F   Turnover Plan

REQUIREMENT: RFP Section 60.7.F

F. Turnover Plan

Submit a detailed description of the Vendor's proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, including the following:

1. A summary of the support the Vendor will provide for turnover activities, and required coordination with the Department and/or another Vendor assuming responsibilities.
2. Approach to identifying and submitting all documentation, records, files, methodologies, and data necessary for the Department to continue the program.
3. Resources and training that the Department or another contractor will need to take over required operations.
4. Methods for tracking and reporting turnover results, including documentation of completion of tasks at each step of the turnover.
5. Document and verify how all data is securely transferred during a turnover ensuring integrity of same. Maintain the CIA concept in turnover, Confidentiality, Integrity, and Availability.

> **To maintain the Kentucky Medicaid program's integrity and continuity, we will provide the same level of professionalism, support, and cooperation for a new contractor upon any potential turnover as we will offer throughout program operations.**

Transitioning to another MCO can be an unsettling life event for an Enrollee and their family. Due to the potential impact on Enrollees' continuity of care and provider services and reimbursement, executing a successful Turnover Plan is of paramount importance. *During any turnover period, Molina's primary goal will be to maintain a proactive, collaborative, and professional partnership with the Department and other stakeholders to successfully complete all necessary processes that ensure Enrollees are transitioned without disruption to care.* We agree to fulfill all obligations respecting the transfer of Enrollees to other contractors, including record maintenance, access, and reporting requirements.

Our top priority is **continuity of care for Enrollees and maintaining the integrity of the Kentucky Medicaid program**.

We ensure the same high-quality approach to project management used during implementation as we do to support a turnover.

Molina's affiliate health plans have been on both sides of a turnover event (migrating members to other MCOs at the end of a contract as well as absorbing enrollment from exiting MCOs). This appreciation only strengthens our resolution and commitment to provide a smooth transition for members, providers, and agencies. During any transition, we maintain our focus on continuity of care to minimize disruption of care and services for members, as well as ongoing service and support for providers. Importantly, we ensure members can access services up until the point of transition.

At Molina, facilitating high-quality care for members supported by government contracts like the Kentucky Medicaid program is our business; *we are dedicated to the states we serve and have never left any state during a contract.* Our Turnover Plan is based on our more than 25 years as a Medicaid managed care leader both entering and exiting programs of similar size and scope. Through our experience, we have a clear understanding of each party's responsibilities and a roadmap to achieve a seamless transition that minimizes or eliminates any potential disruption of healthcare service continuity.

Upon notification of non-renewal at the end of a contract term, or termination before its expiration for any reason, we will work with the Department and any successor MCO to provide assistance for a smooth and orderly transition of services and contractor responsibilities, including the transfer of all required data. We will communicate openly and clearly and share information and resources with appropriate entities. We will also coordinate with any successor contractors to ensure our Enrollees receive professional care and attention with as little disruption of healthcare services as possible.

Within the remainder of this section, we submit a detailed description of our proposed approach to providing turnover planning, as it relates to the Contract resulting from this RFP, in the event of Contract expiration or termination for any reason, as required within RFP Section F, Turnover Plan. Further, we submit the Molina Turnover Plan template in Attachments to Section F, which will be updated and tailored to Kentucky in the event of a turnover.

PROPOSED APPROACH TO PROVIDING TURNOVER PLANNING

As part of the turnover, we will work closely with and engage the Department and the successor contractor, meeting regularly to address questions and issues, and will immediately inform the Department of any issues identified as we work toward resolution. We will track issues, action items, and post-deliverables related to the Turnover Plan using the same project management tools we apply during implementation. Our top priority is to fully cooperate with the Department in the orderly transfer of services, functions, and operations to the successor contractor based on the following principles:

- Maintain necessary and appropriate staffing levels during turnover, including sufficient Claims Payment staff, Enrollee Services staff, and Provider Services staff to ensure a smooth transition.

- Maintain constant communication with the Department and any successor contractor.

- Create measurable milestones to track and evaluate our progress toward a successful transition.

- Determine the mechanism in which we transfer data based on the categorization, further explained within subsection 4 below, and ensure any transfer is HIPAA compliant and within the 30-day timeframe, media, and format required by the Department at no additional cost to the Agency. Data may include, but is not limited to, pharmacy rebate reports, performance data, encounter data, and unpaid claims data from out-of-network providers.

- Maintain continuity of care for Enrollees before, during, and up to 6 months after turnover until such time Enrollee care plans are reassessed or Enrollee experiences a transition of care event.

- Share Enrollee data, including authorization information, clinical care and service plans, claims history, and if necessary, our provider network information to ensure continuity of care for Enrollees.

- Continue prior authorizations and timely payments to our contracted providers for dates of service covered before the termination.

- Continue providing all covered services to all infants of female Enrollees who have not been discharged from the hospital following birth, until each infant is discharged, or for the period specified by the Department, whichever period is shorter.

- Continue providing inpatient hospital services to Enrollees who are hospitalized on the termination date, until each Enrollee is discharged, or for the period specified by the Department, whichever period is shorter.

- Resolve Enrollee grievances and appeals and be financially responsible for Enrollee appeals of any adverse decisions rendered concerning treatment of services requested before termination or expiration of the contract and assist in the resolution of all drug rebate disputes with the manufacturer for all claims incurred before the contract termination date.

An integral part of any end-of-contract transition is the actual Turnover Plan itself. As such, our plan defines all turnover tasks necessary for a seamless and successful migration to a new contractor. A written Turnover Plan will be submitted for the Department's approval within 10 calendar days of receiving Notice of Termination from the Commonwealth. We will revise and resubmit the plan to the Department on a regular basis, the frequency of which will be determined by the Department. The plan activities focus on how we will ensure:

- The least disruption in the delivery of healthcare services to our Enrollees during the transition
- The least disruption in authorization and payment to our contracted providers during the transition
- Cooperation with the Department and the successor contractor in notifying Enrollees and providers of the transition, as requested and approved by the Department
- Cooperation with the Department and the successor contractor in transferring information to the contractor, as requested and approved by the Department

The Turnover Plan will be a shared document to be viewed by all affected parties that details our proposed schedule, activities, and resource requirements associated with turnover tasks. At a minimum, the Department-approved plan will include:

- Our approach and schedule for the transition period of not less than three or more than six months to completion
- Our approach and schedule for the transfer of data and information, within the 30-day timeframe, media, and format required by the Department
- The quality assurance process we use to monitor and report turnover activities
- Our approach to training the Department or a successor contractor's staff in the operation of essential business processes

Additionally, we will take such action as may be necessary, or as the Department may direct, for the protection of property related to this Contract, which will be in the possession of Molina and in which the Department will have or may acquire an interest. We will provide all records for audit and inspection by the Department, CMS, and other authorized government officials, in accordance with terms and conditions specified in this Contract, including the transfer of all data and records, or copies thereof, to the Department or its agents as may be requested by the Department. We will further prepare and deliver any reports, forms, or other documents to the Department as may be required pursuant to this Contract or any applicable policies and procedures of the Department.

Should the Department terminate the Contract early, the Turnover Plan will be provided in the time frame outlined in its Notice of Termination (10 calendar days from Notice of Termination receipt). Molina will modify our Turnover Plan to add any additional requirements the Department may include during the Contract period.

1. SUMMARY OF SUPPORT AND REQUIRED COORDINATION

We will collaborate and coordinate with the Department and the successor contractor on all turnover activities by identifying a single point of contact and instituting open communication and a regular meeting and reporting cadence. Support and coordination with the Department and successor contractor will be vital to achieving a seamless and orderly transition.

To ensure minimal disruption to Enrollees and providers, we will maintain the necessary and appropriate staffing levels through the end of the contract, and if requested, continue to keep staff in place for two additional months after the final month of capitation to ensure an orderly transition. We will establish a project team that will be overseen by our chief executive officer (CEO), who will be responsible for overall performance, serve as the primary point of contact for the Department, and ensure the transition plan is fully executed. The CEO may delegate authority and oversight to a member of our Senior Leadership team to be the executive point person and liaison for any post-transition concerns.

Outlined below in Table F-1 are key responsibilities, a summary of the support we will provide, and the coordination required for activities critical to the turnover.

Table F-1. Key Responsibilities for Turnover

Turnover Requirement	Molina Support	Department Support	Successor Contractor Support
Written Transition Plan	• Develop and submit for approval with 10 days of notification	• Review and approve plan and/or provide feedback	• Review and agree to plan and/or provide feedback
Staffing	• Identify and communicate liaison contact information • Retain key staff including Claims, Enrollee Services, Grievances and Appeals, and Provider Services staff • Continue to provide services • Finalize Enrollee grievances and appeals and adverse determinations	• Identify and communicate key contact information	• Identify and communicate key contact information • Ensure key resources and subject matter expert availability (e.g., IT)
Data Transfer	• Perform end-to-end system testing with the Department, providers, and other MCOs to ensure smooth Enrollee transition • Generate and transfer test files • Generate and transfer production data including Enrollee data, care plans, open authorizations, and medical records • Submit encounter data to the Commonwealth	• Perform end-to-end system testing to ensure smooth Enrollee transition • Receive and process data internally • Provide validation of successful transfer	• Perform end-to-end system testing to ensure smooth Enrollee transition • Receive and process test data; validate and communicate results • Receive and process production data; validate and communicate results
Reporting	• Generate, validate, and submit all required reports including but not limited to pharmacy rebates, unpaid claims, performance data, and any such information the Department may request • Generate, validate, and submit Enrollee and/or provider reports beneficial to the successor contractor (e.g., network data) • Provide regular status updates on turnover activities and final turnover report	• Receive and process data internally • Provide validation of successful receipt and any follow-up requests • Provide regular status updates on turnover requirements and activities	• Receive and review reports • Provide validation of successful receipt and any follow-up requests • Provide regular status updates on turnover activities
Training	• Define training needs • Develop and submit Training Plan for approval • Facilitate training sessions	• Define training needs • Review and approve plan and/or provide feedback • Be engaged	• Define training needs • Review and agree to plan and/or provide feedback • Be engaged; ask questions

Turnover Requirement	Molina Support	Department Support	Successor Contractor Support
Collaboration	• Schedule and facilitate regularly scheduled transition and training meetings • Provide timely feedback • Communicate openly and regularly • Develop Enrollee and provider communications	• Attend and be engaged in meetings and conversations • Provide insight and input about the overall process and approach • Provide timely approvals and feedback • Communicate openly and regularly • Develop Enrollee and provider communications	• Attend and be engaged in meetings and conversations • Provide insight and input about the overall process and approach • Provide timely feedback • Communicate openly and regularly • Develop Enrollee and provider communications

As the Department senior-level liaison, our CEO will maintain overall responsibility and authority to ensure the provisions of the Turnover Plan are carried out. Our CEO will work closely with the project team and our Compliance and Legal departments to safeguard the actions that are addressed based on the plan's terms and conditions.

2. APPROACH TO IDENTIFYING AND SUBMITTING ALL DOCUMENTATION

We will take the following methodical approach to review, identify, and define all areas impacted and the required documentation to be transferred:

- In the *Process Impact Assessment exercise*, we will capture a broad range of Molina process areas and impacted items within each process area along with the systems, reports, interfaces, batch jobs impacts based on the needs and the request.

- In the *Data Collection and Infrastructure Assessment exercise*, we will capture systems impacted for data collection and transfer and the work effort to remediate them.

- We will also *assess any Commonwealth-mandated requirements*, including run-out and the work effort to remediate them.

We will convert, export, or otherwise electronically deliver—in Department-defined, HIPPA-compliant formats—all documentation, records, files, methodologies, and data needed by the Department or a successor contractor to properly maintain Enrollee care plan continuity.

Our approach is based on lessons learned and best practices gathered from our more than 25 years serving the Medicaid population and working with state partners. Molina understands each transition is unique to the state, the program, and the MCOs involved. Therefore, our approach can be tailored to any unique situation. During this period, we will discuss the status of all accounts and develop a plan and timeline for the transition of each account, including the process of transitioning all active Enrollee data to the successor contractor.

We will work collaboratively to map all essential program data between systems and contractors through a comprehensive, Department-defined data dictionary. We will continually provide Enrollee Services support for transitioning Enrollees to assist them with issues they may encounter to ensure continuity of care and minimal disruption of service, and to alleviate any administrative burdens to the provider community. We will work closely with the Department and the successor contractor to identify both their needs and plans to best address those needs.

All required data and information will be supplied in Department-specified media and formats within the 30-day window schedule approved by the Department at no additional cost to the Agency. We acknowledge that all relevant data and information must be received and verified by the Department or the successor contractor.

We will maintain—and will contractually require our subcontractors to maintain—records, books, documents, and information ("records") to ensure that services are provided and payments are made in accordance with the requirements of the Draft Contract, including applicable federal and Commonwealth requirements (e.g., 42 C.F.R. 438.2 and 907 KAR 1:672). Such records will be retained by Molina or our subcontractors for 10 years after the Contract expiration date or until the resolution of all litigation, claims, financial management review, or audits pertaining to this Contract, whichever is longer.

Sharing Enrollee Data to Support Continuity of Care

The exchange of care and service information will be crucial to ensuring our Enrollees receive the services they require to address their healthcare needs on their first day assigned to a new MCO. Molina has always collaborated with other health plans for the exchange of care and service information directly with the gaining health plan and through state report requests or as the result of a provider requesting an authorization. We anticipate continuing these processes. We will augment the data exchange by assisting Enrollees in the selection of a new primary care provider (PCP) if requested, cooperating with the new PCP or health plan in transitioning the Enrollee's care, and making the Enrollee's medical record available, in accordance with applicable Commonwealth and federal laws.

In the summer of 2017, Molina's affiliate health plans began a collaborative initiative to develop a more inclusive and efficient process for the exchange of information for members transitioning from one health plan to another. As part of this initiative, we generate a report that includes member demographics as well as all open authorizations for services. We forward this file via secure email to the gaining MCO along with assessments and service planning documents. This process ensures authorizations and services are continued when a member transitions out of Molina. We will bring these best practices to the Kentucky Medicaid program.

3. RESOURCES AND TRAINING

If a turnover will occur, resource models will be developed to support Enrollee transition and provider claims run-out as operations wind down. To ensure a smooth transition, we will maintain and incentivize staff as necessary to uphold appropriate staffing levels during the transition, including sufficient Claims Payment staff to ensure providers are paid timely and accurately; Enrollee Services staff to assist Enrollees in their transition; Grievances and Appeals staff to resolve any claims disputes and adverse decisions concerning treatment of services; and Provider Services staff to ensure minimal service disruption.

We will work collaboratively with the Department and the successor contractor on any training needs required or beneficial to ensure a smooth transition. We will establish a regular meeting cadence to obtain guidance and input from the Department and successor contractor and discuss status and priorities of turnover deliverables. Continuity of care for our Enrollees will be of utmost importance. Any specific nuances to Enrollee care plans, service agreements, or contractual obligations will be clearly delineated and defined in more detail at the discretion of the Department.

To ensure the best possible outcome for our Enrollees who are inpatient at the time of termination, we will continue to provide covered services and work jointly with the hospital and newly assigned health plan staff on care and discharge planning as well as any training needs. This will include infants of our female Enrollees who have not yet been discharged following their birth.

Molina Staff Resources and Training. Our primary goal will be to ensure minimal Enrollee disruption. Maintaining adequate Enrollee Services and Care Management staff will be of utmost importance. The best resources to help Enrollees through the transition will be the staff who have already been serving

them. We have a corporate-supported incentive plan that encourages staff to remain in service as long as it is necessary.

These plans are specific to the proper wind down of operations and Enrollee needs. As operations wind down or there are unanticipated gaps, operations can be backfilled with regional or corporate staff. Common procedures and systems across our organization allow us to quickly and relatively seamlessly provide this support. In addition to the above incentive plans, Molina will provide placement services and work directly with retained MCOs for placement of valuable locally knowledgeable people resources.

Ensuring Continuity of Provider Services. Molina has the responsibility to serve our providers and continue their appropriate claims processing beyond Contract cessation. Contractual terms, date of service, and agreement of timely filing will be respected to develop a claims run-out process and term. Enterprise wide, Molina systems are commonly configured and supported so claims run-out can be supported for years if necessary. Local Commonwealth-based Provider Services staff will be incentivized to stay to address remaining provider grievances and appeals. All outstanding cases will be resolved before the transition is complete. Molina will work with the Agency and successor contractor on any crossover cases and provide appropriate details.

4. METHODS FOR TRACKING AND REPORTING TURNOVER RESULTS

If a turnover were to occur, Molina will activate our Transition Project Plan, which details a task list with defined, measurable milestones to evaluate our successful progress toward a smooth transition and data transfer. Each deliverable will be defined and assigned accountable resources and a deadline for timely completion. The plan will be reviewed with the teams and updated weekly, at minimum, with the progress and status of each task. Weekly cross-functional team meetings will be held to evaluate the status of the milestones and timeline.

In addition to project tasks, one of the key activities is the assurance of continuity of care for the membership. Ahead of any transition, Molina recommends 'Comfort Letters' to the membership so they know in advance of the timing and how the transition will impact them. A sweep of membership is performed to identify members who may require special actions to ensure a smooth transition of care. Typically, these are in-patient members but could include members in other high-risk situations. A dedicated medically qualified team is assigned to manage these cases with the Agency and/or with the receiving CMO.

On-going communication with the member is performed by updating our public web site and updating call center training and scripting. These are milestones tracked on the project plan and reported in status updates.

The bulk of the effort requires diligent technical support of data management. Molina leverages plans to identify and address gaps in data exchanges and complete the checklist to ensure all items in the project/task list are addressed. Working with the Department, we will categorize data files and elements to be transferred into the following three data classifications:

- **Confidential Data/Information.** Sensitive data that must be protected from unauthorized disclosure or public release based on Commonwealth or federal law or other constitutional, statutory, judicial, or legal agreements. Examples may include, but are not limited to: PHI, medical records, copyrights, patents, and trade secrets

- **Health Plan Sensitive Data.** Sensitive data that may be subject to disclosure or release and that requires some level of protection. Examples include, but are not limited to: operational information, personnel records, information security procedures, and internal communications

- **Public Information.** Information intended or required for public release

We will work collaboratively with the Department and the successor contractor to implement the Turnover Plan once it has been approved and finalized. This collaboration includes the exchange of

Enrollee data and demographic information; Enrollees' authorization information, care plans, and claims history; enrollment files; development of Enrollee and provider communications; Enrollee rosters by provider; and if necessary, sharing our provider network information to ensure continuity of care for Enrollees. We will engage in weekly conference calls at a minimum with key Molina, Department, and successor contractor stakeholders to ensure the transition progresses as planned. We will then focus on the transfer of data, which we describe in more detail in the following subsection.

Molina will provide a Turnover Results report 30 days following the turnover of operations to document the completion and results of each step of the Turnover Plan. We acknowledge that turnover is not considered complete until the Department approves the report. Please find the Molina Turnover Plan template in Attachments to Section F, which will be updated and tailored to Kentucky in the event of a turnover.

5. DOCUMENT AND VERIFY HOW ALL DATA IS SECURELY TRANSFERRED

We will receive, create, access, store, and transmit all PHI data in a manner that is compliant with current HIPAA safeguards; additionally, our systems and processes comply with all federal and Commonwealth privacy and security provisions. All systems and processes also comply with current data security and privacy regulations. We will comply with all applicable Commonwealth and federal laws, rules, and regulations governing the handling of Enrollee privacy and PHI. During turnover, we will ensure all data is securely transferred by using the following security controls:

- **5010 and ICD-10 Compliance.** Molina is 5010 and ICD-10 compliant.
- **Molina EDI Gateway.** The Molina EDI Gateway complies with all EDI and HIPAA requirements for data transfer and acquisition.
- **Compliant Security Processes and Tools.** We employ advanced security technology and policies to protect our member data, including security and antivirus systems.
- **HIPAA Security and Privacy Training.** We train all employees on the privacy and security of PHI.
- **Business Continuity and Disaster Recovery.** Molina has established processes, policies, and procedures to recover IT systems and operations after a declared disaster event.
- **System and Data Recovery.** We use RecoverPoint Disaster Recovery technology to enable 30-minute recovery of our core systems to data hot sites.
- **Periodic Audits.** Molina engages in annual internal and external audits and several state audits that oversee IT controls for administrative, physical, and technical security.
- **Secure Email.** Emails containing PHI are automatically encrypted in the event the user inadvertently does not send secure.
- **Secure FTP (sFTP).** Standard data transfers are securely transmitted using an sFTP platform, which ensures secure data transmission; for added security, files are also encrypted while at rest.
- **Secure API Gateway.** Molina employs a secure API gateway to secure data exchange between applications.

Molina uses secure methods and processes to ensure the integrity of data at rest and in transmission. During a turnover, our cybersecurity and compliance teams ensure security checkpoints are adhered to in order to preserve the security, confidentiality, and integrity of data that is transferred to Molina. Molina requires that a validated FIPS 140-2 encryption solution is used and that includes checksum in its transmission process. Molina further maintains the confidentiality, integrity, and availability (CIA) concept of non-public information through the following safeguards:

- **Intrusion Detection System**
- **Virtual Private Network**
- **FIPS 140-2 Level 1 and Level 2 for Encryption at Rest**
- **Transport Layer Security (TLS).** Molina can implement TLS with state partners in establishing a TLS connection.

- **Multifactor Authentication.** All users must use two-factor authentication when gaining access to internal networks from external environments.
- **SSL VPN.** Molina uses Citrix with security features of no downloads and no print screen.
- **Monthly Authenticated and Unauthenticated Pentest.** Molina internal teams perform vulnerability scans.
- **Semi-annual Authenticated and Unauthenticated Pentest.** A third-party security vendor performs vulnerability scans.
- **Application Security Matrix.** We employ role-based access that also improves segregation of duties.
- **SOC.** We monitor all network events and activities through an SIEM.

Our goal will be to provide Molina Enrollees, providers, and partners with a high degree of trust based on the Molina Security Operating Directive. We will continue to address the risks that arise from enterprise-wide use of IT and are required at all network and system levels to ensure that within the Molina enterprise, the confidentiality, integrity, and availability of information assets is protected. Therefore, Molina IT Security is limiting the exposure of the entire corporation to guard our infrastructure and to ensure compliance with HIPAA, the Sarbanes-Oxley Act, and regulatory governing agencies.

As a healthcare MCO, Molina knows that governance, risk management, and compliance (GRC) are of vital importance to operations due to the highly sensitive data we handle on a day-to-day basis. Our GRC team maintains the security policy, provides security training to employees, and performs application security reviews. These reviews assess the confidentiality, integrity, and availability of data, as well as conformance to the information security policy and include, but are not limited to: server security, site assessments, entitlement reviews, security forensics, penetration testing, laptop security/endpoint protection, cloud security, computer incident response, data loss prevention, Internet filtering, intrusion detection, identity management, access management, and multi-factor authentication.

To retain the integrity of the data once transferred, we apply rigorous security measures across our health plans and throughout our Web portals. Members must register to log into our member Web portal and, once registered, are provided with a unique user name and password. Members are only able to see their health information after logging on. Further, once a member has logged in, our Web portal features a local session timeout that requires re-authentication after a period of inactivity. We also protect various forms of PHI. This includes PHI in written word, spoken word, or stored in a computer system.

Molina has policies and rules to protect PHI, including:

- Limiting who may see PHI. Only Molina staff with a need to know may access PHI.
- Training staff members on how to protect and secure PHI and continually monitor business processes to ensure compliance.
- Requiring staff to agree in writing to follow the rules and policies that protect and secure PHI.
- Securing PHI in our management information systems network, keeping it private by using encryption, passwords, and firewalls.
- Conducting annual audits to ensure we comply with all state and federal regulations.

We have a controlled, secure plan to ensure a seamless turnover and the highest levels of security for Kentucky Medicaid Enrollees' health information.

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