on how to help improve Enrollee outcomes. The focus will be on teaching our professionals how to manage disease-specific conditions, create individualized person-centered care plans, and the key aspects of utilization management and population health.

Provider Services Staff. Kentucky Medicaid program Provider Services staff will receive initial and ongoing training and information through iLearn self-paced courses; review of online and hard copy documents, manuals, and other communications; corporate-led training for QNXT, call tracking, the websites, and the Web portal; intra-plan departmental shadowing; and visits to affiliated health plans for onsite field visit training. They will be hired based on their experience and trained to understand the history and needs of Kentucky providers.

Supervisory Training. Employees in supervisory roles will participate in the New Leader Orientation, which will provide leaders with essential skills, knowledge, and resources to effectively engage and develop their team. The six-hour program will consist of four 90-minute modules focused on Molina's core competencies for performance management, employee engagement, and transactional skills. The program's goals are to help participants to apply leadership skills, knowledge, and resources in their daily activities and to recognize, understand, manage, and mitigate leadership challenges. We will follow this training with coaching and quarterly development sessions, each taking place on a one-on-one basis between the manager and his/her supervisor.

We will encourage managers to use documents when discussing their employees' performance and career goals. Our Intranet site will provide quick access to a career development worksheet and an expectations and deliverables agreement, among other valuable communication tools. We will supplement these practical guides with regular emails to all employees, titled "Who We Are," that reinforce our beliefs and best practices.

1.a.iv. Developing All Required Materials

A proven deliverables management process that includes quality checks and final confirmation of completed deliverables, both internally and externally, will ensure we provide our deliverables and major activities on-time, are of the highest quality, and are aligned with the Department's expectations. Deliverables management will be an essential component of each phase of the Kentucky Medicaid program Contract.

Our overall deliverables process, shown in Exhibit D-5, consists of internal and external checkpoints leading up to approval of Readiness Review deliverables by the Department. This process will be administered by Molina’s vice president, government contracts who will use our Readiness Review Tool.

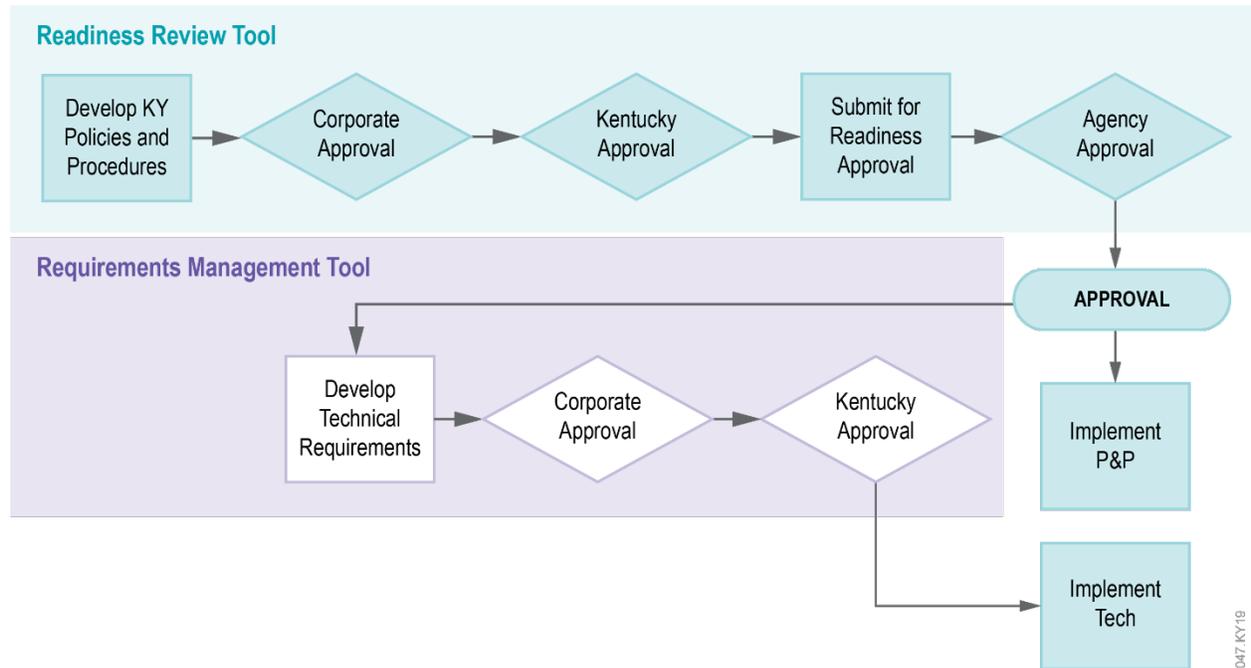


Exhibit D-5. Deliverables Development and Approval Process

Finalized policies, when appropriate, will be reviewed again to confirm that technical specifications match the committed and approved version. Requirements-gathering and technical documentation development will occur in parallel but will be dependent on Department approval. Requirements documents will be tracked in our Requirements Management Tool, which will track progress, catalogs versions, and documents approval throughout the development cycle.

All documents—Department- or Molina-required—will be reviewed by corporate and local Kentucky SMEs and management. Molina’s vice president, government contracts and staff will manage deliverables and activities required under the Kentucky Medicaid program Contract. Government Contracts staff will employ standard tools for monitoring requests that come in from the Department for deliverables such as ad hoc reports, as well as required activities such as implementing a programmatic change. Molina’s vice president, government contracts will become the single point of contact for the Department, ensuring consistent and effective communication regarding all requests for deliverables or change activities coming from the Department and that requests are closely monitored through completion. This approach will support our goal of always providing the Department with on-time, quality deliverables.

We will use our SharePoint site to house a historical record of all deliverables and activities submitted to the Department for final approval. Because SharePoint allows for storage of multiple versions of, for example, an Enrollee Handbook, the entire review and revision process between the Department and Molina can be preserved for future use, if necessary. In addition, we will log documentation for each approval in SharePoint. Keeping exact documentation of the date of approval and the Department staff member who provided the approval can be very helpful if staffing changes at the health plan or the Department.

User Acceptance Testing will take place after technical IT design and development has occurred and technical systems integration testing is complete. This will be a rigorous process for instituting business approval and acceptance of all core applications. We will develop test scripts to identify the most

complex use cases and test the applications from an end-to-end and intra-system perspective. The code will get pushed to production for deployment following process owner sign-off.

1.a.v. Establishing Interfaces to Other Information Systems

When entering a new market, one of the first work threads is to establish a reliable secure technological connection to business partners. For existing relationships, our enterprise wide Procurement department leads the effort to confirm that existing contractual agreements are supported in the target geography. If necessary, an update of existing connectivity is performed. For new business partnerships, particularly with state agencies and agents, we execute comprehensive Business Associate Agreements.

During implementation, we will identify a dedicated team and leverage our Agile methodology to execute all development and testing with third parties. This method will embed quality and flexibility into the process to deliver changes and a final product quickly. We will accomplish data and transaction integration between our parent company and partner systems through our integration layer, which comprises multiple technologies:

- **API Gateway.** Governs all web services and acts as the single point of access to all our integration services and ensures secure, reliable, and high-service availability
- **Electronic Data Interchange (EDI).** Allows exchange of information using standardized formats; subcontractors and the Department will be configured as trading partners in our EDI platform
- **SFTP.** Establishes secure file transfer protocol (FTP) connections with other entities; Molina will be able to send and receive secure, encrypted files to and from subcontractors and the Department

We will receive, create, access, store, and transmit all health information data in a manner that is compliant with HIPAA standards; all our systems and processes comply with all federal and Commonwealth privacy and security provisions. In addition, all systems and processes comply with the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). During Implementation, we will ensure the same levels of data security and integrity.

Molina will conduct all file exchanges using end-to-end secure FTP channels, and “at rest” data will be kept secure using the 140-2 FIPS security standard. If any additional security is desired or needed, we will use PGP encryption on a file-by-file basis by exchanging public PGP keys. For any partner or vendor connecting to Molina’s secure FTP, we will implement a 90-day password reset policy as an enhanced security measure. The process of sending and receiving files will be automated. A dedicated Business Automation Services team will be the only team (outside of security) with access to the configuration of the systems involved in file transfers.

1.b. PROPOSED STAFFING TO SUPPORT IMPLEMENTATION ACTIVITIES AND READINESS REVIEWS

As stated, our Implementation team will work across functional areas to ensure that operations, systems, and staffing are in place, and we meet milestones and respond to the Department’s concerns promptly. Our Implementation team brings three distinct values to our effort: expertise in health plan implementation, managed healthcare delivery, and local Kentucky expertise.

During Implementation, our Kentucky Medicaid team will be under the direction of interim CEO Dwayne Sansone, an executive leader with more than 20 years of experience across various industries, including healthcare insurance. Currently, at the national level, Mr. Sansone serves as our parent company’s vice president of business implementation, managing a team of implementation experts. He will bring his implementation and operations experience, along with his team of skilled implementation specialists, to directly benefit the Commonwealth.

Our healthcare service vision, offerings, and structures will be led by our interim Medical Director, Dr. Jason Dees. Dr. Dees is an accomplished practicing physician and executive with experience working within Mississippi and other regions like Kentucky. His professional accomplishments include building

effective organizations in market growth and development, operations and medical management, and managing large scale projects on time and within budget. As Medical Director, Dr. Dees will support each department’s strategic planning and operational improvement process with emphasis on improved healthcare cost and quality. He will oversee and manage the day-to-day medical affairs department and staff, including the medical directors, quality director, director of behavioral health, and director of pharmacy services. He will also maintain responsibility for clinical directors employed by subcontractors.

Our local knowledge expert is our interim Behavioral Health Director, Dr. LaTonia Sweet, a lifelong Kentuckian who received her MD from the University of Kentucky. Dr. Sweet is Board Certified in Psychiatry and Addiction Medicine and will oversee all behavioral health activities. She was named the *2016 Physician of the Year* by Kentucky Medical News, received the 2016 Kentucky Medical Association Community Connector Award, and the 2017 Kentucky Medical Association Leadership Institute Award. In addition, she holds positions on the board of directors for several Kentucky organizations, including Molina Healthcare of Kentucky, Inc. and Kentucky Foundation for Medical Care, a charitable organization committed to improving the health of Kentuckians through medical education and public health initiatives. She brings a wealth of insights directly pertinent to this market.

Mr. Sansone, Dr. Dees, and Dr. Sweet will partner with other leaders in the Commonwealth to ensure a tailored implementation that meets the direct needs of the Commonwealth, avoids disruption for Enrollees and providers, and brings our integrated care model to Kentucky to improve whole-person care and the health outcomes of Kentucky Medicaid Enrollees.

This powerful leadership team will manage our implementation key staff who are current employees through our parent or affiliated health plans and are among our leading SMEs at the corporate or health plan level.

Mr. Sansone and his leadership team are authorized to make decisions involving the health plan. With the full support of our parent company and corporate resources, Mr. Sansone is empowered to make contractual, operational, and financial decisions, including rate negotiations, claims payment, and provider relations/contracting. In Table D-2, we propose this highly qualified Implementation team tasked with getting the operation, systems, and staffing in place and ready for successful operations.

Table D-2. Molina’s Staffing to Support Implementation Activities and Readiness Reviews

Name	Title
Chief Executive Officer (CEO)	Dwayne Sansone
Chief Financial Officer	Daniel Gudz
Chief Compliance Officer	Chris Mardesich
Medical Director	Dr. Jason Dees
Behavioral Health Director	Dr. LaTonia Sweet
Pharmacy Director	Kimberly Broyles-Kpogli
Dental Director	Dr. Jacinto Beard
Provider Network Director	Kim Sweers
Quality Improvement Director	Deborah Wheeler
Population Health Management Director	Emily Higgins

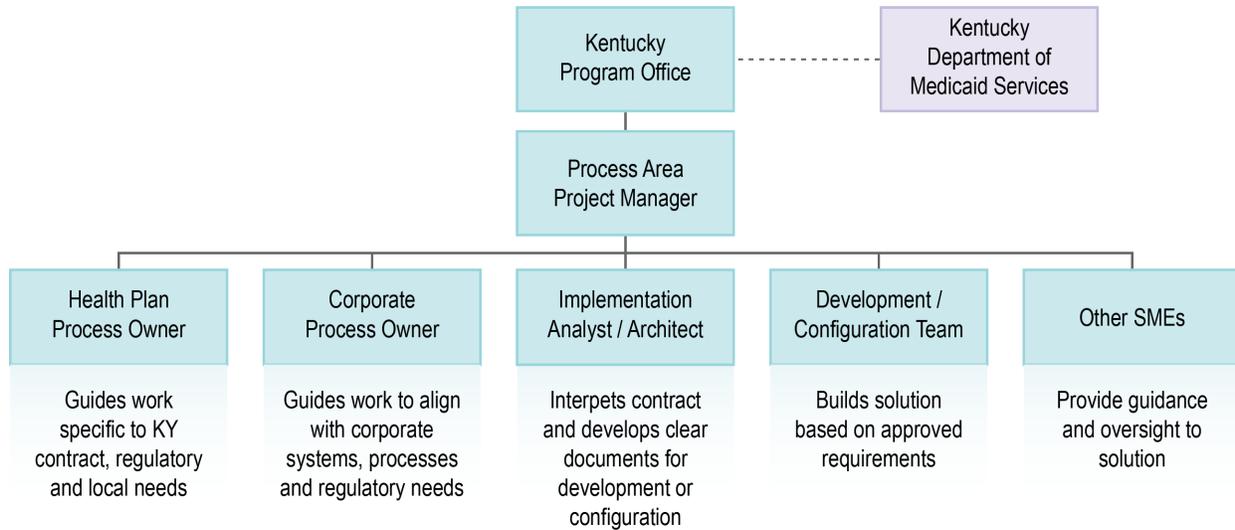
The Implementation team is substantial and drawn from a multitude of internal disciplines and process areas. They will be assigned and allocated for the duration of the effort. Corporate and local health plan process owners are integral resources that will help guide program development and ensure smooth transition to successful operations. Most implementation roles are highly specialized with deep

knowledge of Molina systems and operational processes. ***Seasoned, informed staff will build this plan correctly the first time.*** As Molina staff is hired, they will be assigned a peer relationship with a similarly modeled health plan or corporate role. This will accelerate onboarding and improve new-hire skills and ownership in our solutions.

To prepare for Readiness Review, we will parse out activities by process areas and dedicated teams will be assigned to accomplish the work. Each team will be led by a project manager who will work closely with their stakeholders and SMEs to create a clear solution. Project teams will be initially assigned at a granular level and later consolidated according to factors such as related functions, amount of work, schedule, dependencies, and so forth. Process areas included in the initial assignments include:

- Accounting and Budget
- Appeals and Grievances
- Behavioral Health
- Benefits
- Call Center
- Care Management
- Centralized Recovery
- Channel Readiness
- Claims
- Community Engagement
- Compliance
- Configuration
- Contracting
- Credentialing
- Customer Experience
- Delegation Oversight
- Business Continuity
- EIS—Data and Reporting
- Encounters
- Enrollment
- Facilities
- Finance/Analytics
- Government Contracts
- Hand-held Devices
- Healthcare Services Clinical Operations
- HIPAA
- Human Resources
- IT
- Legal
- Marketing
- Medical Affairs
- Enrollee Materials
- Network Strategy
- Nurse Advice Line
- Omnichannel/Web
- Prior Authorization Guide
- Premium Reconciliation
- Procurement
- Provider Configuration
- Provider Engagement
- Provider Materials
- Provider Network
- Provider Services
- Public Relations
- Quality
- Recruiting
- Regulatory Affairs
- Reimbursement Management
- Risk Adjustment
- Staffing/Recruiting
- Training
- Utilization Management
- Pharmacy

Project teams or Squads will be assigned and aligned to each of the process areas above. Each team will have at least one team member assigned to each of the roles below. This will ensure we have an insightful, overlapping focus on satisfying all contractual and Molina internal requirements.



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Exhibit D-6. Implementation Staff Roles

The overall Implementation team will typically consist of approximately 15–20 teams with a couple hundred individuals being engaged over the course of the effort. All this work will funnel through the Kentucky Implementation Program Office.

1.c. OVERVIEW OF SYSTEM OPERATIONAL IMPLEMENTATION REQUIREMENTS AND RELATED MILESTONES

The work plan development process involves charting all activities throughout all phases and the time it takes to complete tasks. During implementation and resource planning, it is particularly important for us to coordinate activities and deliverables for completion; when each of those activities and deliverables begin and respective due dates; anticipated duration of each activity or deliverable production; and place and amount of project activity overlap.

The Kentucky Medicaid Program Implementation Plan may be depicted graphically by a Gantt chart breakdown of work to be performed, showing the planned start and end dates of all tasks and subtasks. The Gantt chart developed for the Department lists tasks during each phase and illustrates their relationship to one another and the schedule. As stated, within Attachments to D, we provide Molina’s Draft Implementation Plan for Kentucky, including the Gantt chart, which provides an overview of system operational implementation requirements and related milestones. Furthermore, in Exhibit D-7, we show draft the high-level Gantt chart, summarizing data elements and other information available in the Kentucky Medicaid Program Implementation Plan.

Task Name	Duration	Start	Finish	%	Nov	Dec	Jan	Feb	Mar	Apr	May
1 Kentucky Medicaid Implementation Work Plan	389 days	12/1/19	5/27/21	1%	[Gantt bar]						
2 External Planning Dates	187 days	4/15/20	1/1/21	0%	[Gantt bar]						
10 Initiation and Strategy Phase	112 days	12/1/19	5/5/20	28%	[Gantt bar]						
11 Define and Charter Program (Initial Award)	15 days	12/1/19	12/20/19	100%	[Gantt bar]						
16 Define and Charter Program (Final Award)	15 days	4/15/20	5/5/20	0%	[Gantt bar]						
21 Determine technical strategies	67 days	1/27/20	4/28/20	0%	[Gantt bar]						
27 Determine / Confirm Vendor specific strategies	5 days	4/15/20	4/21/20	0%	[Gantt bar]						
34 Prepare Program Kick -Off	92 days	12/1/19	4/7/20	92%	[Gantt bar]						
40 Program Launch	95 days	12/18/19	4/28/20	1%	[Gantt bar]						
55 Network Contracting Phase	307 days	12/2/19	2/2/21	2%	[Gantt bar]						
88 Facilities Build Phase	389 days	12/1/19	5/27/21	2%	[Gantt bar]						
138 Documentation Phase	90 days	4/28/20	9/1/20	0%	[Gantt bar]						
139 Leadership Squad - Phase Administration	60 days	4/29/20	7/21/20	0%	[Gantt bar]						
145 Configuration Squad	55 days	4/29/20	7/14/20	0%	[Gantt bar]						
146 Benefits	40 days	4/29/20	6/23/20	0%	[Gantt bar]						
147 Create Business Benefit Requirement Documents	2 mons	4/29/20	6/23/20	0%	[Gantt bar]						
148 Secure BBRC Approval	2 mons	4/29/20	6/23/20	0%	[Gantt bar]						

Exhibit D-7. Draft Kentucky High-level Gantt Chart

d. REQUIRED MCO, DEPARTMENT, AND OTHER RESOURCES TO ENSURE READINESS

As stated above, the Readiness Review process is a specific set of activities performed in parallel with the Implementation Plan. The Desk Readiness Review and the Onsite Readiness Review have very different models fully integrated into our delivery model. Below, we list resource required from Molina, the Department, and others needed to ensure readiness.

Staffing Resources

Molina Internal Staff. Our Implementation staffing model is described in the sections above and includes local Kentucky staff supported by corporate staff. This team will be led by CEO and the implementation program manager. There will be a dedicated Core Implementation team supported by up to a couple hundred internal resources from various disciplines.

Commonwealth Department Staff. It is anticipated that regular meetings and frequent communication with Department staff will be necessary, and these meetings will be coordinated through Molina’s vice president, government contracts. We expect the Department will help facilitate any more direct peer-to-peer contact with Commonwealth SMEs.

Technical Resources

Internal Technical Systems. Molina will dedicate specific technical environments to support the development, testing, and production of systems for the Kentucky Medicaid program Contract. These will have similar configurations, so comprehensive and reliable solutions can be developed before go-live.

External Technical Systems. All data exchange methods will be tested thoroughly for connectivity and security. We expect the Commonwealth will provide the proper system connectivity to their testing and production systems. All other agencies and subcontractors will go through the same rigor. All business partners will be required to have a current Business Associate Agreement executed before any data connectivity occurs.

Technical Testing. Molina will request, participate in and, if necessary, lead cooperative testing efforts during the implementation and readiness processes—including the tests shown in Exhibit D-8. We will formally test all systems and require cooperative approval before promoting them to a production environment. Systems vary, but the model Molina will use requires the following to support a test effort that accommodates those variances: formal test strategy, test plan, test data, test scripts and expected outcomes, test results, failure mitigation plan, and formal approval.

	Molina	Department	External
Contractual Paperwork	✓	✓	✓
TEST Systems	✓	✓	✓
TEST Data	✓	✓	✓
TEST Connectivity	✓	✓	✓
PROD Systems	✓	✓	✓
PROD Data	✓	✓	✓
PROD Connectivity	✓	✓	✓
GO-LIVE Confirmation	✓	✓	✓

Exhibit D-8. Systems Tested for Thorough Connectivity

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Guidance Resources

Regulatory Resources. Molina will require access to available accurate guidance to implement a successful program. At a minimum, we will request the following current documentation:

- Department regulations
- Companion guides for all transactions
- Reporting guides
- Operational guidance
- Introduction to appropriate Department technical or business partnerships (e.g., a data consolidator)
- Schedules of key events (e.g., milestones, reporting cycles, webinars)
- Contractual updates
- Other appropriate Department repositories

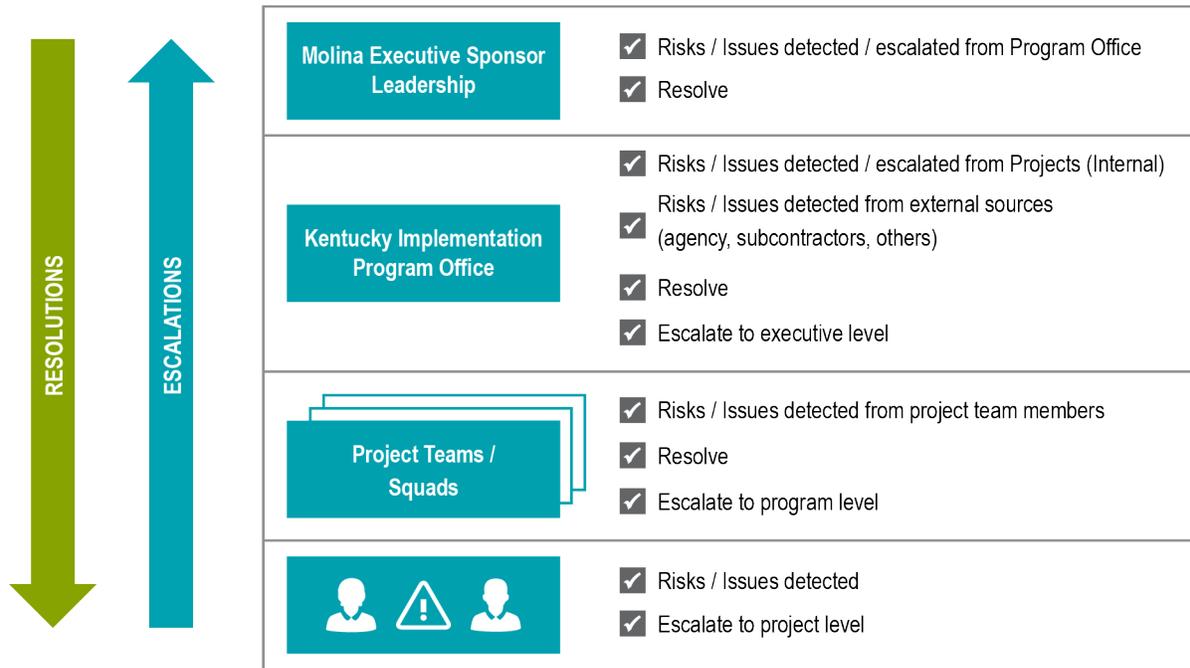
Readiness Review Document Repositories. Molina will maintain a repository of all submitted documentation to support Readiness Review: our Readiness Review Tool. We assume the Commonwealth has a similar repository, and we expect the Commonwealth will provide any naming or numbering conventions and document submission logistics.

2. IDENTIFIED POTENTIAL LIMITATIONS OR RISKS

During a program implementation, there are constant changes and threats to success. Most of these are addressed generically by assigning more resources, adjusting targets, and/or modifying budgets. Many of these do not show up on a program radar as they are addressed quickly and tactically. The larger threats

depend on our robust Program Governance Model to detect and diagnose threats, escalate and mitigate them, and communicate any potential impacts.

Our Program Governance Model leverages existing departmental reporting relationships and responsibilities to keep the best and most powerful resources focused on our success. We will charter a Program Sponsor Committee made up of executive stakeholders. Illustrated in Exhibit D-9, executive leadership participation will help ensure that our effort maintains strong sponsorship, organizational alignment, crisp solutions, and swift resolution of issues.



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Exhibit D-9. Risk Management Resolution and Escalation

Program Sponsor Meetings will be formal, and attendance will be mandatory. Meetings will be initially chartered to be held monthly; we will meet more frequently if a program is experiencing issues. Ad hoc meetings are favored as a direct, swift, and informal issue resolution model. All meeting notes, escalations, and resolutions will be detailed and cataloged in the program’s Issues, Risks, Actions, Assumptions and Decisions (IRAAD) Log. Shown in Exhibit D-10, the IRAAD log is a custom part of our standard implementation toolkit.

IRAAD - Impact Log										
+ new item or edit this list										
Active Issues Active Issues KY MCO SKY ... <input type="text" value="Find an item"/>										
✓	Issue ID	Title	Assigned To	Priority	MCO Impact	SKY Impact	Due Date	Accountable Department	Category	
	1	Resolve Program Staffing Gaps	...	■ Koepnick, Kam (1) High	Yes	Yes	3/16/2020	All Functional Areas	Action	
	2	Finalize Health Plan Staffing Plan	...	■ Koepnick, Kam (2) Normal	Yes	Yes	3/16/2020	All Functional Areas	Issue	
	3	True up Budget	...	■ Koepnick, Kam (2) Normal	Yes	Yes	3/31/2020	All Functional Areas	Issue	
	4	Set Up Readiness Review Tool	...	■ Koepnick, Kam (2) Normal	Yes	Yes	3/31/2020	All Functional Areas	Action	

Exhibit D-10. IRAAD Impact Log

We will maintain the Log continuously, and any updates to records will be automatically emailed to assigned resources. All Open Issues and Risks will be reviewed by the Program team weekly and formally by the Executive Sponsor Leadership team monthly.

POTENTIAL RISKS IDENTIFIED AND MITIGATION STRATEGIES

After spending time in Kentucky meeting with various stakeholders, we have identified some anticipated risk areas, described below, and have already actively developed prevention strategies.

Succession Planning for Personnel and Facility Location



Ensuring Quality Personnel. We will work diligently to find the right person for each position to ensure a successful program life cycle. Because our health plan will not go live until January 2021, our Implementation team will use that time to fine-tune our staffing model by finding locally based and appropriately licensed candidates who meet or exceed the Commonwealth's high standards as well as our own stringent experience requirements.

Our team of executive and key staff are leaders in their respective areas, and they each bring a deep understanding of what it will take to successfully implement the Kentucky Medicaid program to best serve Enrollees.

These individuals, having acquired knowledge of Commonwealth operations, will serve as our first line of backup support. As such, if there is a loss of key personnel or other personnel assigned to the Kentucky Medicaid program or if there is any difficulty hiring within Kentucky, we have succession planning in place to ensure equally qualified backup personnel who understand the project and are immediately available to fill roles upon approval.

Furthermore, we have already started recruitment efforts. We have a signed contract with a recruiting firm and have a secured relationship with an on-demand local recruiting firm for all levels of positions. We also have established priority hires (contractual and operational requirements) and a local recruiting plan. To support the local recruiting plan, we visited and confirmed sites for local job fairs and established logistics (sites, marketing, and media opportunities) for a Molina Open House ahead of actual job fairs to raise awareness of Molina and our employment opportunities.



Facility Location. Understanding the potential difficulties in finding a space large enough for health plan operations and the Regional Operations Center in the Louisville, we began work early to research and identify facilities. We retained a local commercial broker to help facilitate the search. We will establish a Louisville office to operate the Kentucky health plan and headquarters well in advance of the Enrollee effective date and in time to support

readiness review. This eliminates any schedule risk to the development of the Regional Operations Center. Once completed, and when appropriate, we will relocate health plan operations to the Regional Operations Center site.

Meeting Network Adequacy

Building and maintaining an adequate provider network, particularly in geographic regions that may have few or no providers, is challenging. As such, we will ensure Enrollee access and choice using a diverse network of qualified providers that we will continually monitor to ensure access standards are met and maintained appropriately. To maximize access, our providers will offer appropriate staffing levels and hours of operation, including after-hours availability. They also will be vetted for their ability to accommodate individuals with physical and/or cognitive disabilities or other communication barriers (e.g., culture/language) and to serve specific, strategic geographic locations.

Molina will recruit additional targeted providers to strengthen our network as enrollment grows and/or medical service needs indicate. We will apply robust telehealth resources to ensure rural primary/specialty service delivery, and augment service delivery to Enrollees in urban areas. We will encourage providers to employ advanced practice nurses in primary care and some specialty offices to expand network capacity. We also will contract with FQHCs, such as KPCA, to meet the needs of traditionally

underserved non-urban communities. See Proposal Section 18, Provider Network, for more information on how we will mitigate network adequacy risks.

Behavioral Health Professionals. To help address and mitigate the significant workforce shortage challenge of behavioral health professionals, we will be pursuing several strategies with key partners, including using interns, licensed associates, bachelors-level trained behavioral health staff, peers, and Molina Community Health Workers. Our agency-level credentialing will allow providers to use a range of behavioral health-trained staff beyond licensed professionals to include community-based staff who are local and able to outreach to Enrollees who cannot travel to clinics.

Because low reimbursement rates for behavioral health professionals continues to be a major driver of workforce shortages for professionals working in community-based settings, we will partner with our safety-net providers to support VBP models that improve cost-effective care delivery, reduce provider administrative burden, and ensure full encounter capture to account for total cost of care that supports actuarially sound rates.

Mitigating Workforce Shortages in Mississippi

In Mississippi, workforce shortages have proven to be a challenge—especially in rural areas like the Delta region, which, like rural parts of the Commonwealth, is challenged by significant provider shortages across multiple provider types. One of our Mississippi affiliate's strategies has been to engage nurse practitioners. Their network development team is constantly contacting new nurse practitioners entering the state.

Other innovative solutions include contracting with Fast Pace Urgent Care. Fast Pace operates a network of urgent care clinics.

One goal of this partnership is to reduce the number of preventable ED visits for behavioral health-related issues.

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Loss of a Large Provider Group or Health System. *Our extensive, multi-functional planning activities, advance notification process, vast network, and robust care coordination activities will ensure an Enrollee's seamless access to services despite any changes in the provider network.* Upon notice of a termination or loss of a large provider group or decision to terminate a provider, a multidisciplinary team, which will include the leaders of our Healthcare Services, Enrollee Services, and Provider Services departments, will initiate a recovery approach that promotes the best quality of care for the Enrollee, supports seamless continuity of care, and minimizes disruption to the Enrollee. See Proposal Section 18, Provider Network, subsection H, Loss of a Large Provider Group or Health System, for more information.

Network Adequacy if Actual Enrollment Exceeds Projected Enrollment. Our strategy is to build a robust provider network that far exceeds minimum access standards in anticipation of larger-than-expected enrollment. We will employ detailed analytics to monitor the network continually, including GeoAccess and Quest Analytics report mapping solutions customized to reflect Kentucky Medicaid requirements; regularly reporting on network gaps and deficiencies; reporting on providers' compliance with time and distance standards; evaluation of referral and practice patterns; and discussions with our providers and Enrollees about colleagues and preferred providers, respectively.



We also will consider the Department-required 1,500:1 Enrollee-to-PCP ratio and identify and contract with all hospital-based provider groups to ensure participation of all providers of service an Enrollee may encounter during an episode of care. As of the date of our proposal submission, **our Enrollee-to-PCP ratio is 115:1—far exceeding the Department's requirement.** See Proposal Section 18, Provider Network, subsection V, Assuring Adequacy and Access if Actual Enrollment Exceeds Projected Enrollment, for more information.

Overcoming Geographic Challenges

Many Kentucky Medicaid program Enrollees face obstacles due to geography, whether they live in rural locations or in the heart of the city. Lack of transportation options leads to high numbers of missed appointments, and costs for traveling and paying for care deter individuals in both rural and urban areas. Many Enrollees cannot access routine care and do not have PCPs due to provider shortages. When Enrollees in rural regions do not have access to the providers they need, health outcomes often suffer. Inability to keep appointments may lead to worsening of treatable conditions, missed opportunities for prevention and early treatment of infections, and escalation of cardiac conditions leading to acute complications.



Molina affiliated health plans serve members in more than 600 rural counties across the country, and we understand provider needs vary based on location.

In focus groups with Kentucky providers and Enrollees across the Commonwealth, we have repeatedly heard about the challenges that workforce shortages and network gaps place on both the provider community and Enrollees seeking care. For example, we heard from Enrollees in Ashland who seek care from out-of-state hospitals because the closest in-state provider is more than a two-hour drive. We heard from providers who struggle with delivering care to Enrollees who either do not speak the same language as the Enrollee or do not understand Enrollees' cultural needs. We heard from behavioral health providers about the workforce shortages affecting access to behavioral health care close to where they live. To address these concerns and others common in areas with workforce shortages and network gaps, Molina will deploy the following methods in the Commonwealth:

- **Telehealth.** Molina will use telehealth as a tool for facilitating access to needed services in a clinically appropriate manner that are not available within our network. Our telehealth offering will include access to physical health, behavioral health, and select specialty services.
- **Pop-up Clinics and Mobile Health.** We will augment and increase Enrollee access to our network by supporting traditionally underserved and non-urban communities with pop-up clinics and mobile health delivery via Molina's Care Connections program. Care Connections nurse practitioners will provide Enrollees with the right care, at the right time, in the right setting. The team will deliver advanced point-of-care testing that will create the space to educate Enrollees on their conditions. They will coordinate care and facilitate communication between Care Management, PCPs, and Enrollees.
- **Molina Community Health Workers.** Molina Community Health Workers will support Enrollees' access to services. They act as extensions of our Care Management team, assisting Enrollees in navigating their healthcare needs and connecting them to community-based resources, education, advocacy, and social supports. Because Molina Community Health Workers are members of the community in which they serve, they understand the community's culture, language, and norms.
- **Peer Support Specialists.** Peer support specialists will help our Enrollees with either mental health or SUD diagnoses. They have a lived experience in recovery and formal training to deliver services that promote self-care, increased motivation, and improved overall health. Peer support specialists will travel hundreds of miles each month to meet with Enrollees, many of whom are in remote areas.
- **Advanced Practice Nurses.** We will encourage providers to employ advanced practice nurses and physician assistants in primary care and some specialty offices to expand network capacity. As such, we will strengthen our network and fulfill our commitment to work with strategically located community providers that serve low-income populations.

- **FQHCs, RHCs, and School-based Services.** We value our partnerships with FQHCs, RHCs, and school-based health clinics and the critical role they play in serving the needs of low-income populations in the Commonwealth’s most rural service areas. We believe in the coordination of care model leveraged by FQHC and RHC providers and school-based health clinics to support advanced quality care. Through our partnership with KPCA, we will support telehealth services in schools in rural and underserved areas with provider shortages.
- **CMHCs.** To address shortages of behavioral health providers in rural areas, we are developing innovative partnerships with the Commonwealth’s CMHCs. We also will leverage the success of our affiliated health plans in developing these innovative partnerships.

Ensuring Provider Readiness

As a new health plan to Kentucky, we understand providers who have not worked with Molina before may have administrative and procedural questions. To avoid disruption of Enrollee services and make the transition seamless for providers, we will offer an extensive provider education and training program that will take place before go-live.

Across the country, our organization develops and implements innovative training approaches and educational opportunities for our providers that supplement our standard training program. Training for the Kentucky Medicaid program will highlight Commonwealth program goals, as well as incorporating Molina’s internal goals, operational and policy updates, new service approaches, and evidence-based and promising practices. Exhibit D-11 shows core Kentucky Medicaid Provider Orientation Program topics, which we will supplement with topics specific to provider types. This training will ensure that providers are well prepared to provide services to Molina Enrollees and properly submit claims.

From our experience in affiliated health plans, we know providers want user-friendly educational opportunities and easy access to educational resources where and when they need them. Our track record nationally demonstrates our ability to deliver effective training programs that meet our contracted providers’ specific needs. We will maximize participation in Kentucky Medicaid training sessions by offering group and individualized training at multiple times in multiple venues and via webinar. These methods also include in-person provider presentations/trainings, written materials, and “Just the Fax” communications to disseminate ongoing program changes and/or updates. Our Provider Manual, provider newsletter, and bulletins will all be accessible 24/7 on our provider Web portal. We will identify relevant training topics through trend tracking and national recommendations and provider questions submitted to our Provider Services staff, Quality Improvement Committee, or our medical director. We will update or develop new educational programs and training methods and materials to reinforce Department quality care goals and engage providers in the delivery of all covered services.

Exhibit D-12 provides an overview of how our Mississippi affiliate’s Provider Services team ensured proper provider readiness. We will bring these strategies to Kentucky providers during implementation. Our organizational ability to mitigate risks while successfully implementing programs in Mississippi proves our ability to tailor our implementation approach to Kentucky and will ensure a smooth, on-time implementation of Kentucky Medicaid program operations.



Molina’s Comprehensive Provider Orientation Program Topics

Who is Molina?	Molina Formulary
Provider Resources and Tools	Access to Care Standards
Eligibility Verification	Enrollee Benefits
Prior Authorization	Enrollee / Provider Rights and Responsibilities
Referral Process	Contact Information
Claims	
Quality Initiatives	
Model of Care	

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Exhibit D-11. Provider Orientation Program

Exceeding Expectations and Delighting Providers—Molina’s Mississippi Implementation

Preparing our Mississippi affiliate’s Provider Services team to meet the needs of network providers began well in advance of the go-live date:



Preparing Provider Services Representatives for Provider Orientation. The Mississippi health plan uses a slide presentation to conduct provider orientation within 30 days of the provider joining our Mississippi affiliate’s network. Prior to go-live, all provider services representatives had a chance to practice presenting provider orientation material. Multiple practice sessions were held with provider services representatives presenting a different portion of the orientation at each session. This allowed the entire staff to practice their delivery of the entire provider orientation presentation, respond to questions, and receive feedback from their peers.



Mock Provider Meetings. Provider services representatives participated in mock provider meetings prior to go-live. This gave the team an opportunity to hone their meeting facilitation skills and better understand what to expect during a provider meeting. This helped to provide a consistent experience for Mississippi providers as the entire team was serving providers using a unified approach.



Training Guide. A guide was developed that offered provider services representatives tips on how to handle different situations, so time spent with each provider was meaningful. For example, the guide includes information about what to take to the provider location based on meeting and provider type and effective meeting facilitation.



Feet on the Street Prior to Go-live. Provider services representatives went into the field approximately a month prior to go-live. This allowed them the opportunity to meet providers and begin to establish relationships.

Ongoing support for providers includes:

Staffing. Provider services representatives are assigned regionally and 80% of the team is field-based. A small group of provider services representatives remains in-house to respond to providers who contact the health plan via telephone and to maintain the dedicated provider services email box. They also respond to inquiries from other departments and assist out-of-state providers.

While the majority of provider services representatives are assigned regionally, one provider services representative is assigned to meet the needs of federally qualified health centers, and another assists behavioral health providers statewide. Assigning by region or provider type allows our provider services representatives to be intimately familiar with the needs of their assigned providers and their region. For example, the Delta area is very rural and the ratio of providers to members is low. It is difficult to transition providers to electronic methods of claims submission and information-sharing and many providers do not have access to the Internet. In addition, in very rural areas, it is often hard to get members to see providers, and it requires Provider Relations to partner with the Healthcare Services team to develop solutions. The dedicated provider services representatives for this region understands these rural issues as well as how to best assist the providers.

Visit Documentation. Provider services representatives are required to document each visit and track all follow-up items related to the visit. The provider is required to sign the documentation report. Documentation reports are submitted weekly. This allows for continuity in the case of a staffing change or unexpected absence.

Weekly Summary Report. Provider services representatives complete a weekly summary report, which is submitted to leadership. This allows leaders to get a sense of what is happening in the field and respond proactively. The health plan finds this tool allows for timely issue resolution and limits the escalation of issues to the state. Included in the summary report is provider information such as name, phone, email and identification of any issues. Collecting email addresses also allows the health plan to continually build the contact list for delivery of the provider newsletter.

Ongoing Communication. Biweekly provider services representative meetings are held to discuss important news and process changes. Provider services representatives also attend quarterly training. Leadership created a department SharePoint site that has resources grouped by topic including information pulled from the state Medicaid and CMS websites. Provider services representatives also receive links via email related to topics of interest.

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Exhibit D-11. Mississippi Health Plan Implementation—Provider Services Success

Ensuring Quality Outcomes for Providers. Along with training, another way to ensure provider readiness is through testing. One of the primary concerns for providers quick and accurate reimbursement. During the implementation process, we will solicit all larger providers and key smaller providers for cooperative testing of the claims cycle. For our subcontractors and large vendors, this will be mandatory. If the provider is willing and able, we will coordinate a test plan, test data, and test environments to receive claims, process the claims, and demonstrate an accurate payment. Data received and sent will be reviewed for errors and to align expectations. Not all providers can support such testing, but those that do, will immediately experience higher quality and lower payment turnaround times. Post-implementation, such testing will be available for new providers or those wanting to improve their data quality.

Addressing Administrative Changes

Changes occur during most Implementation and Readiness Reviews. Contractual guidance is updated, due dates are delayed or accelerated, and approval turnaround times get extended. For large efforts like this, it can become difficult to alter a target; however, our program management approach allows for a quick, informed, nimble response to change. We develop a Communication Management plan as part of the program initiation that identifies the messages, audience, and of communications so new information is received, assimilated, and distributed to the project teams. All project teams report progress weekly, which includes any internal or external changes. All project status reports are consolidated to a common program-level status report and a master program plan. All contractual and schedule changes will be shared across our teams and impacts discussed by Molina’s vice president, government contracts in weekly team status meetings. Our flexible, proven program management plan will ensure changes are controlled, planned for, and well-communicated to mitigate any risks.

EXAMPLE: A SUCCESSFUL IMPLEMENTATION IN MISSISSIPPI

The following description highlights our most recent, successful implementation as a new MCO in Mississippi. Kentucky and Mississippi must overcome similar individual health disparities, similar rural access concerns, and provider preparedness and network concerns. We identified similar risks during our implementation for Mississippi as outlined above.

During our recent entry into Mississippi, we showcased our Agile model as part of our Onsite Review because it allowed our Squads to easily add and integrate timely Sprints to prepare additional items the state brought into scope before Readiness Review. The operational owners (process owners), by nature of being embedded with the Squads, were already well versed in the technology and were able to demonstrate systems with confidence. This approach led to the on-time submission of all deliverables for the Desk Review and testing. During the review, the state communicated appreciation for our Mississippi affiliate’s demonstrated compliance with all deliverables. We look forward to bringing these best practices to the Kentucky Medicaid program.

During the Mississippi Readiness Review and throughout the entire Implementation Phase, we leveraged best practices from prior health plan implementations. For Kentucky, we will continue to leverage and refine them further. Some examples of those best practices, adapted with Kentucky in mind, are included in Table D-3.



Our Mississippi affiliate's recent, successful implementations as a new, statewide MCO proves our organization's ability to tailor our approach and smoothly implement on time with **zero impact**.

TANF: 6 months, 72,000 members
CHIP: 75 days, 20,000 members

Our Mississippi affiliate was lauded by the state for their **“demonstrated compliance with all deliverables.”**

Table D-3. Implementation Best Practices for Kentucky

Best Practice	Benefit
Require all communications with the Commonwealth to be brokered through a Molina single point of contact (typically the vice president, government contracts)	<ul style="list-style-type: none"> • Ensures communication is managed and disseminated properly • Reduces duplication of effort • Facilitates transparency • Accelerates guidance updates
Maintain a common Molina-/ Commonwealth-issues log that is reviewed and discussed weekly	<ul style="list-style-type: none"> • Ensures issue resolution is a cooperative and accountable process • Helps accelerate resolution • Helps document solutions and decisions
Enforce internal review and approval of all submitted Readiness materials before submission to the Commonwealth	<ul style="list-style-type: none"> • Ensures internal alignment within the organization on quality, timeliness, technical, process, and regulatory constraints • Facilitates review and follow-up
Require formal project plans for all aspects of the project including external impacts (Commonwealth, business and technical partners, vendors) and close tracking of impacts and project progress	<ul style="list-style-type: none"> • Allows for early detection and resolution of issues • Ensures clear communication and escalation as needed
Maintain formal risk log, periodically reviewed with executive leadership and Commonwealth partners	<ul style="list-style-type: none"> • Ensures that risks are acknowledged and support for mitigation occurs • Allows for easy acceleration of review cycles if high-risk or high-impact items are identified
Establish and monitor peer-to-peer relationships where appropriate (typically highly technical aspects)	<ul style="list-style-type: none"> • Ensures Molina, Commonwealth, and/or technical partner resources that can perform deep dives on solutions are empowered to solve issues and required to report on progress and solutions
Provide continuing education of Agile best practices from other project teams	<ul style="list-style-type: none"> • Ensures all project participants are operating to known expectations and are leveraging shop practices • Improves quality and speed of product delivery • Improves accountability and team partnership

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