

## A. Executive Summary

Provide an Executive Summary that summarizes the Vendor’s proposed staffing and organizational structure, technical approach, and implementation plan. The Executive Summary must include a statement of understanding and fully document the Vendor’s ability, understanding and capability to provide the full scope of work. Address the following, at a minimum:

1. The Vendor’s statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.
2. An overview of the Vendor’s proposed organization to provide coordinated services under the Contract.
3. A summary of the Vendor’s strategy and approach for administering services for Enrollees.
4. A summary of the Vendor’s strategy and approach for establishing a comprehensive provider network.
5. A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.

## Passport Health Plan: A Dedicated Partner in Kentucky’s Medicaid Program

Passport Health Plan (Passport) is honored to have the opportunity to respond to the Department for Medicaid Services’ (DMS) Medicaid Managed Care Organization (MCO) – All Regions Request for Proposal. Passport differentiates itself in three significant ways, each of which are highlighted in this Introduction and throughout our proposal using icons to reinforce our distinction.

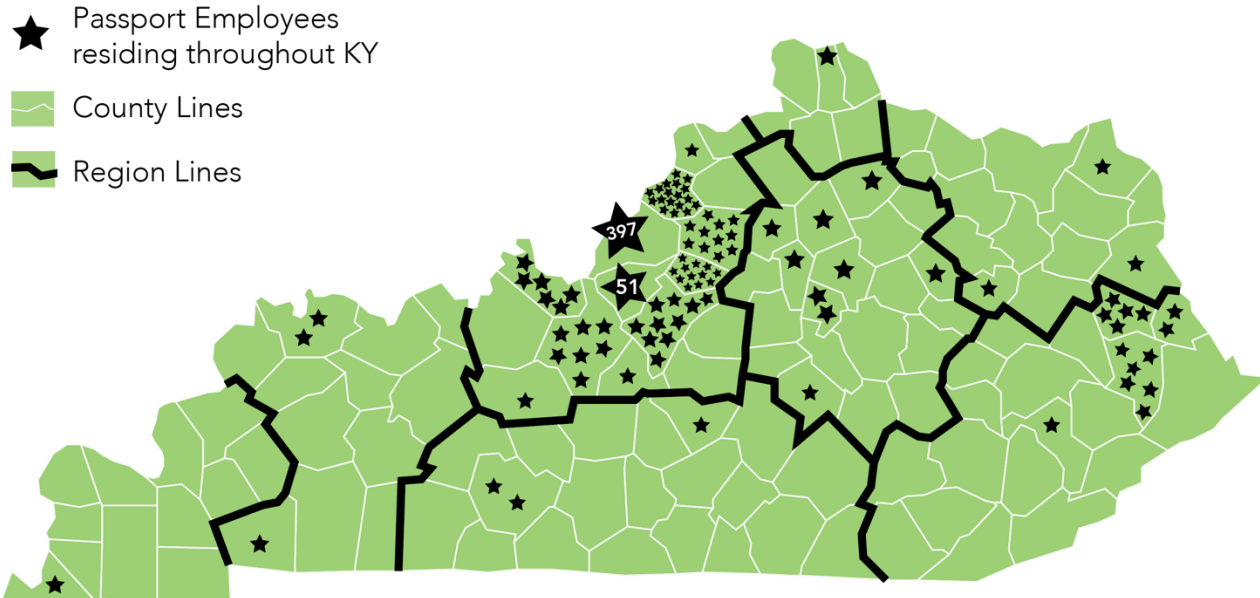
### 1) We are Kentuckians Serving Kentuckians – focused on improving member outcomes

For more than two decades, Passport has served as a steadfast partner with the Commonwealth, developing and implementing innovative solutions to improve health outcomes for Kentuckians and proactively meet the evolving needs of the members, advocates, and communities we serve. As shown in **Exhibit A.0-1**, we currently maintain an established presence throughout the Commonwealth.



Exhibit A.0-1: Map of Passport Employees Residing Throughout Kentucky

## Kentuckians Serving Kentuckians



Because our teams live -- and oftentimes have grown up -- in the communities they serve, we are intimately familiar with and focused on the social and healthcare needs of our neighbors: the members and providers with whom we work every day to eliminate barriers to effective care. Passport is unique because:

- ***We understand the complex and changing needs of the Commonwealth's health care environment*** because we were designed and organized to meet its population health challenges. Kentucky is the only state we serve, and we are exclusively focused on government programs. We see the impact of poverty on our members and recognize the challenges of managing members' health care against the backdrop of unmet social needs. We also know that the statistics about the Commonwealth do not provide a full picture of the impact. For example, we know that a mother in Shawnee Park (west Louisville) and one in Floyd County may both be single with children and have the same health risk factors and social needs, yet their environment dictates major differences in how best to engage them and meet their needs.
- ***Approximately 600 highly dedicated and skilled staff members in the Commonwealth support Passport*** and provide a local, high-touch member and provider experience. Our member and provider call centers operate in Louisville, and our Provider Relations Representatives live and work in communities throughout the Commonwealth meeting with local providers daily. We recruit and hire staff locally, such as Community Health Workers and Care Navigators, and provide extensive training and ongoing education for clinical best practice, approaches for engaging patients, and coordinating care and supporting an integrated health model. Our primary clinical leaders – Dr. Stephen Houghland (Chief Medical Officer), Dr. Elizabeth McKune (Vice President of Health Integration) and Dr. David Hanna (Executive Director of SKY) – received medical degrees from

Kentucky's major universities. Their combined years of clinical education and experience in the Commonwealth translate into a deep understanding of the Kentucky healthcare environment, its provider community and the unique needs of Kentucky Medicaid members.

- ***We have a long-cherished culture of treating our members – our neighbors – with compassion and respect.*** Passport's integrated model of care has evolved to a member-centric model based on our extensive clinical knowledge base to improve outcomes and empower members to self-manage their conditions. Our Health Equity Program and our Community Outreach Programs are unparalleled in their scope, touching the lives of thousands of Kentuckians annually. In **Attachment A-1\_Passport Community Engagement Examples**, Passport has documented a sample of the thousands of interactions that have taken place in local communities to address the full spectrum of health and wellness, community engagement and social/environmental issues across the highly diverse communities at the regional, county and city/town level. We do more than acknowledge our Commonwealth's diversity, we embrace it: Passport was an early adopter of communications with Kentuckians who speak other languages. Our outreach and communication to key cultural populations in Arabic, Nepali and Swahili was nationally recognized with an Aster Award Gold Medal. Our community efforts not only increase trust between members and Passport, but they also increase trust within the broader health care system, so members become comfortable accessing treatment and ultimately engaging in their health.

Our innovative spirit and experienced team provide the foundation for working with the Commonwealth to continue to innovate both clinically and operationally, creating a seamless experience for members. We are well-positioned to continue to serve the Commonwealth, DMS, and the members and providers in the Kentucky Medicaid and Kentucky SKY Programs. We have served these communities for the past 22 years with passion and enthusiasm, because these are our communities. We are extremely proud of the commitment we have had in elevating the health status of our fellow Kentuckians and look forward to the opportunity to continue to do so well into the future.

## 2) Our Closed-loop Social Determinants of Health Model magnifies the impact of our Population Health Model in achieving improved outcomes for our members

We know that social factors have a major impact on health. Our experience in the Commonwealth has helped us recognize that there are several social factors that impact members' health and well-being, including unstable housing, food insecurity, lack of access to transportation, educational issues, limited English proficiency and domestic violence / safety.



Specifically, Passport's (a) **leading edge technology platform**, (b) **role as a convener of community-based organizations**, and (c) **thought leadership to address current limitations in local health care and social services delivery systems** result in higher member engagement and improved health outcomes.

- Leading edge technology platform:** We equip our teams with industry-leading tools and technology, such as Identifi, to identify and stratify members with significant social risk factors related to ethnicity, language, lifestyle, housing type, food access, education, transportation, etc. Our integrated teams also

use tools, such as Healthify and Unite Us, to locate resources for the member and “close the loop” by tracking referrals all the way through fulfillment of services and member satisfaction.

- b) Role as a convener of community-based organizations:** We partner with community-based providers, coalitions, and organizations to create programs in Commonwealth communities to help address member needs around SDoH. Our support of the Food Farmacy in Eastern Kentucky is one such program where pregnant women and members diagnosed with diabetes, obesity, and/or hypertension are eligible to receive a prescription from their doctor for fresh fruits and vegetables.
- c) Thought leadership to address limitations in current delivery systems:** As part of Passport’s recognition that health is multi-faceted, we are working to create a “first of its kind” Health & Well-Being Campus in west Louisville. Through the Campus, Passport will provide access to whole-person care for Passport members and the surrounding community, fuel economic development by bringing jobs and workforce initiatives to west Louisville and create an “innovation lab” that can pilot and identify promising models that Passport can replicate in other parts of the Commonwealth.

**Passport’s SDoH efforts have shown promising results.** In a sample of 2,000 members that we screened for SDoH using our closed-loop referral application, preliminary results show that PMPM costs dropped by ~22% (or \$390 PMPM) in the six months after a member acted upon the referral. Specifically, we observed a 30% reduction in inpatient expense. The most significant drivers of this impact were connecting our members with financial assistance and housing support.

“Passport joined alongside Metro United Way as one of four founding partners of the United Community platform, which digitally links individual referrals between healthcare, community-based organizations and education across our community. The platform offers the ability to share referrals and track key measures in real-time, including patient experience and effectiveness and timeliness of care. Thanks in part to the leadership and commitment of Passport, the platform is gaining national recognition and is set to be a game changer for our community.”  
~Theresa Reno-Weber, President & CEO, Metro United Way

### 3) Providers are in Our DNA, driving our ability to increase member engagement, improve health outcomes, and enhance stewardship of the Commonwealth’s resources

A key reason that healthcare today is thought to be so uncoordinated and complex is that payers and providers are typically pitted as industry adversaries. They deliver the patient conflicting messages as to what care is appropriate, what is covered, and who is responsible for it. This leaves the patient caught in the middle trying to navigate the health care system on their own.



Provider-driven plans help to solve these issues for patients. Sharing health plan ownership with providers and having their direct participation in governance and clinical policy setting is the most advanced form of coordination and value-based care alignment; the top-performing health plans in the country (e.g., Kaiser Permanente, UPMC Health Plan, Intermountain, Geisinger) have provider ownership and shared governance as a cornerstone of creating an integrated financing and delivery system. Because providers are the primary

touchpoint between our members and the healthcare system, they are critical to Passport's ability to provide coordinated services to our members under the contract. Passport was founded in 1997 as a provider-sponsored plan by a group of visionary safety net providers in the region surrounding Jefferson County. We are proud to have expanded our tradition of community-focused support throughout the Commonwealth.

***As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that all providers in the network face,*** which in turn impacts our providers' ability to provide coordinated care for members. Being provider-driven means that network providers view us as a partner in advocating for their patients rather than as an adversary, which ultimately leads to higher member engagement. Throughout our journey, we have had an unwavering belief that a meaningful relationship between our members and their clinician is one of the most important and valuable principles in health care. It is at the core of our whole-person Population Health Model, and it has been instrumental in helping Passport improve our members' lives over the years.

## Passport's History: Tireless, Long-Standing and Committed Partner to the Commonwealth's Medicaid Program

Since our founding as the Commonwealth's first partner in Medicaid managed care, we have worked alongside our agency partners and Kentucky health care stakeholders, serving as a consistent, transparent and energetic voice for Medicaid members and their providers. We have been committed to meeting the DMS mission to improve the health of all Medicaid members in a cost efficient and effective manner. This long, successful history of innovation and overcoming barriers gives us a unique view into the Kentucky Medicaid Program that benefits the Commonwealth.

### Three examples of our focus on delivering for the Commonwealth:

- **Integrated Care:** Passport facilitated the smooth transition of Behavioral Health Services into Managed Care. Because Passport had been working closely with members in the region for 15 years prior to integrating behavioral health services for their medical and pharmacy needs, we were well-positioned to **assist Community Mental Health Center providers, through comprehensive education and support, to overcome significant transitional challenges** in adapting their models to work with managed care organizations.
- **Coverage and Access:** Passport successfully implemented Kentucky's Medicaid Expansion, which drove expansion of our business services from a regional health plan serving ~160,000 members (16 counties) to a statewide health plan serving about 300,000 members (120 counties). Passport **voluntarily extended the enhanced payments to primary care providers** to the Medicare rate for a year after the requirement was lifted **to help continue supporting the Medicaid Expansion effort** and promote infrastructure development such as care management and investments in technology (e.g., EHRs) among providers.
- **Model of Care for High-Need Populations:** The DMS Behavioral Health Technical Assistance Committee asked MCOs for an integrated care model for complex members with severe mental illness. In response, Passport partnered with our largest outpatient behavioral health provider to design the Partners in Wellness program – a complex chronic care case management model that included 24-hour access to nursing, reconciliation of medications, screening and referral to treatment for substance use disorders, monitoring of blood pressure and BMI, referral to dental care, and connection to unmet social needs.

Passport’s Behavioral Health Advisory Committee shaped the specifics of the model, including metrics to evaluate effectiveness, based on their experience in the community delivering these services as providers, advocates, and peers. In addition, Passport developed a value-based reimbursement model, where providers had an opportunity to earn incentives for helping participants use the appropriate level care, be active in their care, and make progress toward their health goals. Partners in Wellness produced improved health outcomes for members and reduced the overall cost of care for these most expensive and complex chronic health members, including a **26% reduction in cost, driven by reduced ED utilization and behavioral health inpatient admissions**. This demonstration project continued as an alternative payment model, and we intend to expand the model to other parts of the Commonwealth.

## Looking to the Next Decade: Continuing to Develop Medicaid Solutions for Kentucky

The challenges in the Kentucky Medicaid managed care delivery landscape are clear. Rising health costs due to the increase in the Commonwealth’s rates of chronic illnesses, multiple co-morbidities, and illnesses associated with poverty, such as obesity, heart disease, and substance use disorder, have been well-documented. Providers and researchers have long known that the paradigm of offering proactive services (e.g., patient education, health coaching) can deliver substantially better long-term results and savings than reactive efforts (e.g., preventing avoidable admissions to acute care settings).

Passport innovates to create healthier communities for Medicaid beneficiaries across the Commonwealth. Using our clinical focus and access to the Commonwealth’s thought leaders, Passport has been a test bed for advancement of impactful patient engagement and clinical pilot programs. We have collaborated with providers, the Commonwealth’s teaching hospitals, and nationally recognized leaders to put best practice approaches into action – and we have learned how to make them succeed in Kentucky’s diverse and distinct landscape. As we look forward, we are incorporating two decades of experience and learning to *drive meaningful innovation that will deliver a higher standard of care, and most importantly, better health outcomes for Medicaid members in Kentucky.*

### In This Section

Within the coming responses, we describe our **staffing and organizational structure** (A.2), our **technical approach** to administer services to members (A.3), our **technical approach** to establish a comprehensive provider network (A.4), and our **plans to implement** proposed innovations to improve health outcomes for members (A.5). In addition to the information described in these responses, we provide detailed descriptions of our staffing capabilities and organizational structure (in B. Company Background - 3. Staffing) and our complete implementation plan (in D. Implementation Plan), both of which support our ability to evolve alongside the needs and volume of our membership.



- A.1. The Vendor’s statement of understanding of the healthcare environment in the Commonwealth, the Kentucky Medicaid program and vision for this procurement, and needs of Medicaid Enrollees.

## The Kentucky Health Care Environment: Working Together for Healthier Lives

Passport understands that the health care environment is rapidly changing. In Kentucky, the interdependency between poverty and poor health, coupled with a historical increase in Medicaid enrollment and reduced federal funding has resulted in substantial increases in health expenditures without a corresponding increase in quality and better outcomes.

### Poverty, Poor Health Status, and Lack of Access for Kentuckians

#### Poverty & Poor Health Status

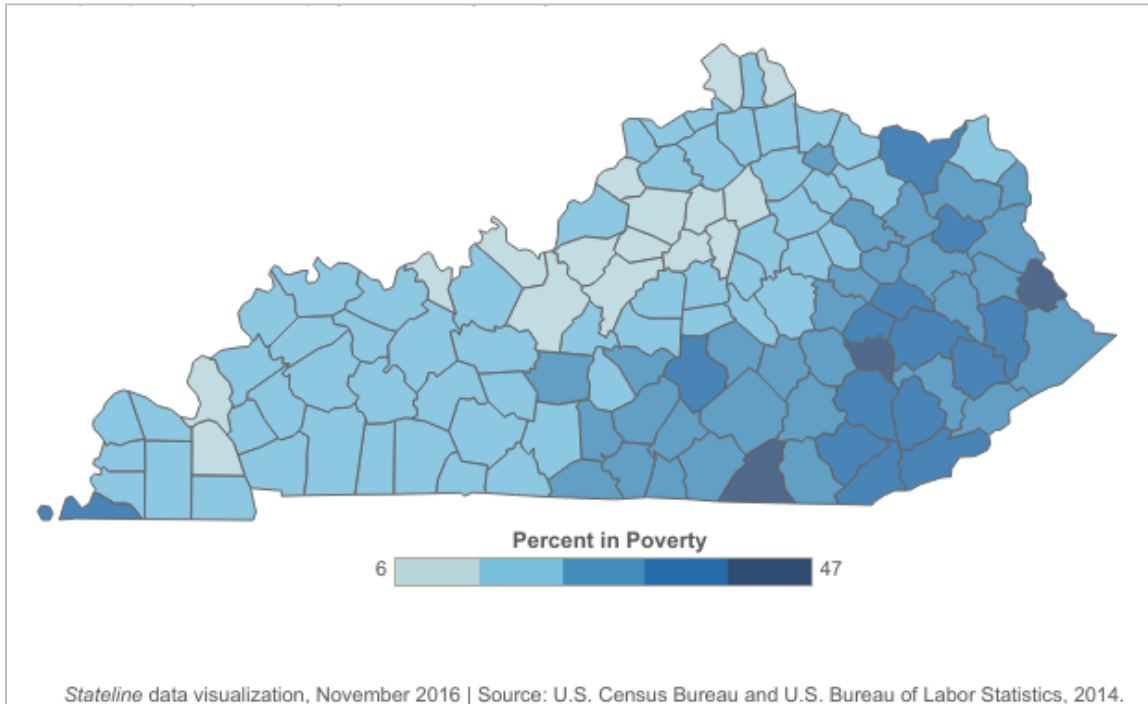
Poverty is a serious issue for the Commonwealth. According to the U.S. Census Bureau, the average Kentucky annual per capita income (2013 – 2017) was \$25,888, and 17.2 percent of residents live in poverty, which is well above the national average of 12.3 percent. These statistics make Kentucky the fifth poorest state in the United States.<sup>1</sup> Kentucky faces poverty across the state as illustrated in **Exhibit A.1-1**. Many families experience poverty as a result of unemployment, low wages, poor education, lack of affordable housing, substance use disorders, and limited English proficiency. In Kentucky, these characteristics are magnified:

- While the rest of the nation has been in an economic recovery, unemployment in Kentucky increased in 99 of the Commonwealth’s 120 counties between July 2018 and July 2019, while falling in only 15.
- While it has a rising high school graduation rate, the Commonwealth is ranked near the bottom of national scores across multiple national studies for adult literacy rates.
- In Kentucky, 11 out of every 10,000 families are homeless.

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<sup>1</sup>Centers for Medicare & Medicaid Services, “Medicaid & CHIP in Kentucky”, <https://www.medicaid.gov/state-overviews/stateprofile.html?state=kentucky>.

**Exhibit A.1-1: Poverty is an Issue that Spans the Commonwealth**



It is difficult for lower income families to break this cycle of poverty. They have limited resources to succeed in today’s global economy and struggle to obtain the support required to reach a higher quality of life. These circumstances can cause devastating effects on the family. The Greater Louisville Project conducted a study that concluded:

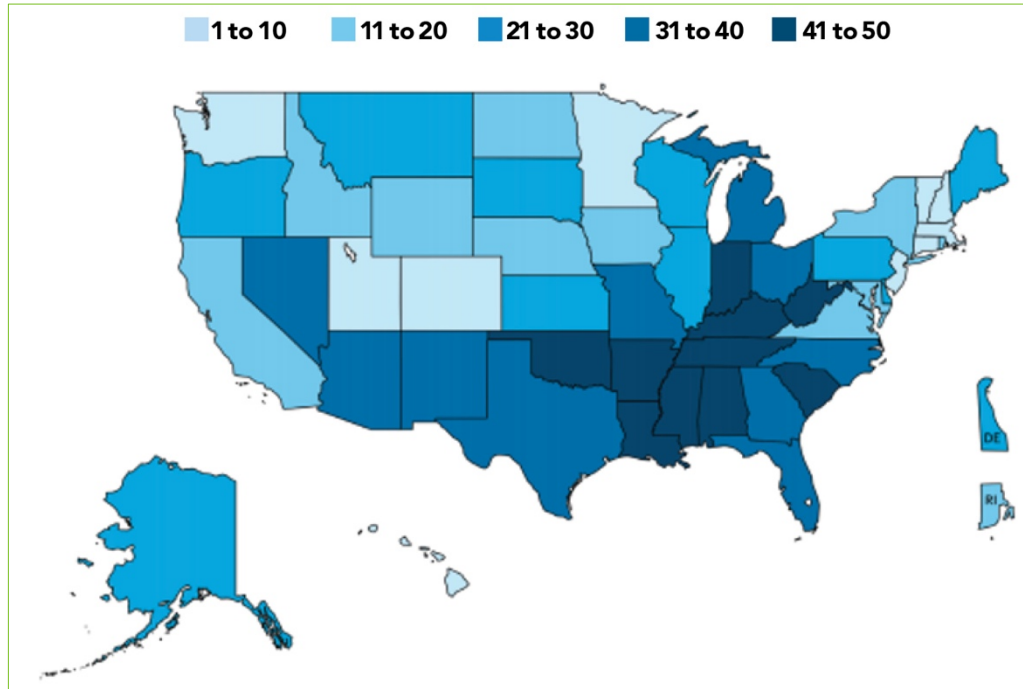
- The lack of employment or underemployment in households creates more than financial problems, negatively impacting mental health and causing social isolation and household instability.
- Poverty exacerbates chronic illness, and lack of treatment leads to individuals with poor health.
- Children in poverty begin school behind their peers and struggle academically.
- Twenty-six percent of children in poverty have moved homes in the past year.
- Only 43 percent of children eligible for free and reduced-price lunches are kindergarten ready, compared to 71 percent of the general population.
- In Louisville, 17 percent of households in poverty with children have someone actively seeking employment.

The stress of these social needs often leads to poorer health. According to the 2019 report of American Health Rankings, Kentucky ranked No. 43 out of 50 states based on five categories: behaviors, community and environment, public and health policies, clinical care, and health outcomes (see Exhibit A.1-2). While Kentucky did move up two spots from its ranking in the 2018 study, the Commonwealth remains in the bottom 10 in the nation for drug deaths, obesity, physical inactivity and smoking. Kentucky also ranked worst in cancer deaths, with about 233 deaths per 100,000 people. The Commonwealth's strengths,



according to the report, include its high school graduation rate (89.7%), low prevalence of excessive drinking (16%), and a low violent crime rate (212 offenses per 100,000 people).

**Exhibit A.1-2: Kentucky Ranks 43<sup>rd</sup> in Health Status**



**Lack of Access**

Lack of access to care exacerbates these poor health outcomes for Kentuckians: twenty to 25 percent of the population lives in a primary care shortage area. Nationally, only 20 percent of medical students are selecting primary care as their area of practice, a significant drop from the 1990s when half of all medical students selected primary care. According to the University of Kentucky School of Medicine, advanced practice providers will not mitigate Kentucky’s primary care shortage in the coming decade; of 4,177 Nurse Practitioners licensed in Kentucky, fewer than six percent practice in a primary care setting. Beyond the problems of accessing primary care near where they live, about 12 percent of adults report not seeing a doctor due to cost.<sup>2</sup>

**Substance Use Disorder (SUD)**

Substance use disorder is increasing dramatically, with Kentucky ranked as having the sixth highest rate of opioid deaths in the nation. In 2017, there were 1,160 reported opioid-involved deaths in Kentucky—a rate of 27.9 deaths per 100,000 persons. This is nearly double the national rate of 14.6 deaths per 100,000 persons. SUD has also been blamed for Kentucky’s record foster care population. Of the 17 data measures in the 2019 Kentucky Youth Advocates County Data Book, two of only a handful of measures trended negatively in recent years, and they are related to children in foster care. The rate per 1,000 children (ages 0-17) in foster care in Kentucky increased from 35.3 (2011 – 2013) to 47.3 (2016 – 2018), while the percentage of children exiting foster care to reunification with their families decreased from 41% (2011 –

2013) to 36% (2016 – 2018). These statistics demonstrate that we must address the pressing issues associated with SUD to be able to adequately provide for Kentucky’s children in foster care.

### Provider Abrasion and Administrative Burden

The shortage of primary care physicians and the need to manage multiple commercial and public sector insurance contracts have created administrative burdens for providers, especially those in smaller and rural practices. According to *the Medscape Physician Compensation Report 2018*, an annual report that assesses physician compensation and other work environment factors, a third of physicians said they spend 20 hours or more a week on paperwork and administrative tasks, a significant increase over 2017 when respondents reported spending 10 hours or more on these items.

### Funding Environment

In the face of these alarming trends in poverty, social needs, and access to care, Kentucky has experienced a historical increase in Medicaid enrollment and a continued reduction in Federal funding. The Commonwealth has taken successful and proactive measures to address this challenge. In fact, it has been one of the most successful states in reducing its uninsured rate.

Kentucky’s increase in Medicaid enrollees was due in part to the Commonwealth’s lower per capita income levels and changes in Federal funding for Medicaid programs. According to the Centers for Medicare & Medicaid Services, Kentucky’s Medicaid enrollment was 606,805 in 2013. In February 2019, the Medicaid enrollment (including CHIP) was 1,216,189. This is a net increase of over 100 percent since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013.<sup>2</sup> This is by far the largest percentage increase of any state and is almost four times the average increase nationally.

When Kentucky first expanded Medicaid in 2014, the federal government paid 100 percent of the costs of the expansion. This amount will be reduced to 90 percent of the cost of Medicaid expansion by 2020. The federal government currently pays about 80 percent of Kentucky’s overall Medicaid costs of \$11 billion a year, which includes low-income adults, coverage for disabled individuals, more than 600,000 children and many elderly people in nursing homes.

Federal Medicaid funding is currently at risk. Recent health care legislation changes will end the enhanced federal match for the Commonwealth’s expansion areas. Kentucky is ranked among the five top states with multiple risk factors, such as its large expansion coverage area gains, a high share of expansion enrollees, and a high share of expansion funding relative to the total Medicaid medical spend. As the enhanced Medicaid expansion funding starts to end, the consequences are serious. Under the Better Care Reconciliation Act of 2017 (BCRA), Kentucky will have to make up a \$11.6 billion deficit in federal funds

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<sup>2</sup> <https://www.medicaid.gov/state-overviews/stateprofile.html?state=Kentucky>

between 2020-2029, including \$6.6 billion for the phase-out of the enhanced match for the Affordable Care Act (ACA) expansion and \$5 billion for the per enrollee cap on all groups.

If Kentucky terminated Medicaid expansion in response to the loss of enhanced federal financing, the Commonwealth would forgo an additional \$29.9 billion over the 2020-2029 period. By 2029, the 557,000 Kentuckians estimated to be in the expansion group would lose Medicaid coverage. However, if the Federal Medicaid funding is capped, it would also put Kentucky Medicaid programs at risk. For example, Medicaid beneficiaries would not have access to programs for new therapies or long-term care for people with disabilities. Many Medicaid residents would be hard hit by the changes in Federal funding, especially the disabled. Kentucky has the fourth highest rate of individuals with disabilities, with 17 percent of its residents disabled and remaining in their home setting. The Commonwealth's vulnerable population is a much higher percentage than the national average of 13 percent, making this a serious concern.

### **The Commonwealth's Vision for This Procurement: To Improve Outcomes for Our Members**

The Commonwealth is striving for a sustainable, transformative Medicaid program that addresses some of its most pressing priorities:

1. Addressing social determinants of health and barriers to access to care
2. Combating Kentucky's opioid epidemic and substance use disorder
3. Reducing provider abrasion and administrative burden

The Commonwealth-contracted MCOs must be a partner in this transformation. Passport, with a history of collaborating with DMS, local Health Departments, community-based organizations and our Commonwealth teaching hospitals and universities, has long served as a test bed for innovations and new concepts in health care delivery, social needs support, and member and provider engagement. We have experience leveraging cutting-edge analytics, technology, and clinical knowledge, and we are resourced to support in-depth analyses, predictive modeling, and clinical best practice. As a provider-driven MCO, we have access to national and Kentucky-based clinical experts in developing population health programs, specialty care management, and strategies for patient engagement. We have a wealth of successes and lessons learned that can be used to accelerate success. **Exhibit A.1-3** provides a sampling of our experience directly tied to some of the priorities that the Kentucky Medicaid Program envisions addressing through this procurement.

**Exhibit A.1-3: Kentucky Medicaid Priorities and Examples of Passport’s Experience to Address Them**

Kentucky Medicaid Priorities	Passport Experience and Successful Innovation
<p><b>Addressing SDoH and barriers to access to care</b></p>	<p>While other health care organizations make referrals to community-based organizations, very few track those referrals to ensure a successful outcome, let alone attempt to understand the downstream impact on the member’s health or social well-being. Through Passport’s partnership with the Metro United Way, we supported the launch of <b>United Community</b> – a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations, agencies, and services. The platform was launched in April 2019. Passport has taken the data from our work with connecting members to social service providers and helped to ensure that the providers our members work with most are included in the United Community platform. We are currently helping to design the analytics tools to evaluate the impact of the partnership and platform; this evaluation will not only assess whether it is improving health outcomes, but also whether it helps to prevent other adverse social outcomes, such as unemployment and incarceration.</p>
<p><b>Combating Kentucky’s opioid epidemic and substance use</b></p>	<p>Passport has been an active partner in the expansion of coverage and access to care for members with Substance Use Disorder. We have facilitated member access to short-term residential stays (up to 30 days), methadone prescription coverage, and methadone treatment-related transportation in conjunction with DMS.</p>
<p><b>Reducing provider abrasion and administrative burden</b></p>	<p>Passport has introduced many efforts to reduce a provider’s administrative burden, including:</p> <ul style="list-style-type: none"> <li>• <i>Reprocessing claims real-time on the phone with providers and holding “office hours” for providers to ask questions or resolve billing issues, helping them to get them back to doing what they do best: caring for our members.</i></li> <li>• <i>Embedding practice coaches and Population Health Management staff to work at the practice-level, educating practices about value-based approaches, effective use of provided reports and analyses, and member engagement techniques.</i></li> </ul>

A.2. An overview of the Vendor’s proposed organization to provide coordinated services under the Contract.

**Passport: Kentucky’s Only Provider-Driven Medicaid MCO**

Because providers are the primary touchpoint between our members and the healthcare system, they are critical to Passport’s ability to provide coordinated services to our members under the contract. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that all providers face, which in turn impacts their ability to provide coordinated care for members. At Passport, being provider-driven means that network providers view us as an aligned partner in advocating for their patients rather than as an adversary, which ultimately leads to higher member engagement.

Passport offers consultation and advisory services to providers that often go far beyond a standard provider network contract. We do this to support and partner with providers and ensure coordinated services for members; for example:

Passport Service for Providers	Impact
Leverages in-house, independently licensed professionals to provide support and consultation to providers about clinical services, billing, and workflow	Improves quality of care for members and lowers the administrative burden for providers
Engages Clinical experts, particularly within our provider owner organizations, to assist with critical health issues such as hepatitis, HIV/AIDS, substance use disorders, and child psychology issues	Helps to ensure members receive the highest quality of care and cutting-edge treatments
Streamlines prior authorizations and the pre-certifications process by formalizing local provider input into review criteria for medical policy	Enables auto-authorizations for high-performing providers and high-value treatment pathways, which reduces the administrative burden for providers and ensures that members receive the highest standard of care on a timely basis

### Preserving Our Values While Mapping our Future

When the Kentucky Medicaid Program expanded in 2014, the expansion population brought in members with unmanaged and underdiagnosed chronic conditions, significant gaps in care, and years of unmet needs. The need to advance technologies, including predictive modeling and Artificial Intelligence (AI), required expanded resources and talent. Independent health plans like Passport were expected to improve member outcomes through value-based care, which required not only managing costs more effectively but also helping providers to adopt new methods and technologies to better manage patients. Surveying the future, Passport’s Board of Directors and executive leadership team realized that continuing to serve Kentuckians with outstanding customer service and provider satisfaction required an alliance with a strong, clinically-oriented company with an extensive clinical knowledge base, technology platform and focus on population health.

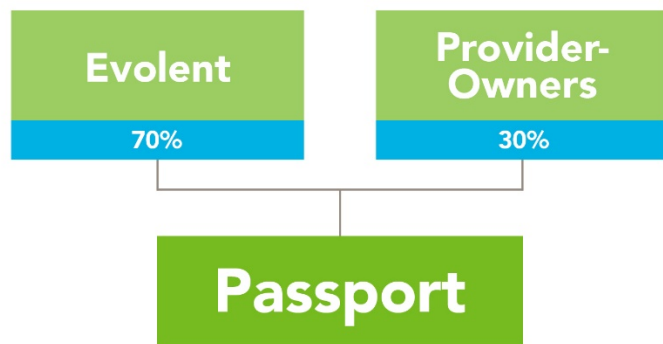
In 2016, after an extensive national search, Passport selected Evolent Health LLC (Evolent) as our partner. Passport selected Evolent due to its clinical and technology capabilities, reputation as a national leader in Medicaid and population health, and aligned mission focused on supporting providers in value-based care. Evolent’s extensive clinical knowledge base was initially developed at UPMC Health Plan, one of the largest provider-owned Medicaid health plans in the country and a top five recipient nationally of National Institutes of Health (NIH) research funding and enhanced through a national network of providers and over 3.7 million lives in value-based care arrangements.

### Deepening our Partnership

In 2018, Passport experienced retroactive Medicaid rate changes that resulted in a significant decrease in reimbursement rates despite increasing medical cost trends. This led to losses for Passport. In the Spring of

2019, Passport’s Board of Directors and provider owners (University of Louisville Physicians, Inc., University Medical Center, Inc., Norton Healthcare, Inc., Louisville/Jefferson County Primary Care Association, Inc., and Jewish Heritage Fund for Excellence, Inc.) commenced a competitive process to select a partner to provide expanded management and operational support, as well as capital through joint ownership of the health plan. Due to Evolent’s experience serving Kentuckians, clinical and administrative capabilities, and aligned, provider-oriented mission, Passport selected Evolent from among several bidders to be the partner to help carry its provider-led legacy into the future. On December 30th, 2019, having procured all required state and federal regulatory approvals, the parties officially completed Evolent's acquisition of a 70% ownership stake in Passport. The remaining 30% continues to be owned by Passport’s five provider-owners as outlined earlier in this paragraph, thus keeping Passport closely tied to its provider-owned, Kentucky roots.

**Exhibit A.2-1: Passport Ownership Structure**



The transaction described above was an asset acquisition transaction that resulted in all of the assets of University Health Care, Inc. (“UHC”) (which conducted business under the name of Passport Health Plan) being transferred into the “new” Passport Health Plan, Inc. which is the bidder under this RFP. The transaction was structured as an asset sale because UHC is a Kentucky nonprofit corporation, and the Kentucky nonprofit corporation statutes do not permit other forms of acquisitions between for-profit and nonprofit companies. So, while the corporate entities are technically different, all the Medicaid assets, employees, executive leaders, provider agreements, vendors, policies and procedures, clinical and community outreach programs, and innovations of UHC now reside in Passport. In short, all twenty-two (22) years of Kentucky Medicaid experience remain engrained in Passport’s operational fabric.

As outlined above, Passport is the successor to UHC. **It is important to note that the Kentucky Finance and Administration Cabinet approved the transfer of the current Medicaid contract from UHC to Passport** (that approval coming only after the Kentucky Department of Insurance and the Kentucky Cabinet for Health and Family Services stated that they had no objection to such assignment) and after approval of the transaction by the Kentucky Attorney General’s Office. To that end, in certain sections of the RFP where financial information, historical reports, and experience are requested, Passport provides the historical financials, reports and the experience of UHC as that is Passport’s predecessor.



The new Passport entity continues to operate as its own independent and legal organization, headquartered in Louisville, Kentucky, with an Executive Leadership Team that is focused on Kentucky Medicaid. The Executive Leadership Team provides oversight of all partners and subcontractors, including Evolent. Evolent's increased stake in Passport has enhanced Passport's capabilities with leading-edge analytics and technology that uses machine learning and artificial intelligence to assess risk-levels across the member population and execute on early interventions to prevent adverse events. Evolent's focus on population health, specialty care management, and supporting infrastructure that simplifies administration throughout the health care system lends itself to be a natural partner for a provider-oriented health plan such as Passport. This partnership helps patients to engage in their health and receive high-quality care that is cost-effective, evidence-based, and highly integrated.

The University of Louisville is the largest percentage provider-owner, and along with the other provider-owner Board members, has an equal say in key issues related to health plan strategy, operations and financial management. At the time of the announcement of the above transaction, University of Louisville President Dr. Neeli Bendapudi said, "The University of Louisville helped create Passport Health Plan in 1997, paving the way for what has become a national model for managed care. Now, we are proud to partner with Evolent to begin a new chapter that will continue to spark innovation in the delivery of care."

### Passport's Board of Directors and Governance

To succeed in the current healthcare environment and meet the needs of members, Passport believed it needed a governance structure that combined local providers and the support and resources of a national organization – so we intentionally created a structure that is reflective of these elements. To ensure that Passport's legacy of local commitment to members and providers is sustained and nourished under the new Board, we have agreed upon a unique governance principle: all key strategic and operational governance issues, such as the hiring and firing of the health plan CEO, budgeting, and approval of significant innovations or resource extensions, must be approved jointly by the provider-owner Board members and the Evolent Board members. This voting structure is designed to ensure collaboration and critical decision-making remains local, Kentucky-focused, and member-centric.

As the governing body of the company, Passport's Board is responsible for providing governance and strategic oversight of the company, including fiscal policy reviews, budgetary reviews, legal compliance reviews, and advising our executive officers on how to better serve our members. The Board is also accountable to all Commonwealth regulatory agencies who provide oversight of the company. At the highest level, the Passport Board of Directors provides close oversight of the operations of the health plan.

The current members of Passport's Board of Directors are:

- **Kimberly A. Boland, MD, FAAP:** A new member of the Passport Board of Directors, Dr. Boland is Professor of Pediatrics and Chair for the Department of Pediatrics at the University of Louisville and Chief of Staff of Norton Children's Hospitals. She is also Assistant Dean of Resident Education and Work Environment in Graduate Medical Education as well as a Pediatric Hospitalist in her clinical time. Dr. Boland is active in medical organizations, including as Past President the Kentucky Chapter of the American Academy of Pediatrics (AAP), the District IV Representative of the National Nominating Committee for AAP, and President of the Kentucky Pediatric Foundation. She has received numerous awards including five clinical teaching awards, seven faculty per mentoring awards, the University of

Louisville School of Medicine Master Educator Award for Outstanding Educator, the University of Louisville Paul Weber Award for Departmental Excellence in Teaching and the 2016 Dean’s Educator Award for Distinguished Educator. Dr. Boland was raised in Louisville. She received her undergraduate degree from the University of Notre Dame and her medical degree from the University of Louisville.

- **Jennifer Davis, JD:** Associate Vice President for Strategy and General Counsel, University of Louisville, Ms. Davis has been a member of the Passport Board since 2014. She is former Chair of the Health Care Service Group at Stites & Harbison PLLC where she focused her practice on regulatory and transactional health care law. She was first named to the Partners in Health Care list by Business First in 2010 for her vital work for the health care industry and was named to the 2011 Forty under 40 list also by Business First. She is the past President of the Kentucky Academy of Hospital Attorneys, past chair of the Health Law Section of the Louisville Bar Association, and previously served as Vice President for the Health Law Section of the Kentucky Bar Association. Jenni is also a former member of the Board of Directors and Secretary of the Centre College Alumni Association and member of the Board of Directors of Sarabande Books, Inc.
- **Kenneth P. Marshall, MBA:** Chief Operating Officer of UofL Health, an academic-focused health care system, Mr. Marshall has over 20 years’ experience in executive leadership in hospitals. Mr. Marshall has served on Passport’s Board since 2017. UofL Health is home to collaborative teaching and non-teaching physician practices, six hospitals, four outpatient centers, and over 10,000 employees. Mr. Marshall is a Fellow in the American College of Healthcare Executives.
- **Seth Blackley:** As President and Co-Founder of Evolent, Mr. Blackley oversees overall company strategy, product design, sales and corporate development. He is also a member of the Evolent Health Board of Directors. Prior his current role, Mr. Blackley was the Executive Director of Corporate Development and Strategic Planning at The Advisory Board Company. He started his career as an analyst in the Washington, D.C. office of McKinsey & Company. Mr. Blackley also serves on the Board of Directors for GoHealth, a leading Urgent Care company. He earned a BS from The University of North Carolina at Chapel Hill, where he graduated with Highest Honors, and his MBA from the Harvard Business School.
- **Tom Peterson:** Mr. Peterson is the Chief Operating Officer and Co-Founder of Evolent Health. Evolent partners with leading providers and payers nationally to drive value-based care transformation. Mr. Peterson oversees all aspects of operations across our health system partners in more than 35 markets in various value-based care arrangements. He is accountable for all implementation and operations functions, health plan services, value-based services, information technology and market-based operations. Prior to his current role, he was an Executive Director at The Advisory Board Company, overseeing the Business Intelligence/Analytics and consulting businesses. He has also held leadership roles in managed care and capitation management services with HealthSouth Corporation and Foundation Health. Mr. Peterson has a Masters in Mental Health Counseling from The George Washington University and a Bachelor of Arts from Harvard University.
- **Jonathan Weinberg:** Mr. Weinberg serves as Evolent Health’s General Counsel and is the chief legal officer of the company. Prior to his current role, he was a Senior Vice President and Deputy General Counsel for Coventry Health Care, Inc., where he supervised many of the operational functions of the Coventry legal department including mergers and acquisitions, federal and state regulatory issues, provider contracting, and Medicare and Medicaid issues. While at Coventry, Jonathan also oversaw the risk management department. Prior to joining Coventry, Jonathan was an associate and then partner at Epstein Becker and Green, P.C. in the firm’s health care practice, specializing in managed care issues. Jonathan has deep expertise and understanding regarding health plan regulatory and compliance issues. Jonathan received his BA from the University of Wisconsin-Madison and his JD from the Catholic University of America.

- **Frank Williams:** Mr. Williams is the Chairman, CEO and Co-Founder of Evolent Health. Evolent partners with leading providers and payers nationally to drive value-based care transformation. Evolent partners with organizations in more than 35 markets, manages over 3.7M lives under value-based arrangements and employs over 3,300 professionals nationwide. Named to the Forbes list of America's Most Promising Companies and a Top 3 Employer Nationwide, Evolent is also considered to be a leader in philanthropy and community impact. Prior to his current role, Frank served as Chairman and CEO of The Advisory Board Company, a best practice research and technology firm that served more than 4,000 leading healthcare organizations nationally. Earlier in his career, Frank served as the President of MedAmerica OnCall, the President of Vivra Orthopedics and as a Consultant for Bain & Co. A native Californian, Frank received a BA in Political Economies of Industrial Societies from UC Berkeley and a MBA from Harvard Business School.


### Passport's Executive Leadership Team


Passport is organized and staffed to serve the Kentucky Medicaid Program. From the Executive Leadership Team to our Member Services Representatives answering our members' questions in the local call center, Passport is focused on delivering superior service to our members and providers, with a commitment to transparency and value creation for our stakeholders. Passport is comprised of dedicated executives, clinical experts, and staff members who not only have local Kentucky knowledge but also have deep roots in the community and long tenures with Passport. In addition, we have recruited several nationally recognized healthcare executives to join our team and infuse Passport with complementary national best practices.


The Executive Leadership Team (ELT) is based in our Louisville, Kentucky office and designed to support our vision and goals for the Kentucky Medicaid program:


- **Chief Executive Officer:** As CEO, **Scott A. Bowers** reports to Passport's Board of Directors and is responsible for the overall performance of the health plan as well as aligning his organization with the needs of DMS. He oversees the Executive Leadership Team outlined below, as well as Human Resources. Scott has deep experience with over 23 years in Medicaid managed care leadership, having served as a health plan CEO over Ohio, Maryland, and Washington D.C, as well as five years at the helm of a 600,000 member Medicaid plan in Tennessee. In his health plan leadership roles, Scott has consistently demonstrated excellent leadership, strategic vision, and a focus on delivering strong operational, clinical, and financial results. He also has a strong passion to build upon Passport's track record of innovation to meet the future needs of the Commonwealth's Medicaid population.
- 
- **Vice President and Chief Compliance Officer:** **David Henley**, JD, CCEP, CHIE, FLMI, has been part of the Passport family for over nine years and has oversight into the planning, implementing, and monitoring of Passport's Compliance Program, which include activities involving enterprise risk management, HIPAA Privacy, program integrity and delegation oversight. In addition, David strictly oversees the company's compliance of Federal and State legislation and regulations; serves as the company's primary contact to the Commonwealth; facilitates communications between Passport and the DMS; and manages the implementation and evaluation of compliance issues related to the Commonwealth's Contract.
- 

- Vice President and Chief Medical Officer: Stephen Houghland, M.D.** has been part of Passport’s clinical team for nearly eight years. Prior to accepting this position, Dr. Houghland was the Medical Director for University Physicians Associates and the University of Louisville Physicians. He was also an Associate Professor of Medicine in the Department of Medicine at the University of Louisville. A native Kentuckian, Dr. Houghland received his medical degree from the University of Louisville school of Medicine in 1998. He completed his residency in General Internal Medicine at the University of Louisville in 2001 and subsequently joined the faculty after serving a year as Chief Medical Resident. As Chief Medical Officer, Dr. Houghland is accountable for providing organization leadership for all major health programs related to the Contract and Passport’s treatment policies, protocols, Medical Management, Quality Management and Improvement efforts, and population health management activities. As CMO, Dr. Houghland also provides executive leadership and direction for the Kentucky SKY program. He ensures oversight of the Executive Director and the Medical Director of the SKY program, working in collaboration with the Vice President of Health Integration and Vice President of Clinical Operations:


  - Vice President of Health Integration: Dr. Liz McKune**, reports to Dr. Houghland as a valued member of the executive leadership team. Her role is critical in continuing to further our medical and behavioral health care alignment. Dr. McKune brings deep expertise in ensuring that behavioral health is integrated across the care continuum through Passport’s model of care and provider engagement. Dr. McKune is a licensed psychologist and is the current Chair of the Kentucky Board of Examiners of Psychology, focused on increasing access to behavioral health services and supporting a positive climate for psychology providers in the Commonwealth.


  - Vice President of Clinical Operations, Courtney Henchon, RN**, reports to Dr. Houghland and is responsible for the development and implementation clinical strategy and new innovative models of care across our multiple clinical areas, including Utilization Management, Care Management, Quality Management, STARS/HEDIS, Population Health Management, Behavioral Health, Pharmacy, community engagement, provider engagement. She is accountable for all clinical performance and Quality to support alignment, integration, and optimization of health outcomes while decreasing medical cost.


  - Vice President and Chief Financial Officer: Scott Worthington** has worked with Passport for over seven years and is responsible for directing financial operations and reporting. Scott’s role is to ensure that Passport’s accounting and reporting is in accordance with generally accepted accounting principles and statutory accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, Kentucky Department of Insurance and other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the industry. Scott is also responsible for overseeing Passport’s financial accountabilities related to the Contract and ensuring that Passport is deploying best practice financial management techniques in accordance with industry standards.





- Chief Operating Officer: Shawn Beth Elman** is fully accountable for Passport operations, including Provider Network Management, Market Operations, Market Performance, Claims Operations, Customer Service, and Provider Data Management. Shawn was the Vice President of Operations at Evolent, where she served as the operational leader for Passport. She was also responsible for Claims, Call Center, Program Integrity, and Medicare Advantage for Evolent’s Health Plan Service Organization serving their clients nationwide. Shawn has over 25 years of health plan and provider operational experience nationally.



- Vice President and Chief Marketing and Communications Officer: Jill Bell**, a member of the Passport team since nearly the beginning (21 years), oversees the marketing strategy and execution of Passport’s member and provider communications and websites, public relations, government relations, brand awareness and advertising campaigns, special event planning, internal employee communications and intranet website, and corporate sponsorships for local events supporting our members. She is also responsible for our member engagement team which conducts outreach events in the communities to educate and inform our members about Medicaid and Passport’s benefits, health and wellness, and provide information on local resources to address SDoH. In addition, Jill has responsibility for Passport’s compliance to Federal and Commonwealth marketing regulations.



As CEO, Scott Bowers oversees the Executive Leadership Team (ELT) to ensure member-centric, compliant performance of Passport’s responsibilities to members, providers, and DMS. Scott chairs weekly ELT meetings to review health plan financial, clinical and operational performance, compliance with contractual requirements, subcontractor performance, staffing needs, and organizational and cultural competency topics. The ELT meeting agenda routinely includes functional subject matter experts to address current and projected business issues. This weekly forum with all functional disciplines in the health plan facilitates a holistic understanding of Passport’s operational and financial performance and a collaborative process to develop integrated action plans that address key opportunities and focus areas. **Exhibit A.2-3** is an organizational chart listing the members of the ELT, Contract Key Personnel and Qualified Staff pursuant to Section 9.2 of the Contract.

Members of the ELT have oversight and accountability of the key Departmental teams who work collaboratively to ensure that all functions and services are coordinated to support our members and providers. The oversight structure is outlined in **Exhibit A.2-2: Passport’s ELT Collaborates Closely to Provide Coordinated Services**.

**Exhibit A.2-2: Passport’s ELT Collaborates Closely to Provide Coordinated Services**

Operations Team/Department	Executive Owner	Function
Compliance	David Henley, Chief Compliance Officer (CCO)	Our Compliance department monitors our regulatory and contractual requirements to protect the safety of members and their protected information. The department also provides an open-door policy to all Passport staff and partners to report any concerns or risks.

Operations Team/Department	Executive Owner	Function
Finance	Scott Worthington, Vice President and Chief Financial Officer	Our Finance team is responsible for directing the fiscal functions of the company in accordance with generally accepted accounting principles and statutory accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, Kentucky Department of Insurance and other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the industry. The team oversees Passport’s financial accountabilities related to the Contract.
Clinical Operations	Dr. Houghland, Chief Medical Officer (CMO)	Our Clinical Operations team includes Care Management (CM), Population Health, Pharmacy and Utilization Management and provides a member-centric, holistic approach to assessing, planning, and implementing personalized care plans aimed at improving member’s physical and behavioral health, functional status and overall quality-of-life. This focus empowers members to better manage chronic medical issues.
Behavioral Health	Dr. Liz McKune, Vice President of Health Integration	Our behavioral health team furthers our medical and behavioral health care alignment, ensuring behavioral health integration across the model of care through programmatic integration and provider engagement.
Quality	Courtney Henchon, RN, VP Clinical Operations	The Quality department ensures safety and measures our results of service to enhance our operations and deliver improved health outcomes to members for years to come.
Claims	Shawn Elman, Chief Operating Officer (COO)	Our Claims department works to ensure timely and accurate payment and/or resolution of member claims.
Provider Network Management	Shawn Elman, COO	The Provider Network team works to build and maintain a strong provider network to ensure our members have access to the variety of services we cover to their benefit.
Customer Service	Shawn Elman, COO	Our Customer Service team includes Member Services, Provider Services, our Care Connectors, and a 24/7 Nurse Line. The team has representatives that serve members in person and over the phone, assisting with provider selection, benefits confirmation, assistance with transportation, assistance with appointment scheduling, and local resources to address SDoH.
Benefits	Shawn Elman, COO	Our Benefits team administers Medical, Dental, Behavioral Health and Pharmacy care to our members.
Marketing & Community Engagement	Jill Bell, Chief Marketing and	The Marketing & Community Engagement teams work closely together to meet the needs of our members wherever they are. They offer our members support with



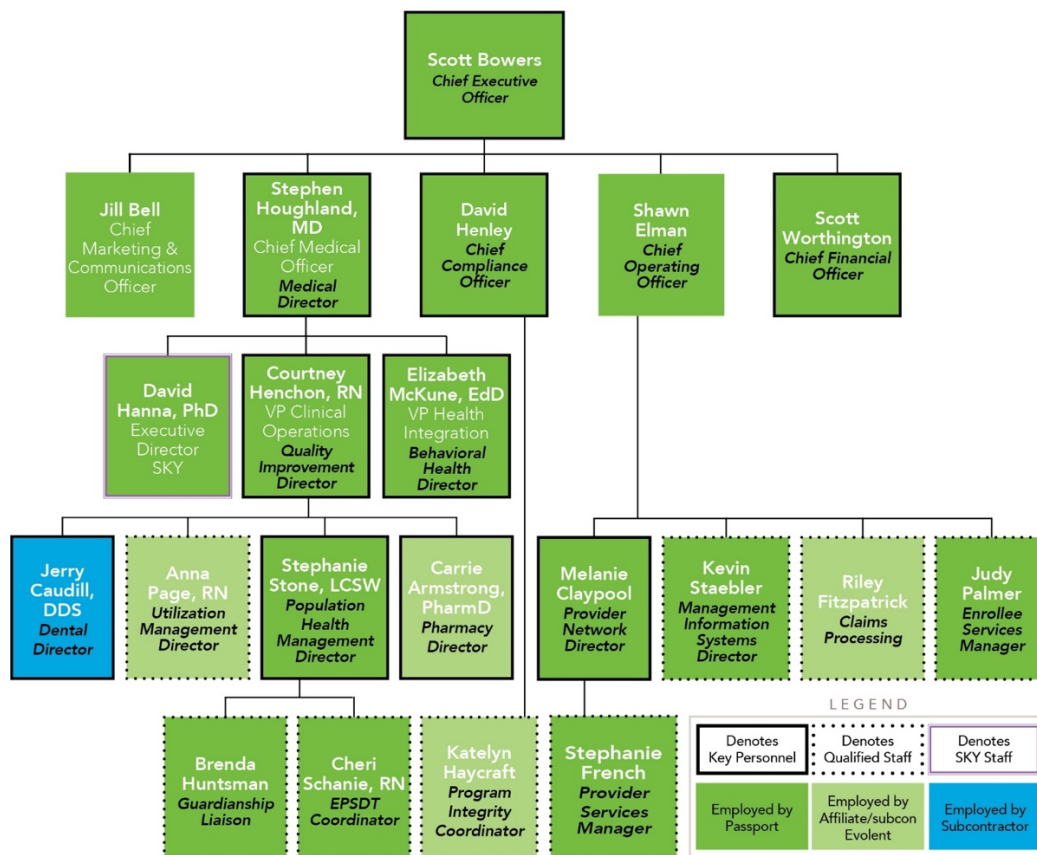
Operations Team/Department	Executive Owner	Function
	Communications Officer	navigating the health care system, connect them with community resources to address social determinants of health, provide health education, work with community leaders and external service providers, and create member-centric materials to help our members understand all the ways that we can serve them.

### Experienced Key Personnel and Qualified Staff

Passport has local, experienced staff that consistently deliver outstanding performance for our members, providers and stakeholders. As shown in Exhibit A.2-3: **Organizational Chart**, Passport’s team includes the required dedicated positions within the Contract, which are:

- **Key Personnel:** Chief Executive Owner, Chief Financial Officer, Chief Compliance Officer, Medical Director, Pharmacy Director, Dental Director, Behavioral Health Director, Provider Network Director, Quality Improvement Director, Population Health Management Director.
- **Qualified Staff:** Management Information System Director, Enrollee Services Manager, Provider Services Manager, Claims Processing team, Utilization Management Director, Early and Periodic Screening, Diagnostic and Treatment Coordinator, Guardianship Liaison, Program Integrity Coordinator.

Exhibit A.2-3: Organizational Chart



## Local Knowledge, National Best Practices

Our leaders work together to embrace a holistic view of the organization and the constituencies that we serve. This allows for strong oversight and governance over company-wide operations and our contracted vendors. To bring appropriate scale and national best practices to Passport, we leverage best-in-class subcontractors to deploy proprietary analytics, clinical pathways, integrated behavioral health, utilization management programs, and advanced technology solutions. This allows us to deliver demonstrable improvements in health outcomes for members. It also creates the best of both worlds to serve the needs of the Commonwealth: Passport's deep local knowledge and community-based service model combined with expertise and best practice from nationally recognized subcontractors.

Passport is organized and staffed to monitor and deliver all aspects of performance under this contract with full local control of policies, process, and staff. The skills and experience of our ELT and staff allow us to continue our long history of providing intimate service and care for our members.

Passport has high confidence in our ability to meet the objectives of Kentucky and the Department for Medicaid Services as outlined in this RFP.

A.3. A summary of the Vendor's strategy and approach for administering services for Enrollees.

## Passport Delivers a Seamless Member Experience

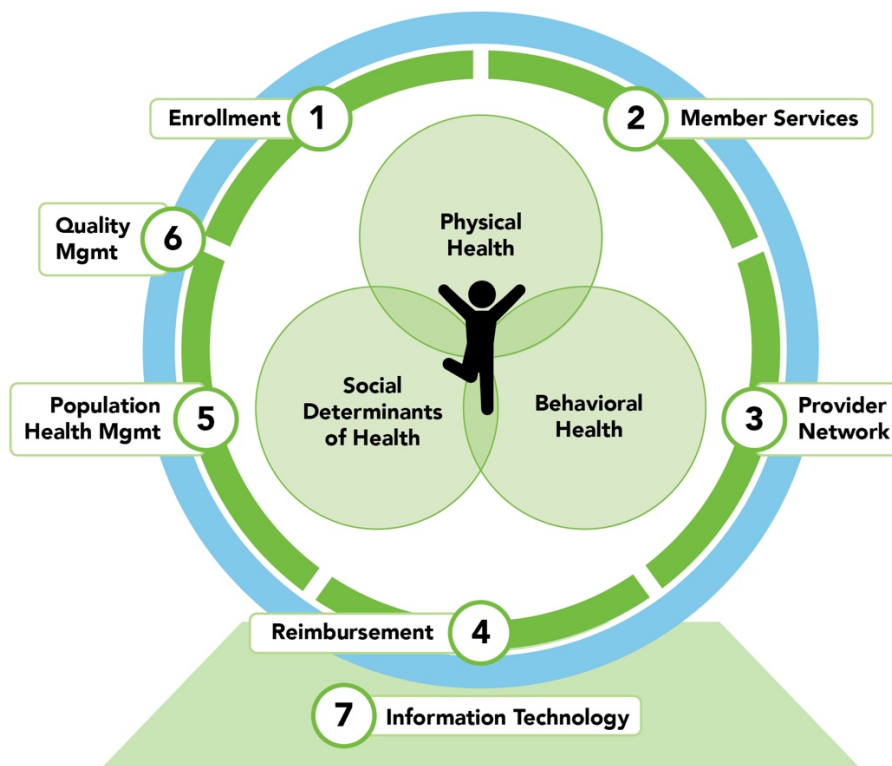
Our strategy and approach for administering services to members begins with clear and unequivocal accountability for the delivery of high quality services, putting the needs of the member first. We train, supervise and empower our member-facing staff to do whatever it takes to ensure that members receive all covered and value-added services in a timely, compassionate, and culturally appropriate manner. There are seven core elements in Passport's model for administering services to members to ensure a seamless health care journey:

1. Establishing the member's **enrollment** to ensure timely access to necessary services.
2. Guiding the member on the use of his or her benefits, through innovative member education and **member services**.
3. Establishing a broad and diverse **provider network** for covered services and supports, supplemented with a comprehensive community referral network for essential social services.
4. Ensuring our providers receive accurate and timely **reimbursement** using a proprietary claims platform and dedicated Provider Relations Representatives.
5. Ensuring the member receives the right services, through the first nationally NCQA-accredited **population health management (PHM) program** in tandem with our provider-driven utilization management approach to target care interventions at the population, subpopulation, and individual member level, in a way that integrates physical, behavioral, and social determinants of health to treat the whole person.

6. Infusing **quality** into each aspect of the member and provider experience along with continuous quality improvement on all elements of the model to validate the performance of our approach and make tomorrow's service even better than today's.
7. Powering the other six elements in our model is our comprehensive, integrated **information technology** infrastructure, which enables real-time information sharing and supports informed decision-making by the member, provider and integrated care teams.

**Exhibit A.3-1** shows the seven elements in our model and how they relate to provide the complete package of administrative support to ensure the member gets the care they need.

**Exhibit A.3-1: Passport's Approach for Administering Services for Members**



Below, we describe our approach to service administration for each of the seven elements.

## 1) Enrollment

The first element in the spectrum of service administration is to establish the member's eligibility for services covered by Passport. We have the technical and procedural infrastructure in place to support member enrollment, disenrollment and changes. Our team of Enrollment and Coordination of Benefits (COB) specialists load the enrollment data into our integrated system through a series of controlled steps; we monitor each of these steps to ensure accuracy. **In 2019, 100% of Passport's eligibility and enrollment transactions from the 834 file processed accurately.** Once our team has verified the data, our integrated system triggers the distribution of enrollment information to support the printing and distribution of member ID cards and Passport Welcome Kits.

## 2) Member Education and Member Services

Newly enrolled Passport members need to understand their benefits, find a provider to address their health care needs, and know how to access services under the plan. We address these needs through member education and member services.

### Member Education





Once we enroll new members, we mail them a Passport Welcome Kit, which includes a welcome letter and our Member Handbook. These documents contain important information about Passport, their benefits, and our processes and procedures to guide our members through their health care experience. We also provide our members an electronic copy of the Member Handbook via the Passport member website so they can print, search and download relevant content. To continue to enhance the new member’s user experience, Passport has launched several initiatives. These include the following:

- Engaging Members Upon Receipt of Their Member ID Card** – As part of the New Member Initiatives Program, Passport redesigned our Member ID Card to include a sticker instructing members to call Member Services to confirm receipt of their Member ID card. When new Passport members call in to confirm receipt, we are able to engage with them to welcome them to Passport, complete their health risk assessment, and ensure they understand the benefits available to them.
- New Member Engagement Videos** – Using local actors and filming in our Louisville headquarters, our in-house marketing team crafted a series of five New Member Videos as part of our new member experience strategy. Our new member videos cover topics such as: what's in the New Member Kit, ‘about the HRA form’; seven simple steps for new members; the importance of having a PCP; how to sign up for texts, emails and social media, and how to earn member rewards. The videos are part of our New Member Web Page; we promote them on Facebook, Twitter, Instagram and LinkedIn. **In the fall of 2019, the New Member videos were awarded both a silver and bronze Digital Health Award for excellence in crafting high-quality digital health media.**



Our New Member Onboarding 90-Day Plan brings together these and other member engagement activities into a simplified effort to enhance the enrollment and post-enrollment period for our new members, as illustrated in **Exhibit A.3-2**.

**Exhibit A.3-2: Passport’s 90-Day On-boarding Plan**

NEW MEMBER ON-BOARDING & RETENTION			
OBJECTIVES	TACTICS	METRICS	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DEEPER LEVELS OF ENGAGEMENT</p> <p>↓</p> <p>↓</p>	Member makes a positive human connection with a Passport associate 	<ul style="list-style-type: none"> <li>• Welcome call</li> <li>• Care Connectors outreach</li> <li>• “Call to Confirm” sticker on ID card</li> <li>• Signs up for texts / emails</li> </ul>	<ul style="list-style-type: none"> <li>• Member services reaches member</li> <li>• Care Connectors reaches member</li> <li>• % of members who call within 30 days</li> </ul>
	Member learns about Passport 	<ul style="list-style-type: none"> <li>• Attends live member education class</li> <li>• Watches new member video</li> <li>• New member packet</li> <li>• New Enrollee Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Attends and receives reward</li> <li>• Page via web and/or member portal</li> <li>• Returned mail data</li> <li>• Returned surveys</li> </ul>
	Member tells us more about themselves 	<ul style="list-style-type: none"> <li>• HRA form</li> <li>• Member portal registration</li> </ul>	<ul style="list-style-type: none"> <li>• % of forms returned within _____</li> <li>• % registered for portal within 90 days</li> </ul>
	Member takes steps towards managing their health 	<ul style="list-style-type: none"> <li>• Uses benefits</li> <li>• Visits PCP</li> <li>• Earns a reward</li> <li>• Stays enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Claims data within 1<sup>st</sup> 90 days</li> <li>• Claims data within 1<sup>st</sup> 90 days</li> <li>• Care Connectors sends reward</li> <li>• Enrollment file</li> </ul>

**Member Services – “No Wrong Door”**

Passport’s Member Services department gives members the information and guidance they need throughout their health care experience with Passport. Our Member Services Representatives ensure members are informed of their rights and responsibilities; help members select or change their PCP; and educate them about Passport’s benefits, policies, and procedures. The team also assists members in accessing medical providers; scheduling PCP visits and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services; making referrals to appropriate population health programs; offering help with medical transportation needs and locating community resources; and resolving all member grievances and appeals, if necessary.

Our Member Services team has transformed and grown from less than a dozen Member Services Representatives (MSRs) in 1997 to over 100 today, all working in our Louisville offices. We hire local and compassionate staff – **a member will never speak to a MSR outside of Kentucky**. We provide the MSRs initial and ongoing training to use our tools and techniques, which are recognized as best practice in managed care call center delivery. Our team is there to assist when our members need us the most.

Our **Care Connectors** are true health navigators, providing specialized support for our members. They conduct welcome calls to introduce new members to Passport, often serving as the first point of connection with our members as they begin their health journey. Care Connectors answer questions about the member's health, find and schedule provider appointments, assist with pharmacy prior authorizations, provide information on and referrals to community resources, including SDoH needs, and assist in the completion of our Health Risk Assessment. For proactive service, our Care Connectors also conduct out-

bound member service, such as following up with a member after an Emergency Room Visit to encourage and assist the member to schedule a follow-up visit with their PCP.

Our **Community Engagement Department** drives our in-person education and outreach efforts. Passport has Community Engagement Representatives who are embedded throughout the Commonwealth to ensure the members in their communities have local access to services. When Passport talks about community, we are talking about *our* community - no matter their race, ethnicity, language, gender identity, or age.

In 2019, our Community Engagement team had over **5,000 outreach interactions in our communities**, where we assist members in addressing their barriers to care, which include:

- **Social determinants of health** such as housing, clothing, food security, transportation, education, record expungement, accessibility, and domestic violence/safety;
- **Health-related issues** such as dental, wellness and behavioral health, prevention/health education, vision, nutrition, substance use, heart health, respiratory care, cancer care; and
- **Community-wide barriers** to well-being, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills, and after school care.

### 3) Provider Network

Passport supplements its broad, diverse network of providers for covered services with a comprehensive, engaged network of community and social services to address the full spectrum of member needs.

#### Comprehensive and Diverse Provider Network

Passport, founded as a provider-led plan and continuously governed by and responsive to providers, is a leader in network development. Our strategy to establish a comprehensive network begins with identifying the right mix of providers to round out a high performing delivery system. Once we identify the right mix of providers to ensure members will have appropriate coordination of services, we:

1. Ensure network access and adequacy
2. Increase member access to a high-quality provider network
3. Reward providers through value-based contracting
4. Reduce provider abrasion and simplify administration
5. Engage providers for leadership and oversight of our clinical programs

We provide detail to support each of these five steps in our response to **A.4: Establishing a Comprehensive Provider Network**. We ensure access within standards through monthly review of our network and quarterly external audits of provider availability within scheduling and response standards. This thoughtful approach has delivered a successful, comprehensive network across the state, which has approximately:

- **32,000 total providers:**
  - 17,000 specialists
  - 9,100 primary care providers (2,500 of which are pediatricians)
  - 3,700 behavioral health practitioners



- 2,200 ancillary providers
- 130 hospitals

In addition to our broad network of providers, members have access to additional supports for accessibility.

- **Community Health Workers.** We continue to expand our face-to-face care delivery to include Community Health Workers who conduct personal visits in provider offices, community service organizations, members’ homes, or any other type of community location that is convenient for the member. Community Health Workers serve as advocates to schedule doctor appointments, obtain the necessary resources for SDoH needs, resolve assess for and provide services around health literacy, provide language interpretation or communication needs, and offer personal health education and instruction. Community Health Workers are empowered to ensure the member has access to needed care.
- **Teladoc.** In the third quarter of 2020, Passport will be the first Medicaid managed care plan in Kentucky to offer Teladoc virtual visits for primary care and dermatology to all members. Complete electronic notes on every virtual visit will be submitted to the member’s assigned primary care provider to maintain continuity of care and a complete health record. We expect Teladoc to increase member access, especially in areas of primary care shortage, and to reduce member dependence on the Emergency Department.

**Supplementing Providers with Community Services**

To Passport, **community and social services are intrinsic to our administrative responsibility.** We work alongside community-based organizations throughout the state that serve specific populations, such as the homeless, refugees, immigrants, and those formerly incarcerated. **Exhibit A.3-3** shows a list of select community resources with which Passport partners for our members.

**Exhibit A.3-3. Select Community Resources with which Passport Partners**

Community Resource	Assistance Available
<b>City Schoolhouse</b>	Private school that allows parents to pay what they can
<b>Dare to Care and Other Food Pantries/Food Banks</b>	Provides emergency food baskets to those in need
<b>Dental Lifeline</b>	Dental assistance throughout Kentucky
<b>Feed the City</b>	Daily meals and food boxes in exchange for volunteer service
<b>Golden Arrow</b>	Children’s clothing, diapers, formula, and other infant needs
<b>Habitat for Humanity</b>	New housing with volunteer hours, repair programs, and low-cost furniture and home repair goods
<b>Head Start</b>	Promote school readiness, early learning, health, and family well-being for children ages birth to five from low-income families
<b>Louisville Asset Building Coalition</b>	Assistance with taxes
<b>Love City</b>	Free after school and entrepreneur programs for children, and family centered events and festivals
<b>New Directions</b>	Low income housing and home repair program
<b>New Eyes for the Needy</b>	Free eyeglasses for children or adults

Community Resource	Assistance Available
<b>New Roots</b>	Farm fresh markets with hours at local churches, community centers, in food insecure neighborhoods
<b>Norton Special Needs Car Seat program</b>	Car seats for children with special needs
<b>Portland Promise Center</b>	Free childcare to children after school and during the summer, which includes Kids Café meals
<b>Project CARAT</b>	Provides donated DME to the community (locations throughout Kentucky)
<b>The Table Restaurant</b>	Allows community members to pay what they can or work for food
<b>Wayside Christian Mission Respite Care</b>	Homeless respite services for members that need to heal after hospitalizations or severe injuries

#### 4) Reimbursement

Passport understands the impact that accurate and timely payments have on provider practice operations, practice finances, and overall provider satisfaction. Passport’s commitment to the community we serve is reflected in our **skilled claims processing team located within the state of Kentucky** with concentrations in both Louisville and Prestonsburg. Under the direction of Shawn Elman, Passport’s COO, Passport’s dedicated Kentucky Claims Team currently includes over 130 staff members in Front End Claims Processing, Funding and Recovery, Root Cause, Provider Claims Rework, Quality Assurance, and Post-Payment Auditing.

Our Provider Relations Representatives (PRR) leverage the expertise of our claims team to increase payment accuracy, process claims in real-time during provider calls, and educate provider office staff during collaborative, on-site provider visits.

We employ a reliable, proprietary claims processing system that is customizable and scalable to ensure accurate and timely payment of claims to providers. This technology – and our processes – deliver results:

- We **routinely exceed the DMS standard** for processing 90% of all claims within 30 days, and our internal standard of processing 95% of all claims within 30 days,
- In 2019, we **processed nearly 6 million claims** in an average of 6.5 days from receipt to completion,
- During 2019, we completed **167,373 claims audits** to ensure the financial and procedural accuracy of claims, for which we consistently exceeded the standards of 98% and 97%, respectively.

#### 5) Population Health Management

Passport is fortunate to use the clinical program structure from the nation’s first NCQA-accredited Population Health Management (PHM) Program. This program uses an integrated, evidence-based model considering all facets of the member – physical health, behavioral health and SDoH – to drive improved outcomes at lower cost. For example, **our Complex Care Management program reduced inpatient admissions by 32%, ED visits by 35%, and total cost of care by 20%** when compared to a matched control group. This impact was a result of years of measurement, refinement and continuous improvement driven by our:

- **Leading-edge analytics and technology** that uses machine learning and artificial intelligence to assess risk-levels across the population and execute on early interventions to prevent adverse events. Central to the predictive modeling approach is identifying impactable members rather than merely identifying high-cost or high-risk individuals. *We focus on identifying members who require immediate intervention and support due to the presence of physical or behavioral health indicators at risk for decline in the next 12 months.* Our stratification models can accurately predict whether a member will incur a future avoidable event more than 80% of the time. By engaging these members in our PHM program, we can help change the trajectory of their health, improve outcomes and avoid costs.
- **Evidence-based clinical interventions** by PHM risk level that is grounded in data-driven identification and an individualized, member-centric care planning process. We have carefully designed targeted interventions to prevent adverse events – unplanned inpatient admissions, ED visits, readmissions, surgical complications, pregnancy complications, duplicate services, toxicity from medication regimens, etc. – across the population with an emphasis on the Commonwealth’s priority conditions and populations. *Our care team members participate in weekly integrated care rounds* to discuss cases that need extra attention. When a barrier arises for a member, these rounds provide the opportunity for the multidisciplinary team to bring its collective expertise together to locate available local resources.
- **Locally driven, community-based SDoH model** that tracks referrals to ensure the “loop is closed” and members receive the services they need when they need them to improve their health. Through Passport’s partnership with the Metro United Way, we supported the launch of United Community – a community-wide initiative to deploy an innovative, shared technology platform to initiate and close referrals across many organizations, agencies, and services. United Way has shown that use of the platform has *reduced the time to close a referral by 29.4 days* and as an early adopter of the platform, we are beginning to see the impact of this work. *For example, our ability to address multiple social barriers for members has reduced emergency department spend by 26%.*
- **Provider-empowering strategies** and Provider Incentive Plans to promote engagement in PHM programs and *accelerate the transition to value-based care* in our contracted network. Services include on-site support for clinical and administrative issues, access to care management services, and extensive analytic support.
- **Robust statistical methods to evaluate the effectiveness** of our PHM model, including propensity score matched case-control studies, the results of which are used to identify key drivers of impact, or Key Performance Indicators (KPIs). Over time, we have identified nearly a dozen KPIs that are highly correlated ( $p < 0.05$ ) with positive outcomes, including reduced cost, lower inpatient utilization, lower ED utilization, and high PCP utilization. We have also observed statistically significant impact on total cost of care with higher KPI compliance – those care teams that are more than 80% compliant with these KPIs show a *47% reduction in total cost of care* for their members as compared to a matched control group.

### Provider-driven Utilization Management (UM)

Utilization management ensures patient safety and confirms that each member receives appropriate services. The goal of our UM program is to maintain the quality and efficiency of health care delivery by caring for members at the appropriate level of care, by coordinating health care benefits, ensuring the least costly but most effective treatment benefit and ensuring medical necessity.

Passport is NCQA Accredited and provides a full range of Utilization Management services, including prior-authorization, concurrent review, and retrospective review. These services ensure we address members’

needs holistically by applying evidence-based medical necessity, state-specific criteria, and results from review of members' assessed needs, resources, and living situation.

To support those providers that have a proven history and a pattern of delivering high-quality services, and if the provider consistently submits prior authorizations completely and accurately, Passport can create a "gold card" streamlined review process to encourage expanded access to services for members. These providers or provider groups are expected to meet specific quality, economic and member satisfaction benchmarks. Gold-carding removes the overwhelming need to arbitrate each individual member case, and instead employs data, rules, and technology-enabled workflows to resolve most cases. Furthermore, it allows providers to focus on the best course of treatment for their members.

## 6) Quality Management

At Passport, we have woven a culture of quality through the entire organization. Our commitment to continuous, data-driven improvement of every element of service delivery is essential to our members receiving safe and optimal care. Our Quality Management Team assesses the impact of our programs on an annual basis with input and guidance of Kentucky providers, who sit on our Board, Partnership Council and quality committees. This is accomplished by collecting data on process and quality outcomes, cost and utilization rates, member experience and participation rates. We measure, trend, analyze and interpret results against established performance goals and benchmarks specific to each of our clinical programs and the overall PHM model of care. Through our Total Quality Management Approach, we identify gaps and areas for improvement, prioritize those for action, and work collaboratively with Passport resources, subcontractors, providers, DMS, community organizations, and members on initiatives to create better results.

We have a long history of collaborating with DMS and organizations at all levels to improve the quality of care and health of Kentuckians, preserving what we have learned for the future. Our organizational goals mirror those of the Commonwealth's – to transform the Medicaid program to empower individuals to improve their health, engage in their health care to improve the quality of care and health care outcomes; and, reduce or eliminate health disparities. Our clinical and quality strategy embeds these goals across the organization through:

- Reducing the burden of Substance Use Disorder (SUD) and engaging members to improve Behavioral Health (BH) outcomes; we address this through Passport's integrated BH program, where we bring together behavioral health providers and PCPs to collaborate and intervene with members
- Increasing the usage of preventive services through our EPSDT program and physician engagement around member care gaps
- Reducing the burden of and improving outcomes for chronic diseases through population health programs that employ NCQA-accredited, nationally recognized clinical program structures
- Promoting access to high-quality care and reducing unnecessary spending through our Value-Based Purchasing (VBP) programs and by increasing our network footprint with additional providers and specialties
- Collaborating with our BH subcontractor, co-managing members with serious mental illness, and furthering Passport's incarcerated member transition program

The result of this “culture of quality” is reflected in **above-benchmark Overall Rating of Plan from Child CAHPS of 89.57%** (Benchmark average 86.32%) and **Overall Rating of Plan from Adult CAHPS of 82.45%** (Benchmark average 77.02%). We have also seen significant improvement in efforts targeting priority populations, specifically women and children, over the past five years, including a:

- 35% decrease in low birth weight deliveries
- 37% decrease in very low birth weight deliveries
- 39% decrease in pre-term deliveries (less than 37 weeks)
- 46% improvement in Adolescent Immunization, Combo 1 (Meningococcal, Tdap/Td)

The Passport Quality Program emphasizes to all our employees that “Quality” is not just a department in the Passport organization – it is engrained in every employee’s work and every interaction with members, providers, DMS, or any of our stakeholders. We ask our employees, “what’s your why”? — encouraging them to reflect upon and understand why they do what they do and how their actions affect our members and their health.

## 7) Information Technology

Our sophisticated management information system (MIS) technology platform supports and integrates all of the elements of our approach to service administration for members. Our MIS is a suite of fully interoperable component layers that enable Passport staff and administrators, care teams, and providers to operate in a connected approach and work from a single view of the member. The platform represents an end-to-end, enterprise-level, integrated MIS and population health management platform with functionalities and process flows that support the requirements of the Kentucky Department for Medicaid Services (DMS) and the Kentucky Medicaid Managed Care program. The MIS and its subsystems are fully operational and already configured to meet the needs of DMS, and they are currently functioning within the guidelines and specifications of the Commonwealth, including required interfaces. Our MIS meets or exceeds all Kentucky Medicaid Managed Care Program subsystem requirements, including enrollee/member, third party liability, provider, reference, claims/encounter processing, financial, utilization data/quality improvement, surveillance utilization review, reporting and testing. Our existing integration with DMS, providers, and vendors provides continuity and reduces risk for all stakeholders since a new implementation is not required with Passport.

A.4. A summary of the Vendor’s strategy and approach for establishing a comprehensive provider network.

## Establishing a Comprehensive Provider Network

As a historically provider-led health plan, Passport has strong relationships with our provider partners and has developed an extensive statewide provider network to better serve our members. We understand the needs and challenges of providers and provider networks at a deeper level. Today, Passport’s network includes approximately 32,000 providers across the following provider types: 9,100 PCPs (2,500 of which are

Pediatricians), 17,000 Specialists, 2,200 Ancillary Providers, 3,700 Behavioral Health Providers, and 130 Hospitals.

Our strategy to establish a comprehensive network begins with identifying the right mix of providers to round out a high performing delivery system. We provide our members access to care through our network of free-standing birthing centers, primary care centers, local health departments, hospitals, home health agencies, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and private duty nursing agencies, opticians, optometrists, and audiologists, psychiatrists, psychologists, and licensed clinical social workers. We also have provider partners that are hearing aid vendors, speech language pathologists, physical therapists, occupational therapists, chiropractors, dentists, pharmacies and durable medical equipment suppliers, podiatrists, renal dialysis clinics, transportation services, laboratory, radiology, and clinics providing Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and EPSDT Special Services, and more specialties.

Once we identify the right mix of providers to ensure members will have appropriate coordination of services, we:

1. Ensure network adequacy
2. Increase member access to a high-quality provider network
3. Reward providers through value-based contracting
4. Reduce provider abrasion and simplify administration
5. Engage providers for leadership and oversight of our clinical programs

## 1) Ensure Network Adequacy

Passport's approach begins with assessing network adequacy on an ongoing basis, identifying gaps, increasing provider capacity and seeking opportunities to improve access for our members. Each month, our Provider Network team generates reports from Quest Analytics, an industry-standard software platform that combines dynamic time and distance access standards with minimum provider requirements. We use the data to evaluate our overall network adequacy and identify gaps based on network standards. Passport reviews claims data on a quarterly basis to determine which out-of-network providers were seen by members during the previous quarter. Our Provider Network team reviews all access-related feedback from members, referring providers, care managers, and utilization managers.

Passport's approach to a comprehensive network continues as we review referrals and collect feedback from various departments (e.g., Member Services, Quality, Population Health) regarding access issues and unmet clinical or social factors that affect member's care such as behavioral health, language, ethnicity, gender, or special needs. In addition, we use an independent third-party organization to conduct onsite access reviews on a quarterly basis to identify access barriers to specific providers or practices such as long wait times, lack of after-hour appointments, and closed panels. We escalate these access barriers to the Provider Network team and other relevant departments for action. Passport directly holds all contracts for our comprehensive network of behavioral health (BH) and substance abuse providers to provide outpatient



(including intensive home services), intensive outpatient, substance abuse residential, Care Management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services.

Identifi<sup>SM</sup> Network, our web-based provider data management tool, maintains our provider file, populates the provider directory and supports network adequacy analytics. Identifi<sup>SM</sup> Network enables our network administrators, managers and providers to create, track, maintain and access interactions with network providers. This tool will enable our ability to identify the need to tap into additional telehealth solutions or surrounding state providers, where needed, to enhance access to care.

If there are any gaps in our network, Passport recruits additional providers by leveraging our leaders' deep personal relationships, as well as our extensive network of community partners. These include traditional and safety net providers, major Kentucky groups immersed in supporting health and wellness throughout the Commonwealth, such as the Kentuckiana Health Collaborative (of which our Chief Medical Officer is a member of the Board and Executive Committee), Passport's provider-owners, our Partnership Council, and our staff serving providers throughout Kentucky.

## 2) Increase Member Access to a High-Quality Provider Network

Passport is committed to identifying and managing a high-quality provider network that is consistent with the CMS goal of "Triple Aim" – better health, better care, better value. Our approach to managing a high-quality network follows the national trend of building a high-quality and high-performing provider network that emphasizes prevention, quality of care, and cost efficiency – driving toward value. We use this same approach to analyze our providers' performance across our broad network to ensure that our members receive the highest quality of care in the most cost-effective setting and that we measure performance in a consistent way.

### Using historical data, we evaluate provider performance for quality and cost-effectiveness:

- **Quality:** we analyze HEDIS measures such as Comprehensive Diabetes Care, Anti-depressant medication management, medication management for adults and children with asthma, and adolescent and child well care visits.
- **Cost-effectiveness:** we look at measures such as all-cause readmissions, ambulatory care sensitive ED rate, and use of imaging studies for low back pain. If providers are not providing high quality, efficient care to our members, we first reach out to educate and encourage them to change behavior. If providers are unwilling after a collaborative intervention, we carefully analyze access and coverage in the affected geography and then consider removing them from the network. For example, in 2019, we conducted in-depth data analysis on quality and cost by provider and overlaid member access by region, which resulted in a selective re-contracting effort to remove substantially below average performers. We plan to continue deploying a comprehensive Network Performance Management Process to ensure that we have high performing providers and adequate access across Kentucky.



### 3) Reward Providers through Value-Based Contracting

Passport acknowledges that the alignment of financial incentives for providers is essential to achieving an effective and efficient health care system. We have deep experience in offering Value-Based Contracting (VBC) arrangements, and we are financially rewarding providers for high quality health outcomes. This helps control cost and drives towards the efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care.

The Passport Value-Based Payment strategy includes a suite of models to meet providers where they are and to encourage and reward both small and large practices. We offer providers a full range of value-based options recognizing that not all providers have the practice infrastructure to fully participate in some sophisticated models and to help advance providers along the risk continuum at their individual pace.

- **Patient Centered Medical Home (PCMH) PassportPlus** – This program rewards dozens of existing provider groups incentivizing the core tenets of PCMH behavior in their practices. The incentive is paid monthly with a goal of moving these smaller practices closer to risk-readiness and move them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.
- **Care Management (CM) PassportPlus** – In working with our existing providers, we learned that some need additional practice investment for their infrastructure enhancements in order to participate in HealthPlus. This Program extends compensation for care management services on a semi-annual basis for participating providers who can then plan their resources accordingly.
- **HealthPlus** is an upside-only provider gain-share program that rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program provides different opportunities for gain-share reward based on services provided and improvement in the total cost of care of their assigned members. Quality measures are customized to each practice and adjusted for type of practice (e.g., adult primary care, pediatric care). Performance is measured on a calendar year and rewards are paid out the following years once claims have matured. The three opportunities for gain-share reward are:
  - Medical Expense Ratio (MER) Improvement – Providers improve the total cost of care by providing a full range of services to their assigned members. This is calculated through a comparison of year over year reductions of costs as a percentage of revenue.
  - MER Attainment – Providers maintain an already-reasonable total cost of care by providing a full range of services to their assigned members.
  - Scorecard Performance – Providers achieve high performance on the *Passport Quality Scorecard* related to the care of their assigned members.

We have learned that static and inflexible value rewards with limited provider input do not meaningfully improve health outcomes. As a result, Passport has worked collaboratively with providers to design and structure our Value-Based Programs with the intent of engaging clinicians and offering meaningful reward for meaningful effort.

### 4) Reduce Provider Abrasion and Simplify Administration

Based on feedback from our network providers, Passport has adopted or is adopting several innovations to reduce the administrative barriers at the practice level. Among these are:

- *SuperAuths* - Bundled authorizations for multiple service requests related to specific clinical Episodes of Care. These are defined by clinical events rather than duration of time, such as a new diagnostic finding. SuperAuths provide pre-approved authorizations for a course of treatment to providers treating members with complex disease. Using our industry-leading clinical decision support tools, we work with providers to identify the most cost-effective treatment protocol so providers can deliver the necessary services as needed without individual authorizations or delays.
- Regionally dedicated *Provider Relations Representatives* across the Commonwealth who are readily accessible for face-to-face problem-solving with providers, including claims processing support for providers to fast-track physician reimbursement.
- *In-person and telephonic coaching and care management services* in close collaboration with providers to identify, engage and educate patients outside of the office setting, including coordination of social services.

## 5) Engage Providers for Leadership and Oversight of Our Clinical Programs

Our provider partners are highly engaged in the leadership and oversight of our organization; they help ensure that our processes are member-centric, our clinical protocols are effective, and our members receive high quality care in a cost-effective manner. To gain their insights, we engage clinicians in several provider-based committees, including:

**Partnership Council:** The overarching provider governance committee is called the Partnership Council which reviews quality management and improvement activities from Passport's quality committees. Our structure enables us to effectively address quality throughout our organization, channeling DMS's goals through the Board of Directors and down to our Quality Medical Management Committee (QMMC), and through every department in our organization. The Partnership Council is comprised of 32 leading local physicians and advocates and is the approving body for the QMMC. The Partnership Council has oversight authority for Passport programs, including Quality, Utilization Management, Care Management, Behavioral Health, and Pharmacy.

- **Quality Medical Management Committee (QMMC):** The QMMC provides direction, oversight, and management of the clinical care and quality of care provided to members. The QMMC is chaired by our Chief Medical Officer and is composed of participating providers (including medical and behavioral health providers) appointed on an annual basis, along with representatives from non-clinical areas.
- **Credentialing Committee:** Chaired by the Chief Medical Officer and including representation from community providers approved by the Board of Directors, the Credentialing Committee is responsible for oversight of the credentialing and re-credentialing process.
- **PCP Workgroup:** Chaired by Passport's Chief Medical Officer the PCP Workgroup includes representation from primary care physicians across the Commonwealth, including pediatricians. The PCP Workgroup identifies and addresses the needs and concerns of PCPs and is accountable for reviewing and approving recommendations regarding Plan policies, and programs with an emphasis on enhancing primary care quality and access.

Passport's network providers are the heart of our health plan, and provider satisfaction has been a vital component to our success since we began serving Kentucky Medicaid members more than 20 years ago. We

have providers throughout the Commonwealth that consistently demonstrate their support of Passport, as illustrated in **Attachment A-2\_Passport Letters of Support**. We have always had an open-door policy for providers to share their input, insights and feedback as we strive to continually streamline processes that enable us to reduce barriers to the best health outcomes of our members. Passport collects provider feedback through several channels, such as provider service call center trends, provider complaints and grievances, direct feedback received through our Provider Relations Representatives, and our annual provider satisfaction survey. Provider satisfaction scores are above industry norms, with 71 percent of surveyed providers in 2019 recommending Passport to their patients (representing an increase of 3.9% compared to 2018).

Each of these five themes are further described throughout the Passport RFP response including a more in-depth explanation of the people and processes that are deployed in maintaining a high-performance network as well as substantive examples and lessons learned.

- A.5. A summary of innovations and initiatives the Vendor proposes to implement to achieve improved health outcomes for Enrollees in a cost-effective manner. Include a discussion of challenges the Vendor anticipates and how the Vendor will work to address such challenges.

## Innovative Solutions to Address Kentucky's Current Health Care Environment

Passport recognizes that creative solutions are required to effectively address the complex and inter-related challenges facing Kentuckians in the current health care and financial environments. To this end, we are proposing targeted innovations to improve health outcomes and lower costs, specifically related to three of the Commonwealth's top priorities for healthcare:

1. Addressing social determinants of health and barriers to access to care
2. Combating Kentucky's opioid epidemic and substance use disorder
3. Reducing provider abrasion and administrative burden

Our proposed innovations to support these priorities are described in the sections that follow and include a discussion of challenges that we anticipate and how we will work to address them. These innovations are intended to be cost-effective by ensuring members receive the right care, at the right time, and in the most appropriate setting, and providers do not have administrative burdens that detract from their time and resources. At the end of this response, we have included an inventory of the proposed innovations referenced throughout our proposal.

### Innovation 1: Addressing Social Determinants of Health and Barriers to Access to Care Through Passport's Health & Well-Being Campus

Passport is addressing current limitations in health care and social services delivery systems through its investment in the Passport Health & Well-Being Campus. Our experience working with vulnerable populations highlighted the need for increased access and integrated services that incorporate social

determinants and establish trust through community engagement. In response to this need, Passport’s Board of Directors and leadership team established the vision for a new corporate headquarters that could also strategically address members’ health-related social needs and be a model for establishing healthy communities across the Commonwealth. This vision led Passport on an ambitious journey to acquire nearly 20 acres in west Louisville as the home for the Health & Well-Being Campus. Passport selected west Louisville given the health disparities that west Louisville residents experience, including a life expectancy that is as much as 12 years shorter than the Louisville average (Louisville Health Equity Report 2017). Home to some 75,000 members, Passport coordinates care for roughly 1 in every 2.4 west Louisville residents. Providing services in one location for our members to access means we can interact with them face-to-face, which is more efficient – both in terms of cost savings and impact on health outcomes – than trying to engage them remotely or via partnerships with various providers and community-based organizations across multiple locations.



**Overview: Vision for the Health & Well-Being Campus:** Passport envisions a Health and Well-Being campus to provide **access to whole-person care** for our members and the surrounding community. With a focus on SDoH, the campus is also intended to fuel **economic development** by bringing jobs and workforce initiatives to west Louisville, and create an **“innovation lab”** that can pilot and identify promising models that Passport can replicate in other parts of the Commonwealth.

#### a) Access to Whole Person Care

A 2018 focus group conducted in Jefferson County (mostly with residents of west Louisville) for a Community Health Needs Assessment concluded that most have difficulty accessing health care due to

lack of transportation and affordability. The focus group also reported challenges with sometimes or often being unable to afford food (23%) and living in poor housing conditions (19%). The Campus is designed for Passport to directly engage with and serve the community. For example, we envision a Client Services area where members and residents can interact with Passport health and education personnel to address any health-related questions, obtain clarity on their benefits, and receive education about the resources available to them through Passport and our Campus partners. Passport's mission also recognizes that health and well-being is about more than just one's health insurance; therefore, Passport has secured commitments of interest from other service providers to co-locate on the Health & Well-Being Campus and provide services that benefit the holistic needs of Passport members and the community. Passport identified these service providers as potential partners based on the needs of the surrounding community; for example, UofL Health will provide access to basic healthcare services, AbsoluteCARE will provide healthcare services and care management for members with high-acuity, complex conditions, and Family Scholar House will provide affordable housing, education and career programs.

**Exhibit A.5-1** provides a map of healthcare providers in Jefferson County, with a star for the location of Passport's Health & Well-Being Campus. Much of west Louisville is designated by the federal government as a Health Professional Shortage Area (HPSA), an area that has a shortage of health care providers in primary care, mental health and/or oral health. To combat this issue, Passport's Health & Well-Being Campus is conveniently located along a major bus route and will have healthcare providers on the Campus, which will address members' access issues and ensure they

receive care in the most cost-effective setting. In particular, UofL Health is committed to developing a health care presence on the Health & Well-Being Campus. The primary service area of University Hospital and Jewish Hospital (two major UofL Health facilities) includes many west Louisville zip codes. Consideration of services offered at the site will be reflective of the needs of west Louisville residents, but UofL Health anticipates a health care presence on the Campus that results in reduced utilization of high-cost inpatient and emergency room-based care in acute settings. Using the provider and resident resources of UofL Health and the UofL School of Medicine, offerings could include after-hours urgent care, primary care and women's services clinics, and specialty follow-up clinics to serve the needs of patients who require post-discharge follow-up and chronic condition management.

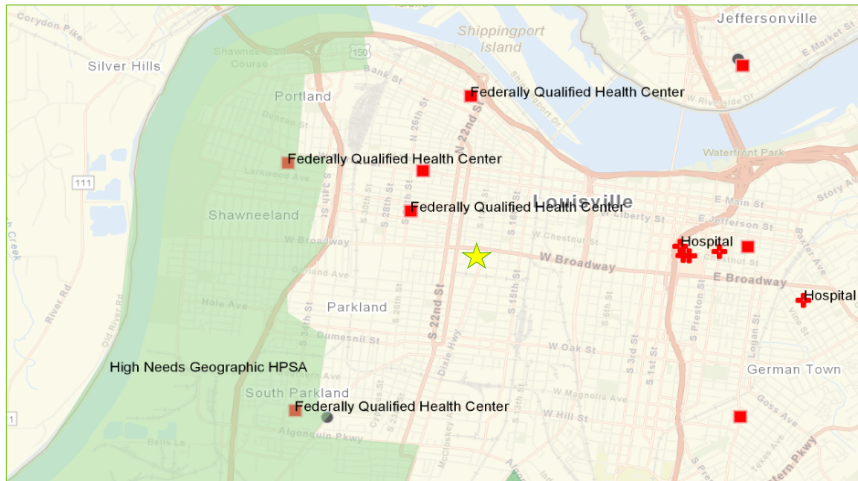
"At the core of UofL Health's mission is to provide health care to areas of the Commonwealth that are under-served. Partnering with Passport at the Health & Well-Being Campus in west Louisville gives us a chance to expand our services and provide whole person care to those who need it most."

*~Ken Marshall, Chief Operating Officer,  
UofL Health*



**Exhibit A.5-1: Map of Jefferson County Health Care Service Providers; Star Denotes the Location of the Passport Health & Well-Being Campus**

(Note: The Federally Qualified Health Centers (FQHCs) shown on the map are Passport owners in the Louisville/Jefferson County Primary Care Association).



**b) Economic Development**

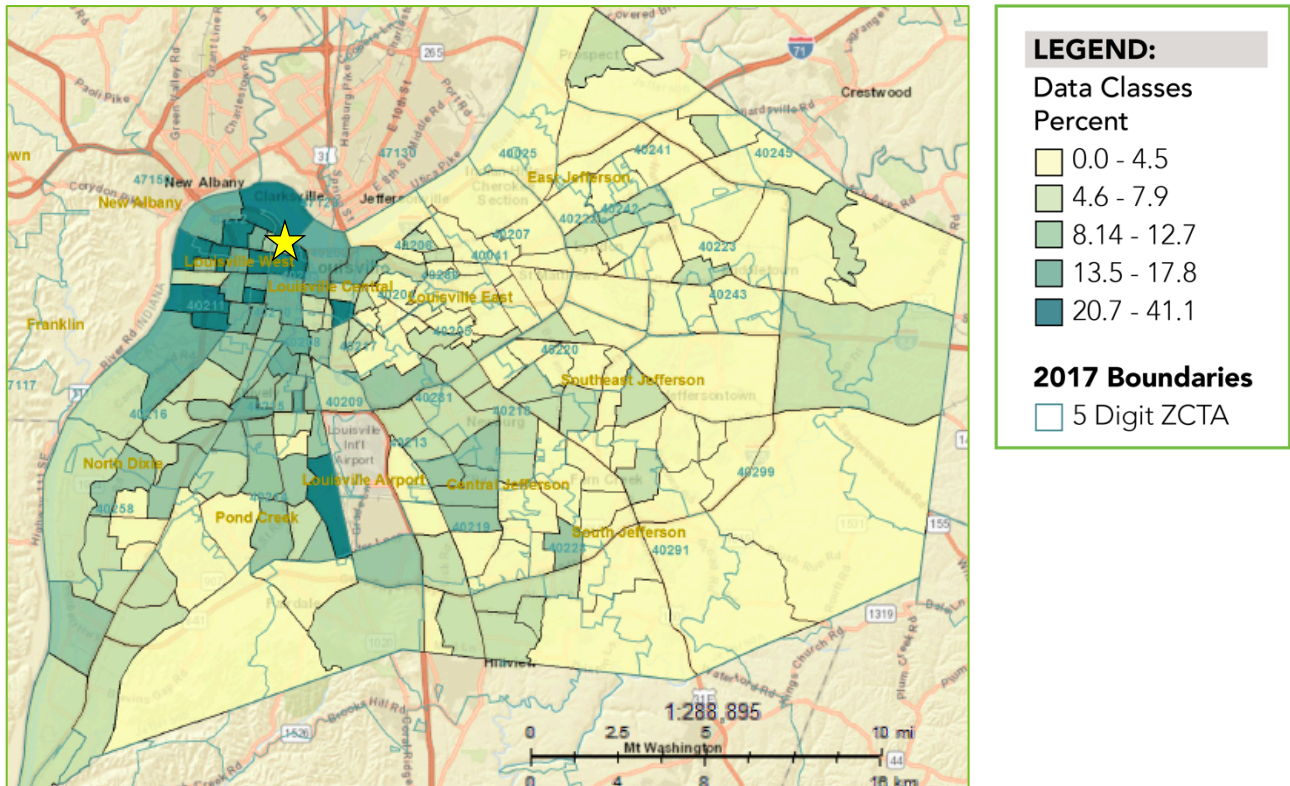
Employment is also a critical need in the west Louisville community: in a study of unemployment from 2013 – 2017, the unemployment rate ranged from 13.5% to 41% in the census tracts surrounding the site for Passport’s Health & Well-Being Campus, compared with 6.4% unemployment for all of Jefferson County. **Exhibit A.5-2** provides a map of the unemployment rate in Jefferson County, with a star for the location of Passport’s Health & Well-Being Campus. The U.S. Department of Health and Human Services “Healthy People 2020 Social Determinants of Health” research describes how unemployment can also have negative health consequences. Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain, and they tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment have implications for physical and mental health. Passport and the other service providers can collectively bring over 750 initial jobs to west Louisville, with more to come as additional service providers join the Campus. Several of the other potential service provider partners interested in co-locating on the Campus focus on workforce

"Family Scholar House is enthusiastic about the proposed development of Passport's west Louisville headquarters and the collective impact of having affordable housing, education and career programs, health and well-being services, and wrap-around support not only for those living on the campus but also for the west Louisville community. This Passport-led collaboration of multiple community organizations will serve as an example of what is possible when we put the well-being of our community first."  
~Cathey Dykstra, Chief Possibility Officer, President & CEO, Family Scholar House



development initiatives to provide job training and placement assistance to prepare the community for a new tomorrow and improve health outcomes through employment.

**Exhibit A.5-2: Map of Unemployment Rates in Jefferson County; Star Denotes the Location of the Passport Health & Well-Being Campus**



Legend indicates Map of Unemployment rate; Estimate; Population 16 years and over (2013-2017 American Community Survey 5-Year Estimates; U.S. Census Bureau)

**c) Innovation Lab**

The Campus is the “first of its kind” in Kentucky to provide a multi-disciplinary physical location for health and well-being. Health is multi-faceted, and the Campus is an “innovation lab” because its elements target the multi-factors that impact health. Passport has a history of focusing on SDoH, designing our whole-person model of care to help members along their journey to better health. Passport will use the Campus to pilot programs and models, deepen partnerships, and replicate the most promising, impactful and cost-effective initiatives in other parts of the Commonwealth. We are in preliminary discussions with a leading Medicaid innovation venture capital firm to co-locate on the Campus and pilot unique innovations focused on improving health outcomes for our Medicaid members. To evaluate the impact that Passport’s Health & Well-Being Campus is having on west Louisville and determine which partnerships, programs, and initiatives implemented within the Campus are most effective to replicate, Passport has engaged the University of Louisville (UofL) Center for Health Organization Transformation (CHOT). UofL CHOT is housed at the School of Public Health and utilizes faculty and graduate research assistants across the university in the College of

Business, JB Speed School of Engineering, Kent School of Social Work, School of Medicine, and the School of Public Health and Information Sciences. CHOT's research team brings expertise in computer science, engineering, healthcare management, medicine, business, health economics, and health policy. CHOT has experience evaluating healthcare innovations, including technologies and processes with the healthcare industry and their communities.

**Multi-Level, Multi-Year Evaluation Plan:** For Passport, CHOT will dedicate researchers to develop a multi-level, multi-year evaluation plan for the Health & Well-Being Campus. The CHOT research team anticipates capturing sociodemographic, healthcare, nutrition, and labor market outcomes data before construction is completed to serve as a baseline. The team will monitor key levers over time that reflect the priority areas (e.g., healthcare, workforce development, education, housing, poverty) we hope to improve through the services on the Campus. In addition to measurement, CHOT researchers will assist with creating an integrated data program with all organizations across the Campus to ensure collection of consistent and accurate information for comprehensive, ongoing, and long-term evaluation. CHOT's research will be critical to assist Passport in identifying which innovations to export to other parts of the Commonwealth and create other models of the Health & Well-Being Campus concept (e.g., co-location with other community providers, mobile health access).

**Dissemination of Innovations to the Rest of the Commonwealth:** Passport was a founding partner of Shaping Our Appalachian Region (SOAR), a non-profit, non-partisan organization established in 2013. Through collaboration and innovation, SOAR has a network of partners, including individuals, organizations, and businesses who believe in the future of Appalachia Kentucky. Through collaboration with other like-minded organizations and individuals, SOAR is focused on job creation and enhancing the opportunity, innovation, and identity of the Appalachian region. Similar to Passport, SOAR is focused on improving the health and quality of life of Kentuckians in this area. Passport envisions collaborating closely with SOAR to tailor the innovations from the Health & Well-Being Campus to the needs of Eastern Kentucky, where there is some of the greatest need for these innovations.

**Cost-Effectiveness:** Passport recognizes that we do not have deep expertise in real estate development and that we need experienced partners to maximize the potential for our west Louisville development site in a cost-effective manner. As a result, Passport released the first stage of a Developer Request for Proposal (RFP) process in January 2020 to identify a developer whose qualifications and related experience will help to bring the vision to life with Passport and our partners. Having the expertise of experienced real estate developers who understand community-based projects such as the Health & Well-Being Campus will help to ensure that the project is completed **on time and on budget** and is positioned for long-term impact and success. Working with a developer will also ensure that Passport focuses its attention and resources on what it does best: ensuring high-quality, accessible care for Medicaid members. The vision for west Louisville is much more than just a building; it is a commitment to access, to community, and to elevating the health and well-being of some of our most vulnerable residents.

**Anticipated Challenges / Solutions:** Passport anticipates three primary challenges for the Health & Well-Being Campus:

- a) **Ensuring Successful Partnerships:** We recognize that working with partners to provide complementary services is critical to meeting the holistic needs of Passport members and the surrounding community. That said, organizations who are interested in forging partnerships for the Campus or helping replicate innovations in other parts of the Commonwealth may be faced with a variety of challenges, such as providing the necessary staffing, technology, and infrastructure. We will work to thoroughly vet our service providers prior to engagement and dedicate sufficient resources to support our partners to ensure success.
- b) **Making Our Resources Known:** We also know that for the Campus to have an impact on our members and the surrounding community, these groups must be aware of the resources available and how to connect with them. We plan to promote the Campus through marketing campaigns, outreach events for the community, resource education sessions, and direct collaboration with our community partners (e.g., local churches, agencies, advocacy organizations). We believe that a multi-faceted community engagement strategy will work to establish trust with members, which is the first step to health engagement.
- c) **Connecting for a Seamless Experience:** While we are excited about the opportunity to co-locate with service providers to help address the multi-faceted issues that impact health, we recognize that simply being co-located is not enough. To ensure those who seek resources on the Campus have a seamless experience, Passport and the other service providers must be connected and able to coordinate and learn from one another. Passport intends to use the United Community platform to track referrals and share information with other Campus/community partners to ensure that members have an integrated service experience.

## **Innovation 2: Combating Kentucky’s Opioid Epidemic by Expanding Access to Treatment for Substance Use Disorder (SUD)**

Passport understands the immense toll that substance use disorder is having on the Kentucky population. Approximately, 35,000 of our members (11% of our total membership) have a SUD diagnosis, and SUD is most prevalent among our adult members at an estimated 19 percent. These members contributed \$448M to Passport’s total medical and pharmacy costs, which is 27 percent of our total medical spend.

**Overview:** Passport proposes four innovations to help combat Kentucky’s opioid epidemic:

### **a) Removing Financial Barriers to Behavioral Health Services**

There are many reasons why members do not access needed health services, especially behavioral health services. Passport’s Behavioral Health Access Committee shared feedback that providers, advocates and members in the community felt that copays were a significant barrier for members to access behavioral health services. To break down this barrier, Passport has decided to remove copays for all Behavioral Health services (inpatient and outpatient). We feel strongly that by lifting these copays, we are helping our members move one step closer to the help they need and deserve by

ensuring their financial circumstances are not a limiting factor. Other ways we are exploring to remove barriers include encouraging practice design transformation that incorporates whole person care, whether via true integration or co-location of behavioral and physical health services. We are dedicated to helping find solutions for more available and effective health services in local communities through engagement and expansion of our extensive network of community-based service providers.

#### **b) Partnering with Stay Clean**

Developed by a Kentucky-based company, Stay Clean is a web-based application that facilitates direct virtual care for members to a provider, offers online access to informal peer support groups such as AA, NA, Cocaine Anonymous, and AL-ANON, and has a repository of information related to SUD. Stay Clean offers a clinical treatment protocol completely delivered online including a tested, reliable and secure telehealth network and an electronic health record. All clinical treatment is delivered by certified and licensed alcohol and drug counselors working directly with those with substance abuse disorders as well as with codependents, a recognized diagnosis in itself. Members are connected to peer support after treatment to provide support and guidance as needed. Clinical service including assessment can be delivered individually or where appropriate in groups, scheduled at times convenient for the client, from the security of their home, and is intended to augment, not replace, current treatment or twelve step programs.

Passport has worked closely with Stay Clean to provide feedback about its integrated platform and offering as it completes development for a broader roll-out. The developers of Stay Clean are currently piloting the program with a goal of over 1,000 local active users (including many Passport members) by the summer of 2020. Assuming the outcomes data continues to show positive results for our members (e.g., treatment adherence, health outcomes), we intend to expand access significantly to provide more extensive, complementary support services to members recovering from substance use disorder. Stay Clean has also already partnered with The Healing Place, Beacon House, Commitment House, and Ladies of Promise to use its platform and program.

#### **c) Opioid Prescriptions and Provider Prescription Patterns**

To better understand prescribing patterns, we performed a retrospective cohort analysis using a nationwide database of medical and pharmaceutical claims in the U.S. between 2012 and 2018. We identified opioid-naïve members who received their initial opioid prescription in a primary care office setting. For members who returned for a follow-up appointment within 30 days, we differentiated between those who saw a different clinician (exposure) versus those who returned to the same initial prescribing clinician (control). We compared rates of long-term opioid use, adjusting for differences in initial prescription and members' characteristics. Members who saw a different clinician during their follow-up appointment experienced a 33 percent reduction in their rates of long-term opioid use (adjusted odds ratio 0.67 [95 percent confidence interval: 0.52, 0.86]). This suggests that in the primary care setting, scheduling a member with a second medical opinion early in their opioid journey may significantly curb rates of long-term opioid use. Based on these results, we plan to engage select primary care providers in a demonstration project to determine the impact of "second medical opinions" early in a member's exposure to opioids.

#### d) Pharmacogenomic Testing to Prevent Opioid Dependency

It is widely acknowledged that individual responses to pain and pain control using opioid analgesics are variable. Some members experience complete relief using a standard dose, whereas others require a much higher or lower dose to alleviate pain. Some members receiving opioid treatment become addicted, whereas others do not. Because of these significant interindividual differences, successfully achieving pain control and avoiding adverse events in all members remains an elusive goal. Although many different factors contribute to the individual pain response, significant research effort has demonstrated a strong genetic component to pain sensitivity and response to opioids. More recently, pharmacogenetics companies have made significant progress in development of a non-invasive DNA test to understand an individual's likelihood of developing a dependency. We intend to partner with a leading company in this area to better understand the benefits of testing prior to initiating opioids.

**Cost-Effectiveness:** According to the National Institute on Drug Abuse, substance abuse in the United States costs more than \$740 billion annually in costs related to crime, lost work productivity, and health care. There is no single solution to this costly and debilitating problem, so it is important to pilot new models and determine what works as quickly and cost-effectively as possible. Therefore, Passport is committed to working with evidence-based partners such as those described above to pilot projects and expand those that are most successful.

**Anticipated Challenges / Solutions:** We acknowledge that expanding treatment to those with SUD will be challenging given the number of providers that currently exist in the Commonwealth. Members must also be aware of the initiatives we are undertaking, so we plan to conduct outreach and send mailings to raise awareness. Accessing Stay Clean's resources requires a smart phone or computer, so that is a potential barrier to access for members. Even though the Deloitte 2018 Survey of US Health Care Consumers found that adult Medicaid beneficiaries own smartphones (86 percent) and tablets (69 percent) at the same rates as the general adult US population (86 percent and 72 percent, respectively), we want to ensure that a lack of these technologies is not a barrier to access. To overcome this issue, we plan to connect members to the digital inclusion program sponsored by the city of Louisville which provides a free, refurbished computer and reduced fee internet access, and we will identify similar programs/partnerships to support members in other parts of the Commonwealth.

### Innovation 3: Reducing Provider Abrasion and Administrative Burden for Cardiology and Oncology Providers

As a provider-driven plan, Passport knows first-hand how complicated it can be to treat members with complex conditions. All too often, the administrative burden on providers is abrasive and causes burn-out, impacting the quality and timeliness of care for their patients. Because of these demands, providers are left with minimal time to help educate patients about their condition, much less help them navigate the complex health, financial, and social elements associated with it. Furthermore, with the pace of development in drug diagnostics and clinical pathways, it is difficult for providers to stay on the leading edge to adopt best-in-class care plans for patients.



**Overview:** A particular focus for Passport is ensuring those who have complex conditions have the right services delivered in a coordinated way to maximize outcomes while effectively using resources. One example of our innovative solutions is Precision Pathways, a web-based point-of-care tool that empowers providers with the latest evidence-based, innovative therapies and clinical compendia. Providers use Precision Pathways to identify the most effective, least harmful, and least expensive treatment options for Passport members who have cancer and heart disease, the top two leading causes of death in Kentucky in 2017.

**a) Precision Pathways – Oncology**

Our Oncology Care Program addresses the three main pillars of clinical variation and cost in oncology: drug utilization, ED and hospital admissions, and end-of-life care.

**b) Precision Pathways – Cardiology**

The Cardiology Care Program addresses total cost of care through evidence-based clinical delivery for 98% of all cardiovascular care services, including: clinical cardiology, cardiovascular interventions, electrophysiology, and cardiac and vascular surgeries.

“They have a collegial approach to dealing with physicians. Their physician reviewers are board certified oncologists and are very knowledgeable in this field. As a participant in helping to develop their guidelines, I am able to attest that these guidelines are based upon the peer-reviewed literature; they first look at quality, then at side effects, and then at cost when deciding to cover new drugs. Their decisions are considered and reasonable.”

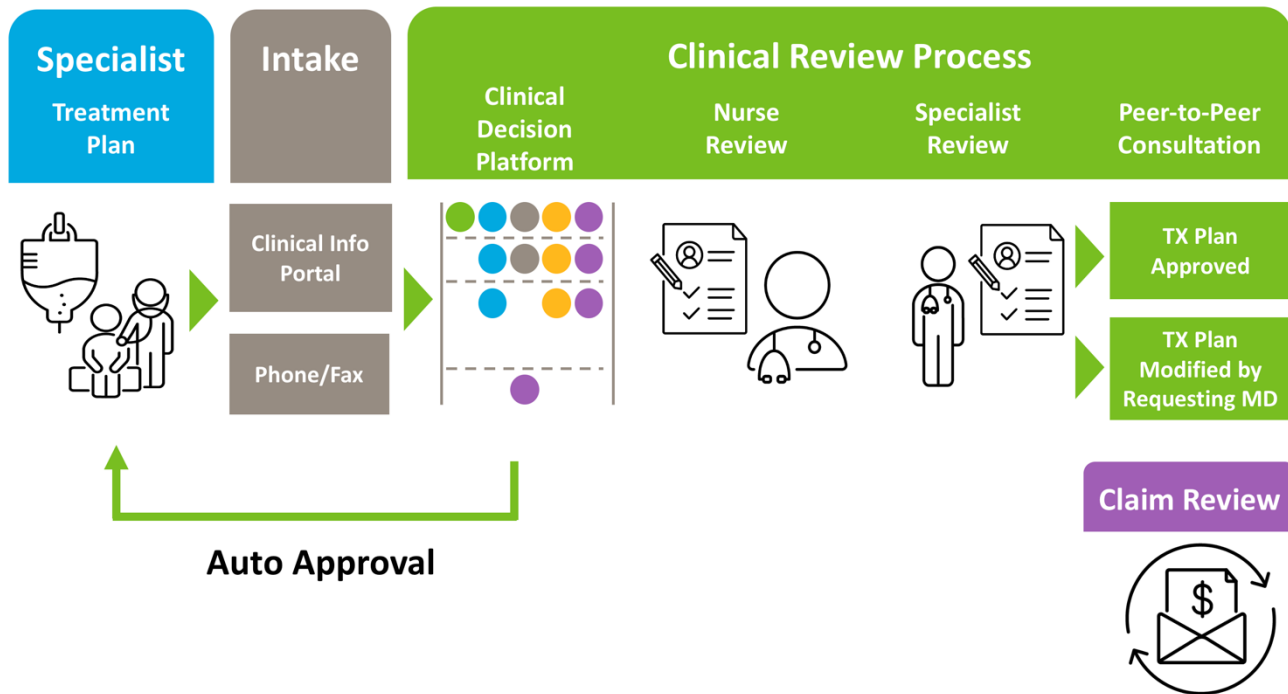
~Lawrence Brennan, M.D.

Oncology and Hematology, St. Elizabeth Physicians (Edgewood Kentucky)

**Precision Pathways Alleviate Friction for Providers:** Value-based clinical pathways like Precision Pathways reduce friction with both the member and provider because they prioritize regimens that will be most effective, with the fewest side effects. When a pathway is selected, the regimen is automatically approved. This eliminates the need for prior authorization “hoop-jumping” that can lead to long waits for treatment or even denial of reimbursement to specialists for drugs they already administered. At the same time, our Precision Pathways maintain provider independence: if a provider believes a different evidence-based regimen is best given the member's circumstances, they can select it. Providers can also engage in peer-to-peer consultation with our specialists at any point in the process and treatment of a member.



**Exhibit A.5-3: Precision Pathways Workflow for Oncology and Cardiology Treatment**



**Cost-Effectiveness:** Precision Pathways ensure members not only receive the most cost-effective treatment the first time, but they also avoid costs associated with ineffective treatments or costs of treatment for negative side effects. Both our Oncology and Cardiology Care Programs empower providers to make evidence-based, individualized treatment decisions:

- **Oncology Care Program:** based on an evaluation of 250,000 annual treatment plan reviews, the Oncology Care Program achieved 85% approval of initial treatment plans and less than 2% recommended adverse determinations. Of those voluntarily changed (withdrawn or modified and resubmitted by the physician), all resulted in higher quality treatment, with only 9% increasing cost, 23% maintaining the anticipated cost of the initial treatment plan, and fully 68% achieving lower cost while delivering higher quality care to the member.
- **Cardiology Care Program:** reduced cardiology service utilization by 14.3% for professional services, 23.6% for hospital and emergency medical services, 26.1% for hospital elective procedures, and 22% for hospital emergency procedures.

**Anticipated Challenges / Solutions:** Passport is currently in the process of implementing Precision Pathways for Passport’s oncology and cardiology providers. We have trained over 1,000 providers to-date and will continue to in-service more than 500 additional providers over the course of 2020. While our focus has been on oncologists and cardiologist as defined by those taxonomies in Commonwealth’s provider file, we have found that other primary care and specialist providers are also delivering these services to Passport members. To address this challenge, our analytics and implementation teams are working together to identify these additional providers so our teams can train them on our Precision Pathways and ensure all providers have access to the leading evidence-based pathways.

## Listing of Additional Proposed Innovations

We will focus to ensure that the innovations and initiatives described in this response are implemented to achieve improved health outcomes for our members in a cost-effective manner. In addition to the innovations listed in the response to A.5, below is a listing of additional innovations, as illustrated in **Exhibit A.5-4: Listing of Additional Innovations**.

**Exhibit A.5-4: Listing of Additional Innovations**

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
Behavioral Health	Partnering with Community-Based Providers to Provide Home Visits Post-Hospitalization	To improve access to follow-up care after hospitalization, Passport is piloting an innovative contract with two community-based providers to provide home visits in which they review discharge plans and provide support during the transition to outpatient care.	This program was piloted in Lexington in 2019. Passport seeks to expand this type of program after completing the study of the program's efficacy, which may uncover some challenges/lessons learned to help expand the program.
Enrollees with Special Health Care Needs	Leveraging Remote Care Tele-monitoring for Obesity, Hypertension for High-Risk Members, and High-Risk Pregnancy	Remote care tele-monitoring is a program to assist members in managing their chronic disease symptoms and provide them with tools to recognize worsening symptoms before going to the ED or hospital. When appropriate, the Care Advisor arranges for the member to obtain specialized tools (e.g., a Bluetooth-connected tablet and blood pressure cuff). We will evaluate obesity, hypertension for high-risk members, and high-risk pregnancy for the program in 2020.	Challenges: Remote Care Tele-monitoring requires the member to use a smart tablet and Bluetooth devices, which can be confusing to some members. Solutions: Passport has staff that can go into the member's home to help set-up the equipment and teach them how to operate it comfortably.
Enrollees with Special Healthcare Needs	Engaging Members in Care Management through a Mobile Application (Identifi Engage)	Identifi Engage is a mobile application supported on both Android and iOS platforms that is aimed at fostering member engagement to effectively manage care and improve outcomes. Engage is designed for members and their designated care givers to easily interact with their Passport care management team. The	Challenges: Identifi Engage requires that a member have a smart phone or tablet, which creates a potential barrier to access for some members. Solutions: Care management staff will remind members of the availability of a smart phone via the Safe Link

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		secure mobile application provides bi-directional messaging (chat) capability between the care team and member. In 2020, this application will be available to all of our care management staff for use with members engaged in any CM program.	program and help members to sign up for the free phone if they want to opt in.
Enrollees with Special Health Care Needs	Implementing Real-Time Risk Stratification to Engage Highest-Need Members	Real-time stratification will leverage real-time data sources such as hospital ADT, utilization management notifications, lab results and prescriptions. By re-scoring patients daily through this process, we can quickly reprioritize our Care Advisors’ work lists to direct them to the highest-need individuals on a given day. By reaching out to the highest-need individuals, our Care Advisors can engage and educate members when it matters most, hopefully reducing the probability of their condition declining, and in turn resulting in admissions or ED visits. Reaching patients at the right time is also effective in improving member engagement because we will be able to intervene quickly after a health event, when members are more willing to accept help.	Challenges / Solutions: Passport will launch real-time stratification once Kentucky HIE connection goes live in 2020. There is still much work to be done to create interface with KHIE, and timelines will need to be managed appropriately.
Quality Management	Decreasing Tobacco and Vaping Use Among Adolescents	Kentucky has a long history of smoking acceptance. We offer pharmacy coverage for smoking cessation products offered at a \$0 copay to reduce the financial barriers that can be associated with quitting. Counseling will follow the Best Practices for Youth Antitobacco Education provided by the Kentucky Department for	Challenges: Among adolescents, social pressures to smoke or use e-cigarettes can be difficult to overcome. Identifying adolescent members who smoke may also be a challenge since they may not be forthcoming about their tobacco use if their parent is unaware of

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		<p>Public Health. We will work with our providers to integrate this messaging into their office workflow and evaluate a member incentive for adolescents who complete a smoking cessation program and have a negative cotinine test conducted by their provider.</p>	<p>their usage.                      Solutions: Leveraging programs designed specifically for adolescents such as teen.smokefree.gov can help to introduce positive messages and role modeling. Providing confidential surveys and educating providers on effective messaging tactics may assist in uncovering adolescent smokers.</p>
<p>Enrollees with Special Health Care Needs</p>	<p>Identifying Members with SDoH Needs through the Social Needs Index (SNI)</p>	<p>SNI is an easily understandable and unique “score” that quantifies a member’s SDoH risk level correlated to adverse health outcomes. Passport is able to score each member’s social needs by combining community strain, which is represented by an aggregated score for the social strains for the community in which the member lives, with individual social needs, which are extracted from consumer data, Health Risk Assessments, patient eligibility files, claims, UM notes, and care notes. Members that do not stratify into our other population health management programs but who have identified care coordination needs due to barriers or social determinants of health will be identified through the SNI and care managed with this innovation.</p>	<p>We know that one of the largest issues identified with SNI is unstable housing or homelessness. This creates the obvious barrier of difficulty locating or reaching the member by phone. To address this barrier, we plan to deploy more resources into the community to meet members where they are (e.g., at homeless shelters, community centers) to help break down their SDoH needs and barriers.</p>
<p>Quality Management</p>	<p>Implementing a Standardized SBIRT Referral Process</p>	<p>Passport seeks to implement a standardized Screening, Brief Intervention, and Referral to Treatment (SBIRT) program with a strong focus on the Referral to</p>	<p>Challenges: While many providers use the SBIRT approach to screen members, not all use a standardized screening tool.</p>

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		Treatment (RT) aspect that we will address early identification and build stronger collaboration between the member’s PCP and BH/SUD providers for those identified as at-risk or within the misuse/abuse level for substances.	Further, while screening is straightforward for providers, intervention and RT can be a challenge due to the time constraints and workflow adjustments needed. There is also a perceived lack of community resources for the referral to the treatment component. Solutions: The program would issue a standardized tool to evaluate members. Passport will work with providers to address these challenges and is open to collaboration with other MCOs.
Executive Summary, Behavioral Health	Partnering with Stay Clean to Expand Access to Treatment for Substance Use Disorder	Stay Clean is a web-based application that facilitates direct virtual care for members to a provider, offers online access to informal peer support groups such as AA, NA, Cocaine Anonymous, and AL-ANON, and has a repository of information related to SUD. Passport has worked closely with Stay Clean to provide feedback about its integrated platform; Stay Clean is piloting the program and will have over 1,000 local active users (including many Passport members) by the summer of 2020.	Challenges: Accessing Stay Clean’s resources requires a smart phone or computer, so this creates a potential barrier to access for members. Solutions: Passport plans to connect members to the digital inclusion program sponsored by the city of Louisville which provides a free, refurbished computer and reduced fee internet access, and we will identify similar programs / partnerships to support members in other parts of the Commonwealth.
Capitation, Quality Management	Improving Specialty Care Through Value-Based Payment (VBP) Programs	Passport is partnering with providers to pilot and iteratively evolve VBP programs to improve care and related SDoH for behavioral health conditions or those in foster care. Passport has	Challenges: The healthcare and social needs of the behavioral health and foster care specialty populations are not only unique from the general population but can

RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
		<p>partnered with Centerstone Kentucky (Seven Counties Services) to test and evolve VBP programs with both these specialty populations; we’ve seen material improvement in metrics like inpatient hospital stays, ED visits, and hospital readmission. For the Foster Care population, Passport proposes we not only continue to idea share with our providers, but also with other MCOs and academic healthcare research groups. We also propose that additional VBP programs focused on specialty populations be developed.</p>	<p>also vary significantly by individual. There is likely no silver bullet to engage these specialty populations as a whole, so various strategies must be deployed and paired in different ways to improve care for as many members as possible.                      Solutions: Passport is committed to test-and-learns with the providers to identify the best tactics and combination of engagement efforts. Shared learning from across the state and along the care continuum would expedite transformative care delivery.</p>
<p>Capitation, Quality Management &amp; Population Health</p>	<p>Engaging Smaller Provider Groups for VBP Program Participation</p>	<p>VBP programs tend to flourish where there are economies of scale for provider groups. Subsequently, smaller provider groups- often in rural settings- miss out on targeted support to enhance their population health management and be financially rewarded for improving their quality of care. Passport is committed to engaging more of its provider network in VBP programs and proposes aggregating smaller groups into functional collaboratives, similar to a clinically integrated network or IPA, where providers could be linked for purposes of program participation. Aggregating smaller provider groups would help solve for VBP program analytic barriers by increasing attributed membership to support statistical significance.</p>	<p>Challenges: These small or independent provider groups may have a learning curve or reservations in partnering with other groups for program participation, particularly because VBP program incentive earnings are at stake.                      Solutions: We must help build trust and camaraderie amongst providers in the functional collaborative, such as through facilitating Joint Operating Committee (JOC) meetings with representatives from each group while also offering practice-specific Care Conferences in alignment with the collaborative’s JOC discussions. Passport will need to refine its analytics</p>



RFP Subsections	Proposed Passport Innovation	Description	Anticipated Challenges / Solutions
			processes to aggregate collaborative participants for program scorecard performance evaluation.
Behavioral Health	Waiving Behavioral Health Member Copays to Increase Access to Services	The Behavioral Health Advisory Committee shared provider, advocate, and member feedback that copays are a significant barrier to behavioral health care access, so Passport will remove copays for all Behavioral Health services: inpatient, outpatient, and diversionary levels of care.	Challenges: Members must be aware that paying a copay is no longer a barrier to their accessing treatment. Solutions: Passport plans to conduct outreach and send mailings to raise awareness.

## Conclusion

Passport is dedicated to improving the health and quality of life for its members and for all Kentuckians. Throughout this Request for Proposal, we will come back to these three differentiators that define Passport’s core models and mission:

- **We are Kentuckians Serving Kentuckians** -- More than 20 years of local experience and local leadership in Kentucky Medicaid to increase access to health care
- **Our Closed-loop Social Determinants of Health Model** magnifies the impact of our Population Health Model in improving outcomes
- **Providers are in our DNA** - Formal participation by Kentucky providers in our governance structure and ongoing provider input into our medical policies and clinical programs allows us to engage with providers as team members and that connection ultimately leads to high member engagement in their health and well-being



***Passport has been honored to serve the Kentucky Medicaid and foster care populations for 22 years and will continue to comply with all provisions of the Medicaid Managed Care Contract and Appendices (including Kentucky SKY) as we continue to serve them in the future.***