

B.3. Staffing

- a. Describe the Vendor’s proposed approach to staffing this Contract, including the following information at a minimum
 - i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky’s Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).
 - ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.
 - iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor’s support of the Kentucky Medicaid managed care program.
 - iv. A listing of Key Personnel identified in Section 9.2 of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” and as otherwise defined by the Vendor, including:
 - a. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.
 - b. Whether each Key Personnel position will be filled by a Vendor’s employee or a Subcontractor.
 - c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.
 - v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.
 - vi. Overview of the Vendor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” for all operational areas.
 - vii. Overview of Vendor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”
 - viii. Retention approach for key personnel.
- b. Provide a detailed description of the Vendor’s organizational structure for this Contract, including an organizational chart that clearly displays the following:
 - i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.
 - ii. How the RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices” fits into the overall organizational structure of the Parent Company

- iii. Where subcontractors will be incorporated.
- iv. A summary of how each Subcontractor will be integrated into the Offeror’s proposal performance of their obligations under RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” to ensure a streamlined experience for the Members, providers and the Department.
- v. Number of proposed FTEs dedicated to RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Passport Highlights: Staffing

How We’re Different	Why It Matters	Proof Points
<p>Experience and Local Presence:</p> <p>Passport has been focused on serving Kentucky Medicaid for over twenty (20) years. Our staffing model prioritizes local experience and knowledge. Our service model is based on deep community presence and hands-on service. Passport’s members are our neighbors, friends and community.</p>	<ul style="list-style-type: none"> • The Medicaid population has unique needs, and experience matters in helping members navigate their health needs. • Community presence creates greater access points and better care coordination, and builds trust with members. • Deep relationships with local service providers help to address Social Determinants of Health (SDOH). • Local, relationship-based model deepens provider engagement • Local hiring stimulates Kentucky’s economy 	<ul style="list-style-type: none"> • Passport’s staff bring experience working in Kentucky Medicaid. • Close to 90% of staff supporting Passport staff lives in and around Kentucky with local presence in all counties. • Passport has a direct presence including Board representation with over 200 Community Service providers and helped to launch United Community – an effort to initiate and close referrals across many organizations, agencies, and services.
<p>Deep Organization in Place</p> <p>Today, Passport has the in-depth expertise across every major functional area required to service the contract. As a Managed Care Organization (MCO) dedicated to the Kentucky Medicaid program, Passport’s Mission and the Commonwealth’s objectives for the program are highly aligned.</p>	<ul style="list-style-type: none"> • Passport has had an historically strong reputation for excellent service to both providers and members. • Given that the existing organization/infrastructure is in place, our members will not experience any service disruption. • Passport has historically demonstrated a continued ability to evolve and expand its’ organization based on Department of Medicaid 	<ul style="list-style-type: none"> • Passport has over 20 years of experience successfully serving Medicaid members. • The Passport organization is fully staffed today with highly qualified leaders/employees. • Passport’s reputation as a leading plan and employer has attracted deep candidate pools for open positions and rapid hiring timelines. • Time and time again, Passport has responded in partnership with the Commonwealth to new challenges such as

How We're Different	Why It Matters	Proof Points
<p>Focus on Whole-Person, Integrated Care:</p> <p>From our experience, many members have multiple health needs, yet care experience is siloed. Several years ago, Passport implemented a Health Integration initiative, which has been responsible for proactively collaborating across internal departments, primary care and specialty providers as well as community advocates to develop innovative whole-person integrated care and population health management (PHM) solutions</p>	<p>Services (DMS) needs and future vision for the program.</p> <ul style="list-style-type: none"> Provides a full picture of the members health issues to get the right treatment plan in place. Integrates care model to incorporate areas such as BH, pharmacy and care management to support members. Pro-active, whole-person approach maintains health by avoiding acute episodes, improving quality and reducing costs Promotes quick reporting of inappropriate utilization to compliance team for investigation and resolution Facilitates provider education and gives essential support to providers around caring for members with complex needs. 	<p>Medicaid expansion, inclusion of behavioral health (BH), and innovation in foster care.</p> <p>Worked with providers to:</p> <ul style="list-style-type: none"> Reduce barriers, increasing access to applied behavioral analysis (ABA) services Develop treatment addressing trauma needs of members cycling in/out of the hospital with mislabeled BH problems Help members receiving IV medications to receive care while in substance use disorder (SUD) treatment vs. inappropriately placed in a LTAC to receive IV treatment without needed SUD services Complex Care Program successfully engaged at-risk members and substantially reduced hospitalizations and Total Cost of Care. In Depth provider support around diagnosis and pathway development for members with cancer
<p>Provider Leadership and Engagement:</p> <p>Passport's organization is founded on deep inclusion of providers in plan governance, clinical policy setting and driving innovation to better serve our members. This approach engages providers as partners and helps to elevate member engagement.</p>	<ul style="list-style-type: none"> Ensures clinical best practice and a strong clinical orientation that places the member first. Aligns providers around the broader issues and context that the Commonwealth faces within the Medicaid population. Multi-disciplinary, locally based approach to problem solving leads to better solutions and support for members. 	<ul style="list-style-type: none"> Our Board of Directors (Board), committee structure and organizational processes involve more than 100 representatives from providers, community volunteers, and local service providers. Local, engaged clinicians have helped to develop the model of care for critical health issues in the Commonwealth including AIDS, child trauma, hepatitis, etc. (make sure these foot with examples in other sections)

How We're Different	Why It Matters	Proof Points
	<ul style="list-style-type: none"> • Focus on participation and engagement reduces abrasion with providers. • Creates member-centered design focus in new solutions 	<ul style="list-style-type: none"> • New solutions such as our population health programs have been more successful as a result of early stakeholder participation and buy-in.

Introduction

As a Kentucky-based organization, Passport Health Plan (Passport) is proud to provide the vast majority of its staffing opportunities to Kentuckians. Passport currently has staff that reside in 30 Kentucky counties spreading our employee footprint across the Commonwealth and allowing us to keep a finger on the pulse of what is happening in its local communities. Many of our staff also serve their local communities by serving on community boards and councils and providing grass-roots support. The focus on locally based staff allows it to better serve our members and providers as a result of our familiarity with their unique, regional needs. Deep local knowledge and relationships are critical with vulnerable populations that struggle with access, trust of the healthcare system and broader barriers to improving their health status. It also allows us to tailor our approach to best meet the needs of DMS while also providing employment that positively impacts 550 families and stimulates the Kentucky economy. We are a proud Kentucky employer, building off of two (2) decades of excellence and investing in our staff to meet the evolving needs of the Commonwealth.

B.3.a. Describe the Vendor's proposed approach to staffing this Contract.

Passport is a Kentucky-based health plan serving roughly 300,000 Medicaid members. Passport has served as a steadfast partner, contracted as an MCO, to the Department for Medicaid Services (DMS) for 22 years. As a current Medicaid contract holder with DMS,



Passport currently has the corporate structure, including all Key Personnel to service this Contract. Throughout Passport's history, we have demonstrated the ability to maintain a staffing level within our organization and through our subcontractor relationships that has appropriately supported any and all levels of membership that we have encountered. A prime example is when Passport was able to rapidly increase its staffing to accommodate the Medicaid expansion that occurred in 2014; successfully recruiting and hiring over 350 qualified employees – in only a matter of months - to support our newly expanded membership level. We are prepared to increase staffing again in response to greater KCHIP and Medicaid expansion enrollment should Governor Beshear's budget proposal pass to fund enrollment programs. Our highly qualified Human Resources staff continuously works closely with our operational leaders to determine appropriate staffing levels, and the recruiting team is ready to accommodate plan growth or add new capabilities as we have repeatedly throughout our history.

There are certain instances after careful analysis where we leverage a vendor or subcontractor to deliver a particular service to our various stakeholders. We do not take these decisions lightly and will only pursue a

vendor relationship if we have clarity around the value proposition, level of expertise and the ability to support efficient and effective service delivery. Additionally, Passport only selects subcontractors that demonstrate alignment with our mission of improving the health and quality of life for our members. Accordingly, if this staffing approach is used, Passport remains fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community.

These strategic decisions are led by our experienced, Kentucky-based Executive Leadership Team (ELT) and supported by an organization that includes the key management and staff positions required by DMS, as well as other dedicated project implementation team members. Our local team knows the Commonwealth, and the communities we serve and strives to provide a high touch service experience for members. In fact, Passport is supported by a staff of approximately 600, 89% of whom are local. This emphasis on local staffing is a key element to Passport's success; our members are our neighbors, friends, and community. As a result, we believe that we understand the needs of this population at a very in-depth level. For example, our "boots on the ground" staff of embedded Care Advisors (BH professionals, nurses and social workers), community health workers, guardianship specialist, foster care team, community engagement representatives, health education team, and Equity, Diversity and Inclusion (EDI) team are all working in the community directly with our providers, members and agencies. In addition, our special Health Integration teams (who support the improved integration of physical and behavioral care with full reviews of members' SDoH) is comprised of seasoned Kentucky provider leaders who work to identify care gaps, collaborate with local provider experts to generate solutions, enhance our approach with national best practices, problem solve for potential solution barriers, measure outcomes, and adjust the approach based on results. These teams all collaborate with other operational staffing functions to provide a comprehensive approach to improving members' health while decreasing total cost of care. Passport's goal is to ensure both smooth and timely implementation and ongoing management of the Kentucky Medicaid program to exceed all DMS requirements.

B.3.a.i. Description of how the organizational structure provides innovative solutions for meeting programmatic goals specific to Kentucky's Medicaid program and Enrollees and supports stakeholder groups (e.g., Enrollees, providers, partners, among others).

Our Integrated, Stakeholder-Oriented Organizational Structure

Passport's Organizational Structure Ensures Innovative Solutions Are Embraced

Passport's organizational and governance structure empowers employees at all levels to "take action" for members and those who care for them, while ensuring systemic issues are identified, escalated and resolved by our leadership team right here in Kentucky. By creating clear role structure and accountability, we set decision authority to the appropriate levels in the organization to empower our front-line staff to engage directly with members and providers to solve their challenges in real-time. Our commitment to innovation starts with our ELT and overall governance structure and permeates throughout our organization.

Executive Leadership Team and Key Personnel

Passport's organizational structure provides for close integration across all levels of health plan operations, ensuring alignment and a multi-disciplinary process to identifying, assessing and implementing innovative solutions. Passport's President and Chief Executive Officer (CEO), Scott Bowers, reports to the Passport Board. While Mr. Bowers has ultimate accountability for Passport's performance and the requirements of the Medicaid Managed Care Contract, his executive team is responsible for all health plan functions and practices that ensure the integrated and coordinated delivery of services to our members. Passport's ELT has a comprehensive understanding of Medicaid managed care and the interdependencies that exist among health plan functions. The ELT comprise those highly talented and dedicated executives listed in 3.a.iv. below who have extensive experience with national health plans and evidence-based medicine, as well as deep knowledge of Kentucky Medicaid services. As a result, the leadership team deeply understands the issues and the associated priorities of the Commonwealth. Whether addressing SDoH and barriers to care access, combatting Kentucky's opioid epidemic, or reducing provider abrasion and administrative burden, the leadership team is in-tune with Kentucky's priorities. We engage key constituents throughout the Commonwealth at regular agency meetings, provider meetings, health care-related forums and member listening sessions. Our long tenure in Kentucky, community-based approach and focus on active listening and engagement ensures that our leadership team stays regularly informed and has the full local context to make the right decisions for members.

ELT Collaboration: Passport's CEO chairs weekly ELT meetings to ensure all functional areas are appropriately integrated. The meetings are used to resolve issues, identify, assess, and monitor the deployment of innovative solutions, and to review all aspects of health plan performance. The ELT meeting agendas also routinely include functional subject matter experts to address important business topics and as well as issues that pertinent to our members.

Senior management and all other supervisory staff are included in onsite monthly forums where operational priorities and plan updates from ELT are provided and discussed. This cascading of information also happens in real-time through a multi-channel communication approach including teleconferences, disseminating performance dashboards, comprehensive email updates, and open office hours so that the organization's leadership have face-to-face opportunities to discuss pertinent matters of business with department leaders. Additionally, in our more formal forum discussions, departments are invited to share important updates and innovations that may potentially affect or require cross functional support. This multi-dimensional approach to communication and collaboration further advances Passport's ability to develop holistic, innovative, and integrated solutions that ultimately benefit our members and providers.

Passport's Governance Structure Integrates Stakeholders to Inform Innovative Solutions for Kentucky Communities

Because of our roots as a Kentucky-based, provider-driven organization, Passport has strong, existing partnerships with local provider groups, community advocates, and members. To help us maintain these deep community ties and inform decision-making, we have implemented a unique governance structure that integrates stakeholders in a comprehensive way.

Overview

Our Partnership Council and its supporting quality committees and sub-committees advance the development and oversight of the health plan’s clinical programs and policies. The Partnership Council and Quality Committees and Subcommittees are described further under the governance discussion in section a.iii. Formal engagement of critical provider and community stakeholders helps Passport to access deep expertise around clinical and social issues facing our members as well as obtaining better input into new innovations as we identify and test new solutions directly with members, providers, and community partners. We then deploy a rigorous methodology for assessing comprehensive data and program outcomes to iterate our approach before collaborating with DMS for larger-scale adoption. Our work in supporting the commonwealth around innovative approaches to SDOH, Foster Care, integration of Behavioral Health and Cancer Care are examples of the benefits of having formal structures to engage community-based constituents

1. Partnership Council

Passport’s Partnership Council has deep ties to the community and allows us to develop innovative solutions through our 32 members representing major categories of providers, members, and community services organizations. The Council assists in the development and oversight of Passport’s clinical programs including care management, utilization management, quality and pharmacy. It receives and reviews management and improvement actions from Passport’s quality committees to continuously improve the quality of our team’s service delivery and develop new, innovative solutions. Council members are nominated and elected to represent different categories of providers and community “areas.”

2. Supporting Quality Committees and Sub-committees

Passport also has quality committees and sub-committees that report into the Partnership Council. Led by Passport leadership and staff, these committees’ partner with community leaders to focus on member health outcomes, SDoH and quality of care. They are an integral part of our governance process and provide an excellent platform for Kentucky communities to inform and facilitate implementation of strategic decisions that directly affect their constituents. In particular, the Quality Member Access Committee (QMAC) is a means for Passport members, consumers, and advocates to provide input regarding access and quality of care for the membership, in addition to identifying opportunities for improvement.

The ELT, and Partnership Council are based out of Louisville and designed to support the Department’s vision and goals for the Kentucky Medicaid program. Please refer to **Exhibit B.3-1** for a depiction of Passport’s Member-Centric Organizational Model.

Exhibit B.3-1: Passport’s Member-Centric Organizational Model to Improve Member’ Lives



How Passport’s Organizational and Governance Structure Drives Innovative Solutions

Passport has demonstrated its commitment to the Commonwealth and its Medicaid population by addressing its programmatic goals in an innovative, integrated way. Passport recognizes that innovative solutions are required to effectively address the inter-related challenges facing Kentuckians in the current health care and financial environments. To this end, our leadership team has implemented innovative solutions to improve health outcomes and lower costs that address the Commonwealth’s top priorities. In more recent times, we have focused on:

- Addressing social determinants of health and barriers to access to care
- Combating Kentucky’s opioid epidemic and substance use disorder
- Reducing provider abrasion and administrative burden

Solving complex stakeholder issues requires multi-level, cross-functional efforts within an MCO. One way that we attempt to illustrate the connectivity with the organizational structure at Passport – that drives impactful innovation to benefit our members - is through the following “case study.”

Case Study: Passport Provides Innovative Solutions to Address SDoH and Remove Barriers to Substance Use Disorder Treatment for Members and Providers in Rural Kentucky

Context: Access to treatment for SUD, especially in rural areas of Kentucky, is critical to the health and well-being of Medicaid members. Passport has roughly 35,000 members with a diagnosis of SUD (11% of all members), who contribute approximately \$448 million in total expense annually.

Problem Statement: Because of increased utilization of acute services (e.g., emergency visits, hospital admissions), Passport has identified a proliferation of members in rural, Eastern Kentucky with a combination of substance use disorder and SDoH issues (e.g., unemployment, unstable housing, limited English proficiency). These members struggle to access effective SUD treatment because of limited number of qualified providers; they also struggle to access effective primary care because the Federally Qualified Health Centers (FQHCs) in their area are overwhelmed, have limited resources, and find it difficult to manage these members with complex needs.

Passport's Organizational Structure: Like most ambitious programmatic goals, expanding access to treatments for SUD cannot be managed by one department; this issue requires a cross-functional, multi-level process. Passport's ELT is the central body that addresses and monitors its approach to these types of cross-functional issues to ensure accountability at the highest level. Clinical Operations, having identified the issue through utilization reporting, escalates the issue to the ELT for discussion in its weekly meeting. Based on the discussion, ELT decides to assemble two forums. First, they bring the discussion to the next Partnership Council meeting to discuss the issue and opportunities. Second, the ELT convenes an internal working group that includes functional representatives of Clinical Operations, Provider Network Management, Benefits, and Marketing & Community Engagement to develop and implement solutions that address the following areas of concern:

1. **Members' immediate needs to access treatment**
2. **Systemic issues that create barriers to treatment**
3. **Cross-functional communication and issue resolution**

1. **Addressing Members' Immediate Needs to Access Treatment:** Under the direction of Passport's Chief Medical Officer (CMO) and the Partnership Council, the Clinical Operations team, mobilizes its Care Advisors to engage the members that have been identified through risk stratification analysis to help stabilize them. The first approach is to help navigate affected members to any openings in local disorder treatment centers. Where there is limited available capacity, the team connects members to Stay Clean, a web-based application that facilitates virtual care for members to a certified and licensed alcohol and drug counselor (2). Stay Clean also provides online access to informal peer support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous, and Al-Anon and has a repository of information related to SUD. The Care

Advisors help members address their SDoH by identifying available community resources through our two web-based community resource platforms Healthify and Unite Us. These two innovative technology platforms initiate and close referrals across many community support organizations all using a shared tool. The technology platforms enable seamless referrals between agencies across a multitude of services to directly connect individuals with services they need. However, before connecting members to identified resources, the Care Advisors from the Clinical Operations team leverage our Community Engagement team to advise them on which community resources are culturally appropriate for a particular members' unique needs. Our Data Analytics team then analyzes interventions and outcomes across various member segments to improve our predictive modeling algorithms and treatment pathways to ensure high levels of member engagement and improved outcomes.

2. Addressing Systemic Issues that Create Barriers to Treatment:

- **Members:** As part of our multi-disciplinary approach to organizational design, the benefits team engaged in removing financial barriers for members to access treatment, and waived co-pays for SUD treatment. Since Passport's chief operating officer (COO) is fully engaged across Benefits and other key operational areas, she immediately approved the co-pay elimination and mitigated any potential operational barriers to ensure rapid implementation. Through ELT, she also collaborated with the Marketing & Community Engagement team, who developed an effective communication campaign to ensure members, providers, and community stakeholders were aware of this change and actively encouraging members to seek treatment.
- **Providers:** Given that capacity issues at rural treatment centers was an identified barrier to care access, the Provider Network Management worked to enhance incentives to accept Medicaid beneficiaries. Building on its current model to pay Patient-Centered Medical Home (PCMH) providers care management fees to encourage their active participation in Medicaid, the team at Passport introduced a similar model to compensate the SUD treatment providers in Eastern Kentucky for value-added services as an incentive to accept Passport members. Also, recognizing that the FQHCs are overwhelmed and need more support to help members with SUD, Passport's Clinical Operations team developed a comprehensive education program for FQHC staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- **Community Resources:** Passport's comprehensive approach to community engagement also has played an important role in our approach to Substance Use Disorder. Our Community Engagement team addresses the needs of our members at the local level and radically enhances access and impact for members. Passport's first and foremost priority is to address the health issues and care gaps of Kentucky Medicaid members through education and empowerment of enrolled members across the Commonwealth. We work closely with individuals and groups in the community who support our members including faith-based organizations, service providers, interagency groups, community action agencies, local health departments, provider groups and other coalitions. WA multi- pronged, well-coordinated approach to member support ensures adequate access, education and treatment impact for members. We also proactively engage our members around accessing our urgent care network and 24-Hour Nurse Hotline to allow for immediate intervention while avoiding costly and unnecessary trips to the emergency department. For members with substance abuse issues who also have complex care needs or

chronic diseases (such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, and obesity), we provide comprehensive health education and enroll them in Passport’s specialized programs designed to help meet their individual health needs.

- 3. Addressing Cross-functional Communication and Issue Resolution:** To ensure all relevant staff are informed of the initiatives outlined above, the ELT cascades information from its weekly meetings to the supervisors and managers (via their weekly meetings) so that they can share relevant information with their direct reports. Because Passport’s employees and subcontracted staff are co-located in Louisville, they can quickly collaborate to resolve any operational issues or questions that arise – there is no need to call an out-of-state entity or decisionmaker to resolve any issues.

Incorporating Feedback from Passport’s Broader Governance Structure: The role of Passport’s Quality Member Access Committee (QMAC) is to monitor our care model and clinical programs and provide feedback on access and quality of care, including helping to identify opportunities for improvement. During its quarterly meeting, Jill Bell, Passport’s executive leader over QMAC, presents the solutions outlined above and solicits input and feedback from the members, consumers, and advocates to help identify ways Passport can continue to improve access and holistic care for those with substance use disorder in rural areas. The recommendations are then returned to the relevant member(s) of the ELT, who decide how best to incorporate them in our existing program.

Summary:

Through our “take action” approach for members that was outlined in this section, Passport’s agile and member-centric organizational structure ensures that innovative solutions are addressing the needs of the Commonwealth’s most vulnerable citizens. As Kentuckians serving Kentuckians, Passport is well positioned to solve for the complex challenges facing Kentuckians in the current healthcare and financial environments and is committed to applying innovative solutions that will aid in solving for the top priorities of our Commonwealth.

B.3.a.ii. Description of how the organizational structure will support whole-person integrated care, population health and overall improvement in health outcomes in a cost-effective manner.

Passport’s organizational structure, (described in detail in our response to b.i), supports whole-person integrated care, population health and cost-effective improvements in health outcomes through collaborative partnerships developed and fostered across many departments. Passport has created collaborative relationships established and nurtured between not only clinical and BH departments, but also engaging with Member Services, Operations, Provider, Compliance, Community Engagement and Marketing and Communications, among others. Our leadership team uses an integrated approach to deliver positive results to improve our members’ health and quality of life in a cost-effective manner. For example, our director of population health management sits in the office next door to our director for member and provider services. Our director of community engagement sits on the floor directly below. These leaders

meet face-to-face nearly every day to discuss whole-person solutions to issues impacting our members and our communities. Our leadership culture encourages team members to work seamlessly together to effectively address the full spectrum of whole-person integrated care:

- **Health and wellness issues** such as dental, wellness and BH, prevention/health education, vision, nutrition, substance use, heart health, respiratory care and cancer care
- **Community engagement issues that create barriers to well-being**, such as early childhood education, kindergarten readiness, school supplies, workforce-ready skills and after school care
- **SDoH issues** such as housing, clothing, food security, transportation, education, record expungement, accessibility and domestic violence/safety

Clinical Team – Catalysts for Multi-departmental “Solutions”

Passport operates a team-based clinical model, headed by Chief Medical Officer (CMO), Dr. Stephen Houghland, to fully support whole-person integrated care and population health. With medical and behavioral departments under his responsibility. Dr. Houghland is accountable for leadership pertaining to all major health programs related to the DMS contract, as well as Passport’s treatment processes and policies, medical management, quality management and improvement efforts, and PHM activities. As illustrated in our organizational chart, **Exhibit B.3-9** in our response b.i, his team consists of two vice presidents (VPs) focusing on Health Integration and Clinical Operations and performance. Dr. Liz McKune and Courtney Henchon, respectively, work collaboratively to ensure medical and BH care align with the care delivery system to ensure a whole-person centered approach is delivered to all members. This collaborative relationship between teams, including SKY, facilitates our clinical staff’s ability to improve health outcomes in the lowest cost setting.

Health Integration Team

Within our clinical team, Passport has established an innovative Health Integration team, which is responsible for proactively collaborating across all organizational departments to develop whole-person care solutions tailored to Kentucky Medicaid and geared towards improving members’ health outcomes and reducing overall costs. Under Dr. McKune’s supervision, Passport maintains a dedicated staff of Health Integration specialists who work closely with our clinical health workers (CHWs), clinical operations team and Provider Network team to minimize SDoH barriers to care. Examples illustrating these collaborations are described below:

Example: Passport’s Health Integration, Quality, Provider Network Management, and Population Health teams recently came together to analyze data for the provider incentives tied to quality outcomes.

We implemented three (3) major improvements as a result of cross-functional work teams:

- Provider Relations representatives now collaborate with Population Health Managers during meetings to connect providers to any areas or initiatives occurring across the health plan that they may need to better serve their Kentucky Medicaid members.

- Quality and Population Health teams address the trends across providers and work with the provider to see how both the providers and Passport can learn from the data shared by our data analytics team. The Population Health team then looks at the organization efficiencies and makes suggestions to improve operational work streams.
- The Health Integration team analyzes the provision of clinical care relative to established clinical protocols and helps to steer providers to expert resources and to evidence-based support to aid in improving the quality of care for metrics that fall below desired performance.

Example: The Health Integration team and the Beacon Behavioral Health team work together to identify trends in utilization of BH services.

Passport’s Health Integration team worked together with Beacon, our BH partner to complete a trend analysis for the utilization of BH services by members. They noted that a significant increase in utilization of the targeted case management (TCM) service. When the recent increase in utilization was noted in Community Mental Health Centers (CMHCs) in 2018 and 2019, the Health Integration team and Provider Network Management team visited to the CMHCs to learn more about how each CMHC was delivering the service and determine the level of effectiveness and efficacy. The Health Integration team also alerted our Compliance Department so they could conduct their own review.

During site visits, the team discovered significant variability in how TCM was delivered across the CMHCs. While some had tailored specific interventions uniquely to each member, others delivered a standardized service to all members without much variance in treatment goals or expected outcomes. We felt the best way to ensure the service was creating the desired health outcome for the member was to tailor the service based on pre-determined criteria established by local clinical experts and we established a pre-authorization process like to ensure that the right treatment was delivered upfront.

Once we began looking at cases on an individual basis, we determined that a significant portion of CMHC’s authorization requests did not meet medical necessity requirements for the service. Members did not have unique goals, documented progress or tracking of outcomes. The Health Integration team, other BH clinical team members, and provider network representatives worked together to review the trends with the affected CMHCs, including review of individual member cases with providers, and performed education sessions and compliance training for providers.

During the first quarter of the change to pre-authorization, denials increased until CMHCs across the commonwealth began using the service more consistently following administrative regulations and medical necessity criteria for which the service is designed. The pre-authorization measure also resulted in improved outcomes for members as a result of tailored solutions and a reduction in spending for this service as consistent service delivery criteria emerged. We are continuing to enhance the pre-authorization process based on feedback from members and providers so that we can continue to monitor cost and quality outcomes until appropriate utilization criteria and stable trends are realized.

Clinical Operations Team

Our clinical programs have interconnected reporting structures that lend to the overall support of our members. Within Clinical Operations, we implement a matrixed organizational structure. Each employee on the team has a direct supervisor who is responsible for oversight of his/her work and team performance, and also has “dotted line” reporting to other clinical leaders to promote a whole person approach to care delivery. For example, our Specialty Populations manager reports to our director of Care Management, and also receives feedback and support from the director of UM, director of Member and Provider Services, and the VP of Health Integration. The work of his team is essential to ensure coordinated care and interventions, so it’s important to have cross-functional input and oversight to complement his team’s day-to-day operational focus. Our focus on collaboration and matrixed structure prevents a siloed approach to care delivery, which is ultimately a critical link in promoting a whole-person, care model for our members.

Integrating a PHM and H Organizational Model Within Clinical Operations

Within the Clinical Operations team organization, our PHM) director and BH managers all report directly to the VP of Clinical Operations (and Quality Improvement Director), Ms. Henchon. Passport recognizes that a well-designed Care Management and Care Coordination Program is crucial to improving the effectiveness and efficiency levels of health care particularly given the prevalence of BH issues across the membership base.

Passport’s PHM model of care fully integrates data related to physical health (PH), BH, and SDoH, and medication services across the entire health care continuum. We are cognizant that medical and behavioral health issues are tightly interconnected, and the effects of chronic medical conditions, prolonged stress, poverty and trauma can have direct and devastating effects on members and their families. Our experience indicates these factors are deeply rooted in SDoH that can contribute to physical and BH complications. We have used our experience to evolve our model of care to address the “whole-person” and better serve our members in improving their health and quality of life.

Not all member needs present themselves through our traditional Member Services interactions or Case Management access. As such, Passport implements a “No Wrong Door” policy to ensure members can access the integrated services they need, when and where they need them. BH and PH are closely linked because a member’s mental health status directly affects his/her ability to maintain optimum PH. If a member does not have optimal BH, this condition may create poorer PH outcomes and higher preventable costs. In turn, chronic medical conditions can have a significant impact on BH and decrease a member’s ability to engage in his/her BH treatment and recovery plan. Our model of care implements a whole-person approach to integrated care and uses evidence-based medicine to comprehensively assess and address each member’s unique behavioral, physical, and psychosocial needs. This ensures members receive the appropriate medical and BH care as well as the integrated interventions, and support they need to address the full spectrum of health issues they are facing. Our whole-person care plans are sensitive to the multi-dimensional needs of our members and our comprehensive care team is responsive to a member’s functional level.

The member success stories that are highlighted throughout the request for proposal (RFP) response result from the deeply embedded relationships that Passport teams maintain cross functionally within our organization and externally with providers and community stakeholders across the Commonwealth.

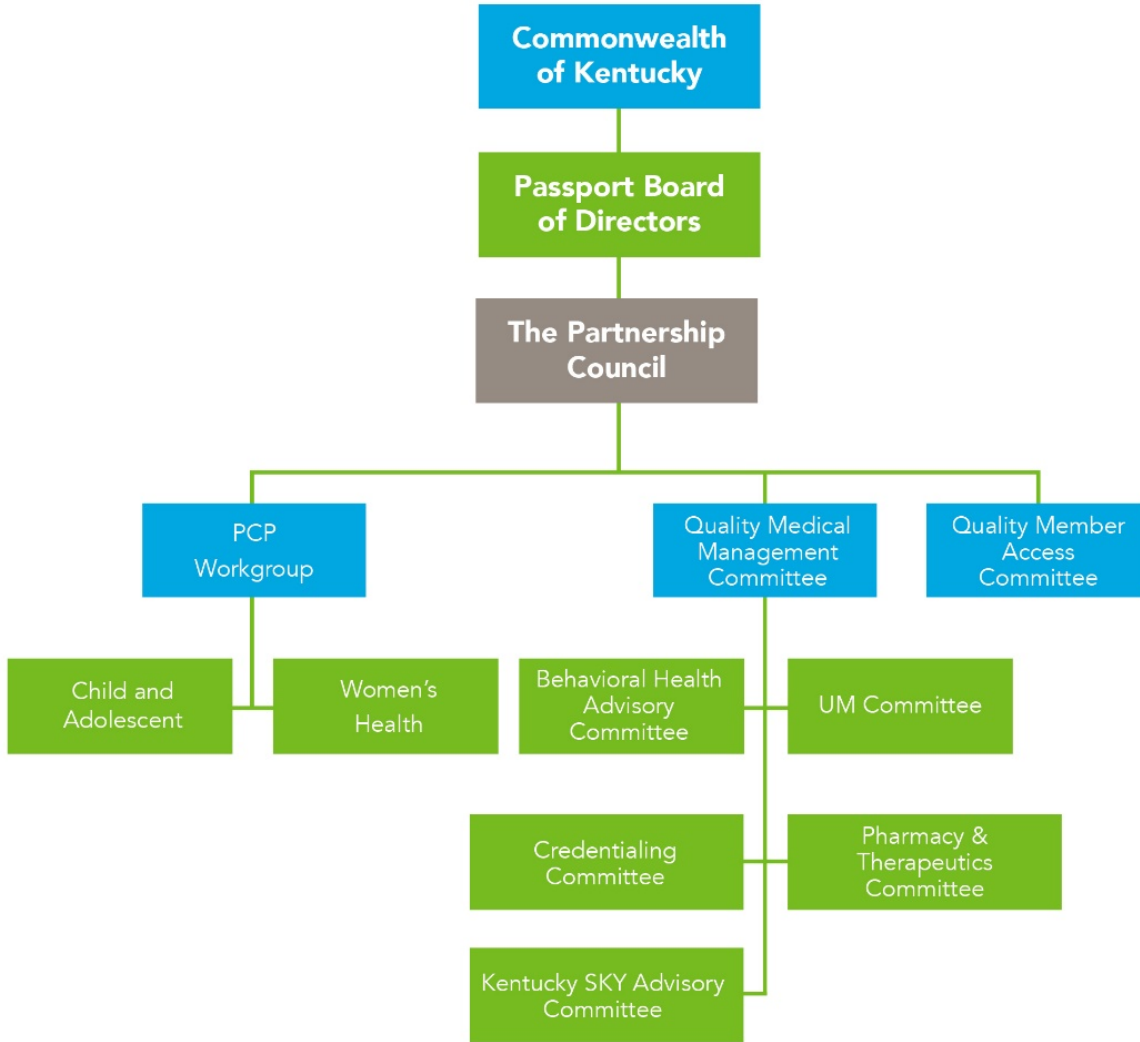
B.3.a.iii. Description of the governing body, how members are selected, and envisioned role specific to the Vendor's support of the Kentucky Medicaid managed care program.

Passport's governance structure is truly differentiated from other MCOs and supports our commitment to providing best-value services to the Kentucky stakeholder communities we serve. As discussed in earlier sections, Passport has owners who are also providers. As such, Passport is keenly focused on collaboration with providers and the active solicitation of provider insight to make decisions that affect how quality of care for members is delivered and can be improved. At the highest level, Passport is governed by a Board, which includes a subordinate coalition called the Partnership Council. This Partnership Council is supported by several committees and subcommittees. Both the Board and the Partnership Council are detailed later in this section. The unique working relationships established between these groups facilitates communication and collaboration, not only within our organization but also with our provider community, to drive innovation for Kentucky Medicaid.

At the top of the Passport governance structure, the Board has fiduciary responsibility for the health plan and has broad oversight of the health plan's strategic direction, performance, and compliance. Through its unique relationship with the Partnership Council, Passport's Board also maintains oversight of quality of services, UM and clinical programs. The Partnership Council receives and reviews management and improvement actions from the Partnership Council committees/subcommittees to continuously improve the quality of our team's service delivery.

The Passport governance structure, illustrated in **Exhibit B.3-2**, enables us to holistically manage quality throughout our organization, channeling DMS's goals through the Board, and disseminating to the Partnership Council and across each department in our organization. Passport's deep inclusion of community stakeholders in governance committees is unique and differentiates Passport by ensuring community stakeholders' interests are represented in the decision process.

Exhibit B.3-2: Passport’s Governance Structure



Passport Board of Directors:

The Passport Board is the most senior governing body for Passport. The Board governance structure, designed to maintain Passport’s local perspective and provider-guidance, is at the helm of all critical decision-making regarding operation of the health plan. The provider-owner Board members have an equal number of votes with Evolent Board members on key strategic and operational issues to ensure Passport maintains its local orientation and provider and member focus. This voting structure is designed to ensure a continued focus on provider alignment and innovative care which is important for members as well as ensuring the health plan is meeting its fiduciary obligations to the Commonwealth.

The Board comprises seven (7) members. Board members are selected by appointment with four (4) seats appointed by Evolent and three (3) seats appointed by Passport’s provider owners. Current Board members, whose experience and background is described in *Section A – Executive Summary* of this response, include:

- Kimberly Boland, MD, FAAP - Professor of Pediatrics and Chair for the Department of Pediatrics at the University of Louisville
- Jennifer Davis, JD - University of Louisville, Associate Vice President for Strategy and General Counsel
- Ken Marshall, MBA - COO, University of Louisville Health Care
- Seth Blackley, MBA - President and Co-Founder, Evolent Health
- Tom Peterson, MMHC - COO and Co-Founder, Evolent Health
- Jonathan Weinberg, JD - General Counsel, Evolent Health
- Frank Williams, MBA – CEO and Co-Founder, Evolent Health

Sharing health plan ownership with providers is the most advanced form of true engagement 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 as a cornerstone of creating an integrated financing and delivery system. As a provider-driven health plan, Passport is uniquely differentiated from other national plans and intimately understands the challenges that providers face, which in turn affect providers' ability to care for members. This inherent alignment with providers from the board level through Clinical Policy Committees cascades throughout the organization and establishes an orientation that engages and builds trust in every interaction.

For example, Passport:

- Leverages in-house, independently licensed professionals to provide support and consultation to providers about clinical services, billing and workflow to improve quality of care for members and retain providers
- Geographically locates provider representatives in markets across the Commonwealth who are readily accessible for face-to-face problem-solving with providers
- Reprocesses claims in real-time over the phone with providers and holds "office hours" during which providers can ask questions or resolve billing issues
- Streamlines the prior authorizations / pre-certification process by formalizing local provider input into review criteria for medical policy and auto-authorizations for high-performing providers or high-value treatment pathways
- Performs telephonic-based coaching and care management support in close collaboration with providers to help manage patients outside of the office setting and patient education and engagement
- Engages clinical experts particularly within our provider owner organizations to assist with critical emerging health issues such as hepatitis, AIDS, SUD, child psychology issues, etc.

The Partnership Council

Reporting to the Board, the Partnership Council, comprise 32 members representing a broad coalition of community stakeholders including physicians, nurses, hospitals, health departments and



ancillary providers. We use a considerable amount of detail describing the Council below, because it truly is a differentiating component of our health plan and our integral relationship with our local community.

We actively solicit and encourage statewide stakeholder participation on the Council and across all supporting committees and subcommittees. Council members are carefully evaluated and selected based on their expertise as it relates to groups listed in the **Exhibit B.3-3**. The service term for Council members is one (1) year, though many members have served for many years. Council candidates are nominated and voted upon in accordance with the Bylaws of the Partnership Council which were adopted September 17, 2019. Nominations are based on the exhibit’s definition of “class” once per year at the July meeting and are eligible for re-appointment without limitation.

Exhibit B.3-3 Partnership Council Areas of Expertise

The Partnership Council, Inc

Organization & Governance Membership

32 Seats

- **At-Large (1)**
- **Behavioral Health Class (1)**
- **Consumer Class (4)**
 - Children and Family Related
 - Children with Special Needs
 - Aged
 - Disabled Adults
- **Dental Class (1)**
- **Federally Qualified Health Centers Class (1)**
- **Health Department Class (2)**
 - Jefferson County Health Department
 - Non-Jefferson County Health Department
- **Hospital Class (4)**
 - University Medical Center, Inc
 - Kosair Children’s Hospital
 - Jefferson County Hospital
 - Non-Jefferson County Hospital
- **Skilled Nursing Class (1)**
- **Population Health Class (1)**
- **Other Health Services Class (5)**
 - Pharmacy
 - Home Health
 - Nurse
 - Commission for Children with Special Health Care Needs
 - Palliative Care
- **Physician Class (8)**
 - Two (2) Greater Louisville Medical Society
 - Medical School Practice Association
 - Association of Primary Care Physicians
 - Falls City Medical Society
 - Kosair Children’s Physicians Hospital Organization
 - Two (2) Non-Jefferson County Physician
- **School of Medicine Class (1)**
- **Transportation Class (1)**
- **Vision Class (1)**

The Partnership Council meets bi-monthly and has ongoing responsibility for setting policy, reviewing and evaluating quality activities, and overseeing follow-up as appropriate. The Council has oversight authority

for Passport clinical programs, including Quality, UM, Care Management, and Pharmacy, and receives and reviews quality management and improvement activities from the Partnership Council committees and subcommittees. The committee structure, described below, enables us to holistically address quality throughout our organization, channeling DMS' goals through the Board and down to our QMMC, and through every department in our organization. The Partnership Council is an approving body for the QMMC.

Partnership Council Committees and Subcommittees

The Partnership Council committees and subcommittees oversee member health outcomes, SDoH and quality of care, and provide an excellent platform for the Kentucky community to inform strategic decisions.

These committees and subcommittees comprise community stakeholders and are supported by health plan leadership and staff. They receive reports of pertinent subject matter, provide feedback, and provide approval or decline recommendations. Depending on the scope of the committee, some are more advisory in nature, while others with more of a financial impact are actively involved in shaping policy, subject to approval by the Partnership Council, Finance Committee, and ultimately the Board.

In total, well over 100 volunteer clinicians, representing multiple specialties, consumers and

member advocates inform Passport's governance process through these committees. For example, the Credentialing Committee reports through the QMMC to the Partnership Council.

Our Quality Member Access (QMAC) Committee is comprised of community-active members who serve on nearly 200 Community Boards, Advisory Committees, Interagency Councils, Local Chamber Events, Coalition Meetings, Re-entry Coalitions, Community Health Worker Associations and more, to address many of the core issues our members face.

The Partnership Council committees and subcommittees, their governance roles and membership selection details are described in **Exhibit B.3-4** and tracks back to the earlier illustration in **Exhibit B.3-3**. Member selection for these committees is accomplished using the following criteria and process:

- Provider candidates must be in good standing within the network. These candidates can self-nominate or be nominated by their peers or health plan staff and must complete an application listing required experiences, credentials, and other qualifications. Applications will be reviewed and voted on by committee members. The committee will make elections to maintain a balance of: specialties represented, number of providers representing any one organization/group/system, and geography to ensure appropriate regional representation.
- Member/consumer candidates may nominate themselves to applicable committees; and must complete an application. Applications will be reviewed and voted on by committee members. The committee will make elections to ensure appropriate demographic and geographic representation.

- Community members/advocates-at-large may nominate themselves or be nominated by their peers or by health plan staff; and must complete an application. Applications will be reviewed and voted on by committee members. Elections will be made considering the overall membership of the committee to promote diversity and representation. Ideally members in this category will be leaders of reputable community organizations that are in good standing with state and local government entities.

Each committee reviews participation at least annually. If a committee member has difficulty meeting attendance requirements, that individual will be asked if they wish to continue to participate or may be removed from the committee due to non-appearance/non-performance.

Exhibit B.3-4: Partnership Council Committees and Subcommittees

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
<p>Primary Care Provider (PCP) Workgroup</p>	<p>The PCP Workgroup provides direction to Passport on issues concerning PCPs and their panels of members. As a provider-driven organization, Passport places emphasis on input from its physicians. This advisory workgroup is responsible for identifying and addressing the needs and concerns of PCPs and their roles with Passport and raises them up through the Partnership Council. It is chaired by the CMO or his delegate. Other participating organizations include the Kentucky Primary Care Association (KPCA), University of Louisville, One Pediatrics, Family Health Centers and private practice physicians. Having this broad provider perspective to review and approve recommendations regarding Passport policies, procedures, and programs helps to enhance the quality of care and improve access to primary health care services.</p>	<p>PCP Workgroup typically averages ten (10) members. The participants, including subcommittees represent many of our largest providers and many participate in the value-based programs we offer. Membership nomination and selection is detailed in the lead-in discussion preceding this table.</p>
<p>PCP Workgroup Subcommittee: Child and Adolescent Health Subcommittee</p>	<p>Child and Adolescent Health Subcommittee: This directs and oversees the management of the care provided to newborns up to age 21 years. Responsibilities include:</p> <ul style="list-style-type: none"> Approval of medical and administrative policy, clinical practice guidelines (CPG), and work plan deliverables. Provides guidance for the development of new programs or interventions, and early and periodic screening, diagnosis and treatment (EPSDT) issues and results including screening, 	<p>Subcommittee members are selected from current members of the PCP Workgroup, based on their expertise.</p>

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
	participation, immunizations, and special studies.	
PCP Workgroup Subcommittee: Women’s Health Subcommittee	Women’s Health Subcommittee: Passport understands the importance of women’s health for its members and is focused on the high rate of caesarian section and the prevalence of neonatal abstinence syndrome (NAS). An OB-GYN specialist chairs this committee, which is of ten (10) network OB-GYNs. This committee provides direction to, and oversight of, the management of the care given to women throughout their life including pregnancy.	Subcommittee members are selected from current members of the PCP Workgroup, based on their expertise.
QMMC	The QMMC provides oversight and input for quality improvement and accreditation activities for Passport and its provider network. The committee is chaired by the CMO, and includes representatives from Norton Healthcare, the University of Louisville, a rural CMHC, a clinical pharmacist, and a private practice OB-GYN, among others. The Partnership Council is an approving body for the QMMC.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.
QMMC Subcommittee: Behavioral Health Advisory Committee	Behavioral Health Advisory Committee: This committee provides feedback and recommendations related to BH care and pharmacy in collaboration with the BH delegate. This group reviews utilization and performance metrics for BH. It also provides recommendations regarding proposed policy and program changes that affect the BH benefit. Having the provider, advocate, and member perspectives involved in the policy development and performance review help to ensure quality of care and increased access to BH services. Decisions and recommendations from the BH committee are submitted to QMMC for review and adoption.	Membership nomination and selection is detailed in the lead-in discussion preceding this table.

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
<p>QMMC Subcommittee: Credentiaing Committee</p>	<p>Credentiaing Committee: This committee administers policies and procedures for credentialing and re-credentialing and certification and recertification for practitioners and organizational providers in accordance with Passport Health Plan and National Committee for Quality Assurance (NCQA) standards and monitors and evaluates related trends and issues in collaboration with the credentialing delegates.</p>	<p>Membership nomination and selection is detailed in the lead-in discussion preceding this table.</p>
<p>QMMC Subcommittee: UM Committee</p>	<p>UM Committee: This committee supports provider clinical decision-making by providing medical and BH expertise with regard to medical necessity criteria selection and approval. It provides continuous review of the entire UM program and all delegated entities to ensure the UM program meets the needs of Passport and DMS. The UM Committee achieves its end goal of safeguarding our members against unnecessary and inappropriate medical care.</p>	<p>Membership nomination and selection is detailed in the lead-in discussion preceding this table.</p>
<p>QMMC Subcommittee: Pharmacy & Therapeutics Committee</p>	<p>Pharmacy & Therapeutics Committee: This committee provides direction to, and oversight of, pharmaceutical issues concerning members using pharmacological, economic, and clinical information. It is charged with the review, evaluation, and delivery of recommendations related to utilization (under and over) of medications and pharmacologic agents, additions and deletions to the formulary, and, monitoring and review of pharmacy programs and program results. The committee is also tasked with the review of medical policies related to pharmacy utilization.</p>	<p>Membership nomination and selection is detailed in the lead-in discussion preceding this table.</p>

Partnership Council Committee/ Subcommittee	Governance Role	How Members Are Selected
<p>QMMC Subcommittee: Kentucky SKY Advisory Committee</p>	<p>Kentucky SKY Advisory Committee: Upon award of the Kentucky SKY MCO contract, we will add a sub-committee to the QMMC to focused on the specific needs of the Kentucky SKY population. Having the perspectives of youth currently in foster care, foster care parents, providers, advocates and caregivers involved in the policy development and performance review will help to ensure quality of care and increased access to services for this sensitive population. This committee will provide feedback and recommendations, (including issues related to PH, BH care and pharmacy, reviews utilization and performance metrics, provides recommendations regarding ongoing QI, and proposed policy and program changes to continuously improve health outcomes and quality of life for the Kentucky SKY population.</p>	<p>The committee will be co-chaired by the Kentucky SKY executive director and medical director.</p> <p>Membership nomination and selection is detailed in the lead-in discussion preceding this table.</p>
<p>Quality Member Access (QMAC) Committee</p>	<p>The QMAC committee is a means for Passport members, consumers, and advocates to provide input regarding access to care and quality of care for the membership, in addition to identifying opportunities for improvement. The committee reviews member education materials and recommends outreach programs and community activity offerings. The QMAC also reviews and comments on quality access standards, grievance and appeals processes, Contractor/subcontractor relationships, and policy modifications that affect members.</p>	<p>QMAC currently has ten (10) members and advocates on the committee. Candidates are solicited from individuals who have been known to be both active and vocal during direct interactions and with other advocate agencies. In addition to staff recommendations, current members of the QMAC are aware that Passport is always looking for new members who will challenge the Plan to improve its services.</p>

I. Primary Care Provider Workgroup

The Primary Care Provider (PCP) Workgroup is one of three committees that reports directly to the Partnership Council. This Workgroup provides direction to Passport on issues concerning PCPs and their panels of members. As a provider-driven organization, Passport places emphasis on inputs from our physicians. This advisory workgroup is responsible for identifying and addressing the needs and concerns of PCPs and their roles within Passport, and it raises these concerns up through the Partnership Council. It is chaired by Passport’s CMP or designee. Other participating organizations include the KPCA, University of Louisville, OnePediatrics, Family Health Centers and private practice physicians. Having this broad provider perspective to review and approve recommendations regarding Passport policies, procedures, and programs helps to continuously enhance the quality of care and improve access to primary health care services.

The PCP Workgroup provides a provider perspective on our efforts to deliver quality services to our membership with the goal of (i) achieving DMS’s priorities for transforming the Kentucky Medicaid program, (ii) engaging individuals to improve their health and engage in their healthcare, (iii) significantly improving quality of care and healthcare outcomes, and (iv) reducing or eliminating health disparities.

Voting membership is comprised of participating providers appointed or elected annually by existing members currently sitting in the workgroup. Voting members are supported by non-voting staff as shown in **Exhibit B.3-5**.

Exhibit B.3-5: Passport PCP Workgroup Membership

PCP Workgroup Voting Members	PCP Workgroup Non-voting Staff
Partnership Council Chairperson (Chair)	Chief Medical Officer
Practitioner Representatives, Pediatrics (8)	Vice President, Health Integration
Practitioner Representatives, Internal Medicine (2)	Vice President, Operations
Practitioner Representative, Family Practice	Director, Quality Improvement
	Medical Director
	Director, Provider Network Management

PCP workgroup subcommittees: The following subcommittees focus on issues that directly affect specific large populations within Passport’s membership.

1. Child and Adolescent Health Subcommittee:

The Child and Adolescent Health Subcommittee directs and oversees the management of the care provided to members from birth up to age 21. Responsibilities include:

- Approval of medical and administrative policy, clinical practice guideline, and work plan deliverables.
- Provision of guidance for the development of new programs or interventions, EPSDT issues and results including screening, participation, immunizations, and special studies.

2. Women’s Health Subcommittee:

Passport understands the importance of women’s health and is focused on the high rate of caesarian sections and the prevalence of NAS. The Women’s Health Committee is chaired by an obstetrics and

gynecology specialist (OB-GYN). The committee is composed of ten (10) network OB-GYNs. This committee provides direction to, and oversight of, the management of care given to women throughout their life including pregnancy.

II. Quality Medical Management Committee

The QMMC provides oversight and input for QI and accreditation activities throughout the health plan and the provider network. The committee is chaired by Dr. Stephen Houghland, our CMO, and includes representatives from Norton Healthcare, the University of Louisville, a rural CMHC, a clinical pharmacist, and private practice OB/GYN, among others. The QMMC serves as the primary conduit for achieving our holistic organizational goals for quality which flow from DMS's stated priorities of (i) transforming the Medicaid program, (ii) engaging individuals to improve their health and engage in their healthcare, (iii) significantly improving quality of care and healthcare outcomes, (iv) and reducing or eliminating health disparities. Through its oversight of quality for the entire Passport organization, the QMMC facilitates Passport's focus on whole-person care across the full spectrum of needs and services, regardless of whether these services are delivered directly by Passport, or via a subcontracted arrangement. The Partnership Council is an approving body for the QMMC.

As required by the contract, the QMMC will maintain records that document its activities, meeting minutes, findings, recommendations, actions, and results. Records will be available for review upon Department request, during the annual on-site external quality review organization (EQRO) review, or for NCQA accreditation review. Passport will provide DMS's Chief Medical Officer with ten (10) days advance notice of all regularly scheduled QMMC meetings and with an agenda and related meeting materials, as available, to support determination of attendance.

The QMMC

- Provides direction to, and oversight of, subcommittees responsible for the provision of clinical care and services;
- Approves the annual QI and UM program descriptions, twice annual review of the QI Work Plan, and annual QI and UM evaluations;
- Evaluates, offers feedback, and approves all CPGs, under- and over-utilization findings, UM criteria, clinical and service audits and findings, and administrative policies and procedures (such as confidentiality) that have an impact on members' health care
- Offers recommendations for provider education and interventions, health education programs, and other Passport initiatives
- Reviews and evaluates member and provider surveys and interventions, clinical program descriptions and evaluations, EQRO focused studies, audits, or findings, and member complaints and sentinel events referred to the QMMC by Passport staff for quality of care concerns that have the potential to adversely affect members
- Provides Performance Improvement Program (PIP) oversight

- Analyzes aggregate data of member complaints, sentinel events, and provider audits, and makes determinations regarding corrective action to be taken.

QMMC voting members consist of 5-10 participating providers (medical and behavioral) including specialists appointed or elected annually. They are supported by non-voting staff, as shown below in **Exhibit B.3-6**.

Exhibit B.3-6: Passport Quality Medical Management Committee Membership

QMMC Voting Members	QMMC Non-voting Staff
<p>Participating Network Providers (5-10)</p> <ul style="list-style-type: none"> • Medical <ul style="list-style-type: none"> • Physician • APRN • Behavioral • Specialists <ul style="list-style-type: none"> • OB/GYN • Multispecialty Groups and Health Systems • Clinical Pharmacy 	<ul style="list-style-type: none"> • Medical Director(s) • Operations Executive • Vice President, Health Integration • Health Integration Program Manager • QI Director • QI Manager(s) • UM Director or Manager(s) • Clinical Operations Director or Manager(s) • Compliance Manager • Member Services Director or Manager(s) • Pharmacy Director • Provider Network Director or Manager(s)

QMMC subcommittees: Passport believes it is important to integrate other management activities into the decision-making process for our QMAC. As a result, the QMMC encompasses several subcommittees that advise the QMMC and Passport on various issues specific to populations or therapeutic topics and issues. These subcommittees report to the QMMC, providing minutes and reports of activities. The QMMC can accept, reject, or request more information on subcommittee recommendations. Additionally, if a matter needs immediate attention, the QMMC may act on its own authority without subcommittee input. These subcommittees include:

1. Behavioral Health Advisory Committee:

The BHAC provides feedback and recommendations related to BH care and pharmacy in collaboration with the BH delegate. This group reviews utilization and performance metrics for BH. They also provide recommendations regarding proposed policy and program changes that impact the BH benefit. Our goal in having the provider, advocate, and member perspectives involved in program policy development and performance review is that this will help to continuously improve quality of care and ultimately increase access to BH services. Decisions and recommendations from the BHAC are submitted to QMMC for review and adoption. Responsibilities include:

- Review and provide recommendations for BH clinical guidelines
- Review and provide recommendations for BH performance standards and metrics
- Review and provide recommendations for BH work plan and program activities
- Provide recommendations for BH PIPs
- Perform oversight of delegated BH activities
- Provide formulary recommendations

2. Credentialing Committee

The Credentialing Committee administers policies and procedures for credentialing and re-credentialing, and certification and recertification for practitioners and organizational providers in accordance with Passport and NCQA standards, and it monitors and evaluates related trends and issues in collaboration with the credentialing delegates. Responsibilities include:

- Reviewing credentials of practitioners and organizational providers who do not meet the standard credentialing and re-credentialing certification process
- Peer review of quality of care concerns and sentinel events.

3. Utilization Management Committee:

The UM Committee supports provider clinical decision making by providing medical and BH expertise with regard to medical necessity criteria selection and approval. It provides continuous review of the entire UM program and all delegated entities to assure the UM program meets the needs of Passport and DMS. The UM Committee achieves its end goal of safeguarding our members against unnecessary and inappropriate medical care. Responsibilities include:

- Review and evaluate utilization data sets and other information, such as member demographics, costs, and recommend actions
- Review and approve studies, standards, clinical guidelines, and trends in utilization patterns
- Review and recommend approval, revision, or denial of medical review criteria
- Identify opportunities to improve the care and services provided to members
- Assist in developing action plans review and approve action plans submitted to the committee from other sources and review action plan progress reports
- Review and approve the UM program description, work plan and annual evaluation
- Provide oversight of inter-rater reliability (IRR) review process and opportunities for improvement
- Monitor quality of care or service and member safety issues
- Review utilization issues (cases) requested by the CMO or UM medical directors
- Recommend policies for development; review and approve, deny, or recommend revisions to policies related to the UM program and quality management or UM activities
- Review quarterly utilization reports from delegated entities and make recommendations for improvement
- Review delegation oversight reports and approve CAPs
- Review, evaluate and recommend provider and member educational activities and interventions

4. Pharmacy and Therapeutics (P&T) Advisory Committee

The P&T Advisory Committee provides direction to, and oversight of, pharmaceutical issues concerning members using pharmacological, economic, and clinical information. It is charged with the review, evaluation, and delivery of recommendations related to under and over utilization of medications and pharmacologic agents; additions and deletions to the formulary; and, monitoring and review of

pharmacy programs and program results. The committee is also tasked with the review of medical policies related to pharmacy utilization. Responsibilities include:

- Review and provide recommendations for pharmacy policies and procedures
- Review and provide recommendations for operating metrics
- Review and provide recommendations for resolution of complaints and grievances
- Review and provide recommendations for clinical program descriptions
- Analyze and evaluate data
- Recommend opportunities for improvement

5. Kentucky SKY Advisory Committee

Upon award of the Kentucky SKY MCO contract, we will add the Kentucky SKY Advisory Committee a subcommittee, focused on the specific needs of the Kentucky SKY population. Having the perspectives of youth currently in foster care, foster care parents, providers, advocates and caregivers involved in the policy development and performance review will help to ensure quality of care and increased access to services for this sensitive population. The subcommittee will provide the QMMC with feedback and recommendations related to Kentucky SKY, including issues related to PH, BH care and pharmacy. This group will engage collaboratively in the following activities to continuously improve the health outcomes and quality of life for the Kentucky SKY population:

- Review utilization and performance metrics for Kentucky SKY
- Address ongoing QI and clinical programs for Kentucky SKY specific to the foster care population
- Provide input and recommendations on programmatic direction, policy discussion and implementation
- Provide input and recommendations on QI initiatives

This subcommittee will be co-chaired by the Kentucky SKY executive director and the Kentucky SKY Medical director. Decisions and recommendations from the Kentucky SKY Advisory Committee will be submitted to QMMC for review and adoption.

III. Quality Member Access Committee

The role of Passport's QMAC is to help to oversee its care model and provide feedback on access and quality of care, including helping to identify opportunities for improvement. During its quarterly meeting, Jill Bell, Passport's executive leader over the QMAC, presents potential solutions for implementation and solicits input and feedback from the committee to help identify ways Passport can improve access and whole-person care for Kentuckians. Recommendations are then returned to the relevant ELT sponsor(s), who decide how best to implement them.

The QMAC is a means for Passport Health Plan members, consumers, and advocates to provide input regarding access to care and quality of care for the membership, in addition to identifying opportunities for improvement. The QMAC allows Passport to hear the voice of the customer in order to better understand and accommodate member wants and needs in our efforts to deliver quality services to our membership

with the goal of achieving DMS’s stated priorities of (i) transforming the Kentucky Medicaid program, (ii) engaging individuals to improve their health and engage in their healthcare (iii) significantly improving quality of care and healthcare outcomes and (iv) reducing or eliminating health disparities.

The QMAC reviews member education materials, recommends outreach programs and community activities, and offer recommendations for new efforts or for refining existing programs. Reviews and comments on quality access standards, grievance and appeals processes and policy modifications are based on aggregate grievance and appeals data and member handbooks. The QMAC also reviews and comments on contractor/subcontractor and department policies that affect members. The QMAC assists Passport staff to address overall member experience, reducing friction across medical, behavioral, pharmacy, vision and dental health care needs and ensuring that all subcontractors are integrated into our whole-person approach.

Passport’s close collaboration with community members, providers, members, and other stakeholders through inclusion and participation in Passport’s governing body and committee structure ensures that appropriate member care remains at the forefront of its performance goals under the Kentucky Medicaid managed care program.


B.3.a.iv. A listing of Key Personnel identified in Section 9.2 of **RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,”** and as otherwise defined by the Vendor, including:


- a. Individual names, titles, brief job descriptions, qualifications and fulltime equivalents (FTEs) dedicated to this Contract, as well as their office locations for this Contract. An FTE is defined as the ratio of the total number of paid hours divided by the total number of working hours in the period. Annually, an FTE is considered to be two thousand eighty (2,080) hours.
- b. Whether each Key Personnel position will be filled by a Vendor’s employee or a Subcontractor.
- c. Resumes, including information such as degrees, credentials, clinical licensure as applicable, years and type of experience. Include as an Appendix or Attachment to the Proposal.


All resumes may be viewed in **Attachment B.3-1_Resumes** and job descriptions can be viewed in **Attachment B.3-2_Job Descriptions**. **Exhibit B.3-7** describes the executive and key personnel, and **Exhibit B.3-8** describes the qualified staff, dedicated to oversee and manage this contract.


Exhibit B.3-7 Executive and Key Personnel Position Tables


Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Executive Officer	Scott Bowers	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: Reporting to the Board, this position is responsible for providing strategic vision, oversight and organization leadership for all areas of Passport Health Plan. Full-time administrator with clear authority over the general administration and implementation of the requirements detailed in the Contract.</p>			
<p>Required Qualifications, Including Clinical Licensure: Bachelor's degree in Business required. Master's degree in Business Administration or related field preferred, 10 or more years of experience in health plan financial management, with significant experience as a health plan CEO or chief financial officer preferred. Medicaid managed care plan experience preferred.</p>			
<p>Incumbent Qualifications: Bachelor's degree in Psychology. Master of Business Administration. 23 years managed care leadership experience, at President, CEO, Director or CFO level.</p>			


Executive Title / Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Operating Officer	Shawn Beth Elman	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: Reporting to the CEO, the COO is responsible for providing direction and strategic vision for all operational functions, oversight of subcontracted entities and leadership of the Passport line of business. The COO is also responsible for providing strategic leadership for the company by working with the CEO, Board of Directors and executive management to establish long-range goals, strategies, plans and policies.</p>			
<p>Required Qualifications, Including Clinical Licensure: Bachelor's degree (Master's preferred) in business or health related discipline such as Health Care Administration or Healthcare Management or substantially equivalent experience required; minimum 15 years progressive experience in business, preferably health care; minimum 10 years management experience required, preferably health care; minimum 8-10 years managed care experience required. Medicaid managed care plan experience preferred.</p>			
<p>Incumbent Qualifications: Bachelor's degree in Accounting; Master of Business Administration; 20+ years' experience in health care; 20+ years Medicaid management experience.</p>			


Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Financial Officer	Scott Worthington	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: Oversees the budget and accounting systems implemented by Passport. Responsible for directing the fiscal functions of the company in accordance with both statutory accounting principles and generally accepted 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.</p> <p>Required Qualifications, Including Clinical Licensure: Bachelor's degree in Business required. Master's degree in Business Administration or related field preferred; 10 or more years of experience in health plan financial management, with significant experience as a health plan CFO preferred. Medicaid managed care plan experience preferred. Certified Public Accountant preferred</p> <p>Incumbent Qualifications: Bachelor's degree in Accounting; Certified Public Accountant; 25+ years in managed care and health plan financial management.</p>			


Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Chief Compliance Officer (COO)	David Henley	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: The CCO's primary duty is planning, implementing and monitoring the Compliance Program. The Compliance Program includes activities that involve enterprise risk management, HIPAA privacy, program integrity and delegation oversight. In addition, the CCO is the Custodian of Records. Maintains current knowledge of Federal and State legislation, legislative initiatives, and regulations relating to Contractors, and oversee the Contractor's compliance with the laws and requirements of the Department. Serves as the primary contact for and facilitates communications between Passport leadership and the Department relating to Contract compliance issues. Oversees implementation of and evaluates any actions required to correct a deficiency or address noncompliance with Contract requirements as identified by the Department.</p> <p>Required Qualifications, Including Clinical Licensure: Bachelor's degree required. Minimum of 12 years of relevant work experience in compliance, management of a compliance program, and at least 5 years related to federal or state regulatory/compliance activities required. Experience managing a Compliance Program for a health insurance or healthcare company preferred. Familiarity with federal and state Medicaid regulatory environment preferred.</p> <p>Incumbent Qualifications: Bachelor's degree in Business and Economics; Juris Doctor; currently licensed Attorney in Kentucky; 20+ years of leadership and general counsel in managed care, including compliance and regulations.</p>			

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Medical Director/Chief Medical Officer (CMO)	Stephen Houghland, M.D.	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: This position is responsible for providing organization leadership in the operational areas of Medical Management, Quality Management, and related policy and practice initiatives. This position serves as a lead physician on the medical management team, working closely with other physicians, physician reviewers, the Director of Quality/Medical Management, Manager of Utilization Management, Manager of Case Management, Manager of Quality Management, Manager of Mommy & Me, the Pharmacy Director, and other Managers/Directors as needed. Oversees Passport’s clinical functions and is actively involved in all major Passport health programs. All clinical directors, including those employed by subcontractors, report to the Medical Director for all responsibilities of this Contract. Responsible for treatment policies, protocols, QI activities, PHM activities, and UM decisions and ensures timely medical decisions. Is available for after-hours consultation, if needed.</p> <p>Required Qualifications Including Clinical Licensure: A medical degree (MD or DO); minimum of 5 years of medical management and general management experience in a managed care environment is preferred. primary care discipline, prior experience as Associate Medical Director (or equivalent) or physician reviewer in a Managed Care Plan preferred. UM experience preferred. Minimum 5 years of progressive business experience. Board Certified Physician. Must possess a current, active, state license to practice medicine in Kentucky.</p> <p>Incumbent Qualifications: Medical degree; certification in Internal Medicine; current Kentucky Medical License and certifications; 9 years managed care experience at VP and Medical Director level; 18 years clinical experience; 5 years’ experience as medical director of multispecialty medical practice (University Physicians Associates).</p>			

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Pharmacy Director	Carrie Armstrong	Subcontractor – Evolent Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
	<p>Brief Job Description: Reporting into Passport’s VP Clinical Operations, Director of Pharmacy for health plans including Medicaid. Coordinates, manages and oversees the provision of pharmacy services to members.</p>		
<p>Required Qualifications, Including Clinical Licensure: Pharmacy degree; either BS Pharmacy or Pharm. D required; advanced degree (e.g., MBA, MHA) preferred; 5-10 years of Medicaid experience required; 3+ years of pharmacy benefits management (PBM) account management required; active Kentucky Pharmacy License required; 2+ years health plan pharmacy director or PBM clinical operations leadership preferred.</p>			
<p>Incumbent Qualifications: Doctorate of Pharmacy (PharmD); Master of Business Administration; active KY Pharmacist License; 10+ years PBM Clinical Operations Leadership in Medicaid Managed Care.</p>			

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Dental Director	Jerry Caudill, DMD	Subcontractor–Avesis Employee / 1.0 FTE	Campbellsburg, KY
	<p>Brief Job Description: Reporting into Passport’s CMO, the Dental Director leads the clinical oversight for all aspects of the dental program, including plan design, review of new methodologies, and appropriateness of care. The Dental Director will be authorized and empowered to represent Avesis regarding clinical issues, Utilization review and quality of care inquiries. Reviews policies and procedures, guidelines and clinical protocols relative to the dental program. Is actively involved in all Passport oral health programs and ensures timely oral health decisions. Is available for after-hours consultation, if needed.</p>		
<p>Required Qualifications, Including Clinical Licensure: Bachelor’s degree required. DDS or DMD. Licensed in the Commonwealth of Kentucky. Completion of credentialing process following NCQA guidelines. Minimum of 10 years of experience.</p>			
<p>Incumbent Qualifications: Doctor of Dental Medicine from the University of Kentucky; Pre-Dental, Morehead State University; currently licensed in KY.</p>			

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Behavioral Health Director/VP Health Integration	Elizabeth McKune, Ed.D	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: This position is responsible for planning, coordination, and managing of overall BH services; including provider identification, provider quality measures and service functions. This position provides oversight of regulatory compliance with applicable laws, regulations, and policies that govern BH aspects of Medicaid and acts as the BH leadership for the organization, assuring excellent customer service and provider relations. Is actively involved in all programs or initiatives relating to BH. Coordinates efforts to provide BH services by Passport or any BH subcontractors.</p> <p>Required Qualifications, Including Clinical Licensure: M.S. in Nursing, MBA, MPH, MHA, Ph.D. or MD required. 7-10 years of clinical experience. 5-7 years' experience as a Director or comparable experience preferred; BH practitioner licensed in Kentucky.</p> <p>Incumbent Qualifications: Doctorate of Education in Counseling Psychology; current KY Licensed Psychologist; current Chair of KY Board of Examiners of Psychology; 20+ years of Clinical experience with 12+ years at Director level or higher.</p>			

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Provider Network Director	Melanie Claypool	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: This position is responsible for providing leadership and direction to Provider Contracting and Provider Network Management. Responsible for oversight of Provider Services and Provider Network Development. Provides oversight of required coordination with the Department's contracted credentialing verification organization(s) (CVOs). Coordinates workforce development initiatives conducted by Passport and collaboratively with the Department and other contracted MCOs.</p> <p>Required Qualifications, Including Clinical Licensure: Bachelor's degree required. Master's degree preferred; minimum 10-12 years progressive experience in business, preferably health care; minimum 6-8 years managed care experience, including Provider Contracting, and Provider Relations experience.</p> <p>Incumbent Qualifications: Bachelor's degree in English Education. Master's in Education. 15+ years Medicaid managed care, 10+ years' experience with provider relations and/or contracting experience at Manager or Director level.</p>			

Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Quality Improvement Director/VP, Clinical Operations	Courtney Henchon, RN	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: Responsible for the operation of Passport’s Quality Improvement Program. Reporting into Passport’s CMO, this position supports the all quality functions and (i) designs, builds and manages health plan quality programs that meet Center for Medicare and Medicaid Services (CMS) and NCQA requirements; (ii) sets strategy for, monitors, and optimizes QI initiatives for performance-based payment programs and, (iii) coordinates care gap closure efforts with other physician-facing initiatives. Performs a key role in creating infrastructure required for performance monitoring and QI purposes, as well as strategies for raising performance on national measures of PHM. Drives the customization, launch and ongoing operations of the Proactive Care program, a multi-pronged approach to identifying and closing important gaps in care for member populations.

Required Qualifications, Including Clinical Licensure: Clinical training and Master’s in health-related field desirable. Past health plan or managed care environment highly preferred, 5+ years clinical and/or health care management experience, with general understanding of performance measures (e.g., NCQA/Healthcare Effectiveness Data and Information Set (HEDIS) measures, MSSP measures, etc.). Knowledge of QI/CQI principles, CMS requirements and regulations, and NCQA standards and regulations. Experience with analyzing HEDIS, Consumer Assessment of Healthcare Providers and Systems (CAHPS), HOS

Incumbent Qualifications: Bachelor’s Degree in Nursing, Master of Science in Nursing, MBA, 18+ years’ experience in health care; 10+ years’ experience in clinical/healthcare management, strong knowledge NCQA accreditation, HEDIS measures, QI and CQI. Licensed registered nurse (RN).



Key Personnel Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Population Health Management Director/ Clinical Operations	Stephanie Stone, MSSW, LCSW	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: Responsible for coordination and oversight of the PHM program and services. This role includes developing and driving an annual clinical initiative plan, monitoring key program and population metrics, participating in QI efforts and working directly with the care management staff including RN care managers, PCPs, community health workers, health coaches, BH specialists, social workers, and pharmacists in delivering optimal results. In addition, this individual will contribute to the ongoing development of clinical guidelines and protocols used in delivery of population health services, as well as the ongoing design and commercialization of the company’s integrated population analytics and care management workflow technology platform.</p> <p>Required Qualifications, Including Clinical Licensure: Bachelor’s degree required. 3-5 years of experience in healthcare change management/process improvement, outpatient-focused operations or other relevant experience required. Master’s degree in Public Health, Public Policy Health Administration or other related healthcare field preferred.</p> <p>Incumbent Qualifications: Bachelor’s degree in Psychology; 11 years’ experience in health care; 5+ years Medicaid managed care experience; Master of Science in Social Work; Licensed Clinical Social Worker.</p>			

Exhibit B.3-8 Qualified Staff Position Tables

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Management Information Systems Director	Kevin Staebler	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: Oversees, manages and maintains the Passport Management Information System (MIS). This position is responsible for providing leadership, vision, and management to the technology and analytics team. The focus of this role is to map technology, reporting and data science capabilities to strategic priorities, serve as the executive sponsor for technology process innovation, develop and administer the technology and analytics project portfolio, measure new efficiencies and return on investment (ROI); and to replace manual processes with technology to drive both cost savings and revenue generation.</p> <p>Required Qualifications Including Clinical Licensure: Master’s degree preferred. minimum of 7 years progressive healthcare and/or IT project management experience; at least 6 years directing, managing and leading an Information Technology (IT) team; 5-7 years of experience as a Director of Information Technology or comparable experience preferred.</p> <p>Incumbent Qualifications: BA, Computer Information Systems - University of Louisville; 7+ years of healthcare experience; 7+ years of directing and leading an IT team at the Manager IT level and above.</p>			

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Enrollee Services Manager	Judy Palmer	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY



Brief Job Description: This position is responsible for implementing new procedures within the department, keeping up to date on Medicaid changes within the state, investigating issues for the Director and troubleshooting issues. Coordinates all communications with and advocates for members. Supervises Enrollee Services staff to respond in a timely manner to members seeking prompt resolution of problems or inquiries.

Required Qualifications, Including Clinical Licensure: Bachelor’s degree preferred; minimum of 6-8 years in customer services preferred; 3-5 years of experience in a supervisor position preferred. 3-5 years of managed Medicaid experience preferred; 3-5 years of experience as a Manager Customer Service or comparable experience preferred.

Incumbent Qualifications: Pursuing bachelor’s degree in Business; 23 years’ supervisor experience; 19 years managed Medicaid experience; 19 years’ experience overseeing Member and Provider Services.


Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Provider Services Manager	Stephanie French	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY





Brief Job Description: This position is responsible for implementing new procedures within the department, keeping up to date on Medicaid changes within the state, investigating provider issues for the Director and troubleshooting issues. Coordinates network development and all communications with providers, out-of-network providers (as applicable), and subcontractors who are involved in clinical services. Manages Provider Services staffing ratios to support network development, communications and education, and to respond in a timely manner to providers seeking prompt resolution of problems or inquiries.


Required Qualifications, Including Clinical Licensure: Bachelor’s degree preferred; minimum of 6-8 years in customer services preferred; 3-5 years of experience in a supervisor position preferred; 3-5 years of experience in provider claims preferred; 3-5 years of managed Medicaid experience preferred; 3-5 years of experience as a Manager Customer Service or comparable experience preferred.

Incumbent Qualifications: Bachelor's in Communications-; Master's in Communications; 10+ years of healthcare experience; 10+ years in supervisory/management role; 10+ years customer services experience.

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Claims Processing	Riley Fitzpatrick	Subcontractor – Evolent Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: The Claims Manager is responsible for management, oversight and development of the Claims Department to ensure employees are engaged to complete timely and accurate adjudication of claims for health care services, received from contracted and non-contracted providers and to ensure all federal and state requirements are met timely and efficiently in accordance with regulations and guidelines. Ensures the timely and accurate processing of claims, including original claims, corrected claims, and re-submissions, and the overall adjudication of claims, including the timely and accurate submission of encounter data.</p> <p>Required Qualifications, Including Clinical Licensure: Associate’s or Bachelor’s degree preferred. Extensive experience in health insurance claims processing with a minimum of 3-5 years management experience. HMO Claims or managed care environment preferred, across multiple product lines such as Medicaid, Exchange and employer groups. In-depth knowledge of medical billing and coding, benefits and provider contracts. Direct supervisory experience.</p> <p>Incumbent Qualifications: BS in Business Administration / Computer Information systems; MBA; 10 years healthcare insurance experience; experience in Medicaid and Commercial lines of business; 10 years’ supervisory experience.</p>			

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Utilization Management Director	Anna Page, RN	Subcontractor – Evolent Health / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: Responsible for the operation of Passport’s UM Program and any Passport subcontractors performing services relevant to UM. This role is responsible for overall management of the activities relating to the strategy, tactics, policies, and programs that drive utilization for plan sponsor network providers and members. This role will be responsible for developing new capabilities to develop efficient and effective programs that achieve cost and quality goals in a way that is integrated into the local delivery system.</p> <p>Required Qualifications Including Clinical Licensure: 5-10 years of progressive experience in UM and/or healthcare financing. Associate's degree in Nursing (with Masters in Nursing, Business Administration/Hospital Administration/Public Health strongly preferred). Active license as Registered Nurse (RN, RNC). Experience working within a provider-owned health plan or a risk bearing provider organization preferred.</p> <p>Incumbent Qualifications: Associate degree in Nursing; current Licensed RN (KY), 28 years progressive healthcare experience in UM or healthcare finance; 9 years’ experience working within a provider owned health plan.</p>			

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
EPSDT Coordinator	Cheri Schanie, RN	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
	<p>Brief Job Description: This position is responsible for managing the day to day operations of EPSDT outreach program. Coordinates and arranges for the provision of EPSDT services and EPSDT special services for members.</p>		
<p>Required Qualifications Including Clinical Licensure: Bachelor’s in Health Care or equivalent required; 3-5 years in healthcare or managed care setting; 3-5 years’ experience working with Medicaid population.</p>			
<p>Incumbent Qualifications: Registered Nurse/BSN; 20+ years’ managed care experience; 20+ years managed care leadership experience, at Manager level.</p>			

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Guardianship Liaison	Brenda Huntsman	Passport Employee / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
	<p>Brief Job Description: This position is responsible for identifying, assessing, planning, coordinating, and implementing appropriate cost-effective healthcare services for individuals identified as residing in Out of Home Placement. Serves as Passport’s primary liaison for meeting the needs of members who are adult guardianship clients.</p>		
<p>Required Qualifications Including Clinical Licensure: Bachelor’s degree preferred. 3+ years of experience in Healthcare preferred; 3+ years of experience with Foster Care clients preferred; 3+ years of experience with case management or care coordination preferred; managed care experience preferred. Licensed Behavioral Health Professional preferred.</p>			
<p>Incumbent Qualifications: Pursuing Bachelor of Arts; 3 years’ experience in healthcare; 3 years’ experience with Guardianship and case management coordination.</p>			

Qualified Staff Title/ Internal Title	Incumbent Name	Employment Status/ FTEs	Office Location
Program Integrity Coordinator	Katelyn Haycraft	Subcontractor – Evolent Health / 1.0 FTE	5100 Commerce Crossings Blvd., Louisville, KY
 <p>Brief Job Description: This position assists in the development and implementation of key metrics for the PIU operational reporting and oversight measures for internal and external (client) purposes, assists with audits, case investigations, provides guidance, direction to fraud, waste and abuse (FWA) Investigators. Implements appropriate claims-based algorithms to proactively identify potential cases of FWA. Manages the day to day workload of PIU staff and Investigators, Works to continually improve a monitoring system which tracks and oversees FWA issues or violations. Monitors and oversees Program Integrity subcontractors. Oversees interactions and relationships with the Kentucky DMS and other state and federal agencies, as needed. Identifies potential areas of compliance vulnerability and risk and works with management to address the issues. Serves as the single point of contact with the Department, whose job duties are dedicated exclusively to the coordination, management, and oversight of Passport’s Program Integrity unit to reduce FWA of Medicaid services within Kentucky. Facilitates timely response to Department requests for information.</p> <p>Required Qualifications Including Clinical Licensure: Bachelor’s degree preferred. 3-4 years of compliance experience required; knowledge of investigative practices law required; general knowledge of health insurance, managed care, benefit design, Kentucky revised statutes, Kentucky administrative code and federal regulations required; 3-5 years of experience as a Compliance Coordinator or comparable experience preferred.</p> <p>Incumbent Qualifications: Associate of Arts Education degree; 5 years Compliance Specialist experience; 3+ years Compliance Managed Care experience; Investigative law.</p>			

B.3.a.v. Summary of recruitment timelines and activities for Key Personnel positions for which individuals have not been identified at the time of the proposal. Describe contingency plans should those positions continue to remain open after Contract Award.

At the time of this submission, all key personnel and qualified staff positions have been filled in advance of readiness review. Should there be any future vacancies in key personnel and qualified staff, we will follow two parallel paths: (i) The Passport CEO will select a member of the executive team to fill the vacancy on an interim basis, and (ii) Our Louisville-based HR recruiting staff will immediately seek and hire another qualified candidate. In addition to our local recruiting efforts, Passport has access to national recruiting resources and a deep pool of qualified applicants, through our affiliation with Evolent. Over the last two (2) years, Evolent’s recruiting team has received over 150,000 resumes and inquiries for employment. In addition, this relationship provides a unique opportunity to share talent between the organizations resulting in the ability for talent to move from Evolent to Passport where particular staff have deep expertise and meet the qualifications for the position at Passport.

Ensuring full staffing for executive team and key personnel roles is critical to the business continuity and overall performance for Passport. To that end, Passport’s CEO partners with the HR team to develop succession plans for each executive and key personnel. Succession plans include a combination of current

Passport employees who could step into the role as well as alternative solutions including restructuring and key talent with affiliate organizations.

Passport is committed to hiring individuals who demonstrate our values. During the hiring process, we screen applicants for education, experience and longevity in a similar position. We find candidates who are both highly qualified and a strong cultural fit. Below is a timeline of recruiting activities to fill key personnel positions these activities represent Passport’s contingency plan to backfill key personnel. Our recruiting timeline ensures that Passport remains appropriately staffed to meet the needs of its members and limits the time an executive team member is called upon to take on a dual role.

Recruiting Process for Key Personnel and Timing

- Requisition listed as an external posting – Day 1
- Candidates sourced through web service (LinkedIn) – Day 1
- Requisition posted on all partnered job boards – Day 1
- Recruiter forwards applicable candidates for executive review – Days 8-15
- Recruiter conducts phone screens for all selected candidates – Days 16-20
- Candidates participate in interviews – Days 21-30
- Offers sent to selected candidates – Day 31
- Onboarding turnaround for background checks and screens *and* 14-day notice – Days 31-60

B.3.a.vi. Overview of the Vendor’s proposed training of staff to fulfill all requirements and responsibilities of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” for all operational areas.

Passport provides a comprehensive training program to ensure all staff are sufficiently trained to meet performance expectations in their respective roles. Our staff training program spans three major segments: Mandatory Training, Business Operations Training, and Clinical Operations Training. Each training segment includes learning objectives to prepare our employees to successfully perform their job duties and fulfill all requirements and responsibilities of the contract.

Mandatory Training – All Employees

1. New Employee Orientation Basic Training

All new hires to Passport attend New Employee Orientation on their first day. New hire training occurs every other week, typically on Mondays, following our hiring and onboarding schedule. All new hire training occurs onsite and in person within the Louisville office. The training audience encompasses all full-time, part-time, temporary and subcontractor employees.

New hire training modules include:

- **Company history:** Passport’s history is a very important subject matter for new hires to absorb. This training emphasizes the rich history that Passport has had in serving the Commonwealth for 22 years, sharing details on how its constant member-centric focus has been successful since the inception of the plan.
- **Organizational culture:** Passport’s culture is deeply rooted in serving its mission, which is to improve the health and quality of life of all Kentuckians. We highlight several corporate culture concepts that are deeply rooted in our values, such as integrity and collaboration.
- **Functions of major departments:** - Passport’s organizational structure promotes strong collaboration across all departments, so new hires are taught the essential functions that each major department is responsible for.
- **Trends in the health care market:** As a leading model of managed care, Passport monitors and educates employees on current market trends in the health care market. This includes but is not limited to, new innovations, terminologies, and programs that are relevant to Passport’s ability to sustain itself as a market leader.
- **Compliance with federal and state laws and regulations:** Compliance training in the health care environment is a necessity and Passport conducts a robust compliance training upon hire as well as annually for tenured employees. Compliance training encompasses important regulatory subject matter, which is detailed in the next section.

Managers attend additional training that emphasizes the role they play in supporting the success of their employees.

2. Compliance Training

Compliance training is a top priority for all employees. Passport emphasizes our commitment to compliance by providing both initial and ongoing (annual) compliance training for all employees. For new employees, compliance training must be completed within 90 days of the date of hire, and each year from anniversary date. Mandatory compliance training course content includes:

- **Code of business conduct and ethics** – Training is provided to maintain employee awareness and compliance to our company code of business conduct and ethics policy and procedures. Course topics include: conflicts of interest; confidentiality and proprietary information; gifts; accepting business courtesies; corporate recordkeeping. Upon completion of training, all employee and Board members must complete a Conflict of Interest form (upon new hire and annually) stating any and all potential relationships that may present potential conflicts of interest.
- **Preventing discrimination and harassment** – Training is provided to avoid or minimize workplace discrimination and harassment. Course topics include: diversity, respect, anti-discrimination laws, harassment, sexual harassment, retaliation, reporting discrimination and harassment, and the company’s policies against discrimination and harassment. Managers learn about supervisory responsibilities, investigation of complaints, retaliation, compliance with state and federal laws, etc.
- **General compliance and FWA** – Training is provided to maintain employee awareness and compliance to our company FWA policy and procedures. Course provides information on the scope and definition of fraud, waste, and abuse, explains the obligation of everyone to detect, prevent, and correct FWA, how to FWA and information on laws pertaining to FWA.

- **HIPAA privacy and security of protected health information (PHI) and personally identifiable information (PII):** Training is provided as necessary and appropriate for our staff to carry out the functions of their jobs; and for covered entities and business associates in their implementation of security awareness and training program for all staff. Course topics include: what is HIPAA; HIPAA privacy rule; HIPAA security rule; HIPAA definitions; why HIPAA is important; disclosures of PHI; safeguarding ePHI; breach notifications; member rights; BA agreements; associate sanctions for HIPAA violations.
- **Deficit Reduction Act: false claims:** Training is conducted to provide our employees with understanding that the Deficit Reduction Act of 2005 (DRA) includes numerous provisions designed to reduce and control Medicaid costs, such as Employee Section 6032 “Employee Education About False Claims Recovery” aimed at curbing Medicaid fraud. Also, as required by the DRA, we provide detailed information regarding our policies and procedures for detecting and preventing FWA of government health care programs.
- **Cybersecurity:** Cybersecurity awareness training is conducted to reduce the risk that our systems can be breached by sophisticated phishing or social engineering methods to gain entry points into our information and data systems. The comprehensive course focuses on helping our associates understand the basic concepts of cyber security, give associates ways to take precautionary measures to keep our company safe while they are online, as well as how to protect the company from the schemes of third parties found on the internet.

Passport uses Cornerstone Learning Management System (LMS), an e-learning software system used to support administration of our mandatory compliance training program and maintain the requisite documentation about course completion. Every level of management is responsible for ensuring their employees complete all required compliance training by the due date. The Learning Center tracks employee training completion dates and alerts managers to any overdue required training. Employees and their managers receive regular reminders of their training obligations, as well as personalized e-mail reminders of outstanding compliance training requirements. Failure to complete required compliance training results in performance actions, up to and including termination of employment.

We provide additional specialized compliance training and refresher training when an individual is appointed to a new position, when the requirements of their job change, as a part of corrective action for non-compliance, or to address an issue of non-compliance. In addition, we use a variety of communication strategies, such as virtual/video training, mass email communication, and onsite information forums to distribute new regulatory guidance, communicate areas of concern or non-compliance, and incorporate compliance into our employees’ daily work routines.

3. Cultural Competency Training

At Passport, we understand our employees play an integral role in breaking down barriers to improving member health outcomes, including barriers that may be compounded by language, ethnicity, and other differences. As a result, we have developed a strong cultural competency training course curriculum for our

employees to promote understanding of the unique needs of our diverse membership. We empower and expect our staff to be culturally competent in all encounters.

Our Cultural Competency course teaches our employees ways to deliver culturally and linguistically competent care. The training course content includes:

- National Culturally and Linguistically Appropriate Services (CLAS) standards and the reasons for their development
- Need for and ways to develop self-awareness in culturally competent care
- Communication tools and tips to use when caring for members of different cultural backgrounds, and members with disabilities, or unique SDoH needs
- Translation services that are provided to members, as required by law
- Health care considerations for various cultures

In addition to the mandatory staff training described above, we also maintain strong business and clinical operations training programs that are unique to each function or job role.

Business Operations Training

Passport places the utmost importance on ensuring it maintain a high-performing team. After successful recruiting, the next critical step is ensuring the employees have the training necessary to do their jobs. There are new hire training paths for the business operations positions to ensure compliance with the Medicaid contract and to ensure we are providing consistent, professional service to our members, providers and the Department. A high-level overview of key department training is below. *(Note: Details on specific business operations training path curricula are discussed in each corresponding proposal section as requested, e.g., C.12 Enrollee Services).*

1. Member Services:

The training curriculum for member Service Representative (MSR) staff includes topics such as:

- Introduction to a Managed Care Organization (MCO)
- Medicaid Concepts and Contract Requirements
- Systems and Applications, including member tools
- Member eligibility
- Plan benefits, community resources and SDoH
- Member centric telephone skills

The employee's learning experience is enhanced by implementing a variety of training methods to ensure operations personnel successfully perform their job duties to fulfill all requirements and responsibilities of the Contract. These methods include:

- Traditional adult learning classroom style with trainer, exams that must be passed for employment to continue
- Creative techniques to make the information memorable and impactful

- Role playing
- Simulated telephone calls
- Games (trivia, bingo, etc.)
- Finally, to ease the transition from training to the production floor, the trainee is paired with a training partner to observe phone calls, workload and team interaction in order to reinforce training instruction and provide hands-on experience with members and providers. Follow up touchpoints are conducted at regularly scheduled intervals to ensure that the member services team members are retaining all information and continue to build on their foundational training.

2. Provider Services:

Staff are promoted into this role from the member services role. Once someone has been identified as having the skills to move to the next level and a position is available, they receive an additional two (2) weeks of provider focused training. This training includes information on such topics as:

- System training for claims
- Provider contracting steps
- Prior authorization requirements
- Provider portal
- Provider centric telephone skills with role playing

While these are not new hires, they are paired with an experienced Provider Services Representative to provide one-on-one support as they learn these new skills.

3. Claims Processing:

To ensure the highest financial and procedural claims quality, claims training starts with the basics and once those skills are mastered, claims processors are trained on more difficult claim types. The course curriculum includes such topics as:

- Introduction to Medicaid Managed Care in Kentucky, including SDoH
- Medicaid concepts and contract requirements
- Systems and applications
- Plan benefits
- Member eligibility, provider selection, authorization requirements, third party liability
- How to read and follow the desk top procedures (DTPs)

Claims processors are taught to process easier claims first (e.g., low dollar member eligibility queues), and once they show proficiency, they are then skill-pathed to learn other claim types, such as authorizations, coordination of benefits (COB), and high dollar claims. Initial training methods include both traditional adult learning and creative techniques with games, and simulated work. Each new processor is also assigned a

mentor to (i) facilitate the transition from training to the production floor, (ii) to observe workload and team interactions in order to reinforce training instruction, and (iii) provide someone to answer questions and ensure consistent processing. Claims processor training is baseline training and provides the core coursework for other promotional opportunities including recovery analyst, claims quality analyst, etc.

4. Provider Network Management:

Our Provider team new hire training takes place over the course of approximately 30 days and includes systems training, as well as job shadowing to gauge level of knowledge. Covered topics taught by the department trainer include but are not limited to:

- Claims processing and provider data
- KHIE and provider portal
- SDoH
- Provider and value-based contracting
- Requirements of a successful provider visit

New provider representatives are supported by their manager and are accompanied on provider visits for introduction and to ensure seamless transitions. Follow-up training takes place in monthly all-staff meetings which often features subject matter experts presenting on topics pertinent for sharing with our providers.

5. Management Training on SDoH:

Through a Poverty Simulation Training tool, our management staff will participate in a highly interactive program intended to increase awareness of the difficulties a Medicaid family may face. This impactful training involves role playing where the team is confronted with a series of challenges and barriers to care, including a shortage of money, sudden illness, no access to transportation, and homelessness.

6. Ongoing Training:

In addition to the traditional new hire training, employees are trained on updates; new programs; important operational enhancements; etc. in team meetings, informal stand up sessions on the production floor, and/or formal training sessions. The trainers also send monthly consistency quizzes to the teams to ensure all are following the same steps and to assist in gauging the training needs. For example, January's consistency review training for claims representatives focused on authorization processing. The quizzes are then scored, and any necessary changes are made to the desk top procedures. (DTPs). We also have internal subject matter experts and external guest speakers who provide training. A recent example of internal training was when our community engagement employees spoke to the member services team about their interactions out in the community. Recent guest speakers included Andrew Bledsoe, director of KHIE who provided training on the program and its benefits to our provider network management team; a local diversity expert from the University of Louisville who provided training on LGBTQ awareness for all staff, and smoking cessation trainers who certified our community engagement teams so that we can conduct this training in the future.

Clinical Operations Training – Care Management Team Staff

Passport also implements a comprehensive core curriculum for clinical operations employees to establish a baseline level of knowledge and training about the health care landscape, industry compliance, the health system and health plan, and the people we serve.

Our Clinical Implementation, IT and training teams work collaboratively to develop and conduct role-specific training for PHM program staff. We use a combination of training methods including instructor-led virtual and classroom, computer-based and e-learning, video, hands-on learning, and coaching and mentoring. The training course content is focused to ensure each PHM care team employee has the foundational information, knowledge and skills to be successful in his or her role. Care Team training course content includes:

- Population health and value-based care
- Use of IdentifiSM, our proprietary predictive modeling care management platform
- Roles and responsibilities of care team members
- Clinical program overviews, workflows, and program graduation requirements
- Documentation standards and performance expectations
- Member engagement skills, including motivational interviewing techniques and self-management support strategies
- Line of business (LOB)-specific overviews

When PHM care team staff have completed new hire training with the clinical implementation team, Passport’s clinical trainer becomes responsible for meeting their ongoing training needs. Content that is reinforced for new staff, as well as ongoing for existing staff, include the following:

- Clinical manager training, including performance management and quality audits
- SDoH
- Home visit safety
- Suicide response
- Conducting care conferences
- Care management policies and procedures
- BH
- Health literacy
- Integrated, whole-person care
- SUD
- Trauma informed care, adverse childhood experiences, and the effects of trauma on member health
- Diversity and inclusion

When we observe trends in our member population or challenges our care team staff are facing, our clinical trainer develops or adapts training content to address the identified need. These trainings may be about specific conditions (e.g., obesity), SDoH needs (e.g., transportation), evidence-based practices policy updates, etc. Our licensed care team staff are able to receive free continuing education credits for trainings focused on clinical topics.

As we have described herein, our process for training, educating and supervising staff leverages industry best practices in learning strategy, instructional design and training delivery to ensure that our training plan results in employees who are able to successfully perform in their role as well as continue to develop in their careers. In executing our training plan, we also ensure contract compliance, service excellence and a deep understanding of the populations we serve. The principles we use to develop our competency-based, role-specific training are evidenced-based and industry-recognized as the standard for training course development. Each phase of the development process aids our team in the development of sound instructional content that educates participants involved in the development process while also providing a framework for an evaluation of the training impact on our learners.

B.3.a.vii. Overview of Vendor’s approach to monitoring Subcontractors’ progress in recruiting and training of staff to meet all requirements of RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices.”

Passport’s subcontractor relationships to support the Contract are currently in place and well-established with an average of six (6) years of active partnership. Our subcontractors are fully staffed and trained for the performance of their duties. The staffing levels for our subcontractors are based on current Passport membership. To support Passport’s monitoring of our subcontractors’ staffing performance, we require the following:

- Subcontractors must provide Passport with staffing level reports on a monthly basis (overall and by position) for all employees supporting the program.
- If any acute staffing issues affect subcontractor service level agreement (SLA) performance, subcontractors are required to self-report those issues to Passport.
- Subcontractors are contractually held to maintaining appropriate staffing levels to support their SLAs and will incur fee penalties if SLAs are not met because of insufficient staffing or any other reason.

If additional recruiting is required in the future due to membership fluctuations or staff turnover, Passport implements the following approach to ensure appropriate subcontractor staffing levels are maintained:

- Conduct forecasting discussions with each subcontractor to discuss anticipated membership changes or staff vacancy metrics and collectively evaluate impact
- Require the following from subcontractors:
 - Modeling documents of estimations for additional resources required by role type to support contractual SLA performance levels
 - Hiring plans, including timing and candidate pipeline metrics
 - Biweekly meetings where recruiting and placement metrics are reviewed against plan

- Evidence to show all subcontracted staff have completed the required background check (including clearance through the Office of Inspector General), and verification that they have the right to work in the United States
- As needed, review resumes or interview subcontractor key personnel associated with our contracted services (Passport reserves this right)
- Perform delegation oversight visits to subcontractor facilities and require access to staff for questioning if desired

Passport maintains involvement and oversight in its subcontractors' training programs to ensure the curriculum is comprehensive in addressing obligations in fulfilling all requirements and performance expectations. Specifically, Passport requires:

- Access to all subcontractor training curriculum materials, policies and procedures, and staff handouts for review and comment prior to the start of the training program.
- Training material including references and citations regarding laws that apply to specific topics.
- Written confirmation that all staff involved in support of the program have successfully completed training requirements. Sign-in sheets, manual or electronic, are required to be delivered to Passport within 30 days of any contractually required training classes.
- All subcontractor agreements enforce compliance with all DMS requirements and a commitment to implementing and administering DMS required changes. For DMS changes, Passport requests the training curriculum and approach for review and comment prior to roll out.

We have established a Delegation Oversight Committee (DOC), that is responsible for monitoring subcontractor recruiting and training activities/progress, administering the above controls, and monitoring each subcontractor's overall performance against SLAs and other contractual requirements. The DOC is comprised of the Director of Compliance, the Delegation Oversight manager, the COO, and appropriate operational and clinical leaders. Recruiting, training, SLA performance and contractual oversight for all subcontractors are addressed in the following forums run by the DOC:

- **Quarterly compliance collaboration calls** hosted by Passport's compliance team with its subcontractors' compliance teams to discuss adherence to contract requirements and share best practices
- Monthly DOC meetings to review metrics and issues to make recommendations for corrective actions
- Monthly operations reviews of Passport performance SLAs to determine where subcontractor performance is supporting or affecting overall SLA achievement and member/provider experiences

B.3.a.viii. Retention approach for key personnel

Passport is passionate about creating and maintaining a culture that supports the engagement and retention of staff. In support of that goal, Passport conducts an annual employee survey measuring indicators of employee engagement and retention risk which are in the top quartile relative to national benchmarks. Our most recent survey conducted in April 2019 found that:

- 86% of respondents indicated that Passport encouraged them to develop their skills
- 95% of respondents felt that Passport cared about their health and wellbeing
- 86% of respondents were satisfied working for Passport
- 97% of respondents reported they were willing to give extra effort to help Passport succeed

Passport has a history of having extremely low turnover with an average employee tenure of seven (7) years. Our strong retention of all employees is driven by a comprehensive benefits package that helps employees and their families maintain their health, support work/life balance and provide security for their future. We believe that employees work hard to help Passport achieve our goals and live our values, and in return, we should provide them with comprehensive benefits. Taking care of our employees' health and wellbeing is core to our values.

The following highlight some of our cultural practices and formal benefits offerings:

- Competitive total rewards including base compensation and performance-based incentives for senior-level roles
- Comprehensive health benefits
- 401(k) match
- Unlimited time off for salaried (including Key Personnel) employees; hourly employees receive 15 days of paid time off and can accrue up to 25 days of PTO, based on tenure
- 4 additional paid days off each year for volunteer work (individual or team-based)
- Ability to telework based on role requirements
- Flexible work hours
- Incentives for wellness activities, such as: weight loss programs, race fees, sports team participation, fitness classes (yoga, barre, cycling, etc.), personal trainer, smoking cessation
- Casual dress is welcomed
- Quarterly all-employee townhall events and departmental social events
- Holiday volunteer activities and drives for those in need

Passport also has a specific focus on the retention and development of our ELT and key personnel (listed in our response to 3. a.iv). To ensure market competitive pay, Passport reviews salary survey data on an annual basis and adjusts where appropriate. Additionally, executive team members and key personnel have annual performance-based bonuses and deferred compensation to encourage retention and pay-for-performance. Beyond competitive pay and benefits, Passport conducts a leadership talent review facilitated by HR with Passport's CEO, reviewing the executive leadership team's individual performance, potential, and retention risk as well as identifying any potential successors (as discussed in our response 3. a.v.) as it relates to key personnel recruitment and contingency planning. Additional goals for conducting leadership talent reviews include:

- Assessing leadership bench strength for Passport's ELT including all key personnel roles
- Developing targeted individual development plans that drive key personnel retention levers

- Identifying our succession gaps and developing action plans to respond to key personnel transitions

Passport also provides executive coaching opportunities to its executives and key management staff. Course enrollees are selected by executive leadership on an annual basis and receive both classroom instruction one-on-one time with the instructor once per month. This training is designed to help participants prepare and execute effectively in their executive roles as their responsibilities grow.

B.3.b. Provide a detailed description of the Vendor’s organizational structure for this Contract, including an organizational chart.

B.3.b.i. Management structure, lines of responsibility, and authority for all operational areas of this Contract.

Board of Directors

In 2019, Passport and its 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 strategic affiliate, assessing multiple national and regional potential partners. Ultimately the Board and Provider owners chose Evolent Health to become a partial owner of Passport and in doing so to provide expanded management and operational support. This decision was based on their national reputation as a leader in population health and its aligned mission focused on provider-driven and community-based care as the most effective strategy for engaging vulnerable populations. 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 University of Louisville, Norton Healthcare and other Kentucky-based provider organizations, thus keeping Passport closely tied to its provider-owned, Kentucky roots. The University of Louisville is the largest percentage owner and along with the other provider owners has an equal say on key issues related to health plan strategy, operations and financial management.

The new entity, Passport Health Plan, Inc., (“Passport” from here forward) continues to operate as its own independent and legal entity, headquartered in Louisville, Kentucky, with an ELT that is focused on Kentucky Medicaid and continues to provide oversight of all subcontractors, including Evolent. The Board governance structure, designed to maintain Passport’s local perspective and provider-guidance, is at the helm of all critical decision-making regarding operation of the plan. Passport’s local provider owners hold three Board seats. They include Jennifer Davis, University of Louisville Physicians, Associate Vice President for Health Affairs and Strategic Initiatives; Ken Marshall, University of Louisville Health, COO; and Kimberly A. Boland, MD, University of Louisville Professor and Chair of Pediatrics.

Executive Leadership Team

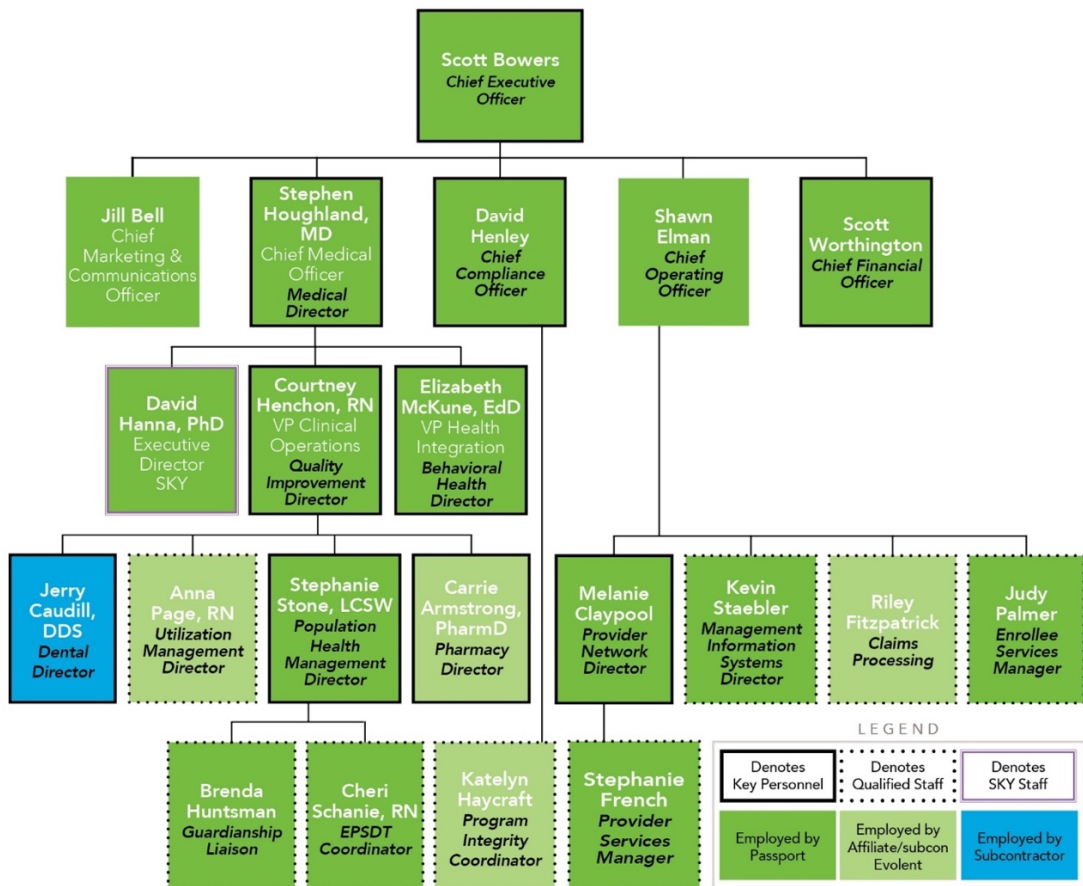
At the next level, the CEO has clear authority over the administration of the contract having oversight of the ELT, consisting of the COO, CMO, VP of Health Integration, VP of Clinical Operations, Chief Financial

Officer (CFO), Chief Compliance Officer (CCO), and Chief Marketing and Communications Officer (CMCO) and key personnel under the contract to ensure appropriate, compliant performance of Passport’s responsibilities to members, providers, and DMS. The CEO chairs weekly team meetings to review health plan performance, compliance with contractual requirements, and operational performance and metrics, subcontractor performance and staffing issues; and organizational and cultural topics. These team meeting agendas routinely include various functional subject matter experts to address current business issues. The practice of conducting a weekly forum to review and discuss operational issues with members of the ELT who represent all of the functional disciplines in the health plan facilitates a clear holistic understanding of current relevant business issues and promotes broad communication across the disciplines that supports the contract.

In addition to the ELT, Passport has identified the appropriate qualified staff specified in Section 9.2 of the Contract to support Passport’s performance under the contract. An organizational chart identifying the member of the ELT, contract key personnel and qualified staff pursuant to Section 9.2 of the contract is below.

Please see **Exhibit B.3-9** Organizational Chart for Passport

Exhibit B.3-9: Organizational Chart for Passport Health Plan



Passport's organizational structure ensures that Passport retains full control over all aspects of performance under this contract and that Passport employees are performing the oversight of subcontractors. This staffing model makes sure that Passport's regular internal monitoring of operations identifies and addresses issues before they escalate to be out of compliance with the contract. The staffing model further provides clear accountability over each operational area by Passport's leadership team, reporting to the CEO, and beyond to our Board.

In the following sections, we further outline lines of responsibility, and authority for all operational areas of this contract for our leadership team.

Chief Executive Officer

The Passport CEO reports directly to Passport's Board and is responsible for the overall performance of the plan. The CEO oversees the ELT outlined below, as well as the HR department.

Chief Operating Officer

The Passport COO reports directly to the CEO of Passport. The COO has oversight and ultimate accountability for the day-to-day operations of the plan. The COO ensures ongoing managed services provided by the operations teams are optimized and aligned to deliver on strategic goals and objectives. This includes network management; (provider network, contracting, adequacy and provider satisfaction), Member and Provider services; (enrollment/provider files, satisfaction of both members and providers, sets the provider engagement strategy); member and provider call center, (ensuring that compliance and regulatory requirements are met); and the Claims and Benefit Management team, ensuring the providers are loaded correctly, systems are configured and end-to-end testing is completed for allow for timely claims processing. The COO is an integral part in the QMMC ensuring operations outcomes are being reviewed, goals and objectives are being reviewed.

Chief Medical Officer

The Passport CMO reports directly into the CEO of Passport. The CMO has direct oversight and is ultimately accountable for the integration and delivery of Population Health Clinical Strategy including quality for the Plan. The CMO chairs the QMMC and is a member of the primacy care provider PCP Workgroup. In addition, the CMO or his delegate is a member of each QMMC subcommittees. This position is a key role for both internal partners and external stakeholders. This physician business executive exhibits exemplary leadership qualities and clinical expertise in the execution of our clinical model of care, understands the underlying business model and provides input into administrative policy development and decision-making processes. He also is a collaborative member of a team of nurses, social workers, physicians, pharmacists, health economists, and program coordinators, and implements population health strategies that will have a profound impact on the lives of people living with multiple chronic illnesses.

Chief Compliance Officer

The CCO for Passport establishes and implements an effective Compliance Program to prevent illegal, unethical or improper conduct. The position reports to both the CEO and the Board, ensuring management and employees comply with applicable rules and regulations of regulatory agencies, that company policies and procedures are being followed, and that behavior in the organization meets the company's Compliance Program. This position has oversight and accountability to ensure that grievances and appeals are compliant with state and regulatory regulations. The CCO is authorized to implement all necessary actions to ensure achievement of the objectives of an effective compliance program. The CCO performs an active role in the QMMC to ensure all departments compliance metrics, SLAs, TATs and regulatory reporting are reviewed and approved by the committee.

VP of Health Integration

VP of Health Integration is responsible and accountable for creating opportunities for whole-person care for our members by partnering with providers to address gaps in care, building collaborative models for health and wellbeing, and measuring the impact of integrated health efforts on long-term outcomes. The VP of Health Integration is a member of the QMMC and the PCP Workgroup. The VP of Health Integration maps all components of the member journey to ensure alignment with the member experience strategic vision and goals of Passport. The VP of Health Integration builds strong relationships of trust and collaboration across internal partners and external stakeholders for a seamless, coordinated member experience.

The VP of Health Integration and VP of Clinical Operations work closely to promote an interdisciplinary collaborative model of care to drive optimal and member-centric clinical outcomes. The goal of this integration effort is to create and sustain an organizational culture and standard of care that reflects a member experience-centered mission. The VP of Health Integration reports to the CMO of Passport.

VP of Clinical Operations / Quality Improvement Director

The VP of Clinical Operations is responsible and accountable for overall management of the activities relating to the strategy, tactics, policies and programs that drive QI, utilization, clinical operations, and pharmacy for Passport. The VP of Clinical Operations oversees the development of appropriate Quality, UM, CM and Pharmacy programs, policies and activities including design, and implementation of the overarching Integrated Care Management Programs. The VP of Clinical Operations is a member of the QMMC and its subcommittees and the PCP Workgroup. This role functions as the QI Director responsible for the management and oversight of the Quality Improvement team, policies, procedures and related activities; ensuring rigorous, consistent, and disciplined design and execution. The VP of Clinical Operations provides overall direction of activities related to the Quality Improvement Program, management of the Quality Improvement Committee. In addition, the QI director ensures medical record reviews and DMS audits are timely and accurate, addresses potential quality of care concerns, and ensures readiness of the health plan's NCQA accreditation and monitoring the timeliness and accuracy of QI data and reporting to meet requirements of applicable regulatory agencies. This executive is also the primary liaison of Quality to DMS and ensures that all contract requirements are met. Additionally, the VP of Clinical Operations is responsible

for the operational effectiveness of our vendors and subcontractors (e.g., dental, vision and fulfillment) and ensures that all contract requirements are met, SLAs are consistently met or exceeded and that the care the vendors are delivering are of the highest quality to our members. This position ensures that our workflows and cross communication between teams is executed. The VP of Clinical Operations reports to the CMO of Passport Health Plan.

Senior Director of Information Technology

The senior director of IT is responsible for articulating and establishing the vision and strategy for integrated data and technology that enables Passport to achieve its business strategies and goals. This position is also responsible for providing leadership in the development, implementation and governance of the information systems, analytics and technology infrastructure including day-to-day operations.

Senior Director, Utilization Management

The senior director of UM is responsible for the management and oversight of the UM team, policies, procedures and related activities; ensuring rigorous, consistent, and disciplined design and execution. The senior director of UM provides overall direction of activities related to medical review; development of on-site processes where indicated, and telephonic review process of all necessary UM components, monitoring the timeliness and accuracy of UM data and reporting to meet requirements of applicable regulatory agencies. The senior director is an active participant of the QMMC and the QMAC. The senior director of UM is the primary liaison to our vendors and subcontractors (e.g., dental, vision and fulfillment) and ensures that all contract requirements are met, and members are receiving timely and appropriate care. This position ensures that our workflows and communication between teams result in seamless coordinated care for our members. The senior director works closely with the VP of Health Integration to provide a seamless delivery of covered services across vendors and subcontractors to ensure a positive member experience. The senior director of UM reports to the VP of Clinical Operations.

Senior Director, Clinical Operations

The senior director of Clinical Operations reports to the VP of Clinical Operations and is responsible for the management and oversight of the Clinical Operations team, policies, procedures and related activities, including evaluating of program data to ensure rigorous, consistent, and disciplined design and execution of the Care Management Program. The senior director of Clinical Operations provides overall direction of activities related to care management program execution, member enrollment and engagement, community partnerships, and development of resources for members. The senior director of Clinical Operations participates on the QMMC and QMAC. The Senior Director works closely with the VP of Health Integration to ensure gaps in network or community resources are identified to help members to move seamlessly through the continuum of care.

Pharmacy Director

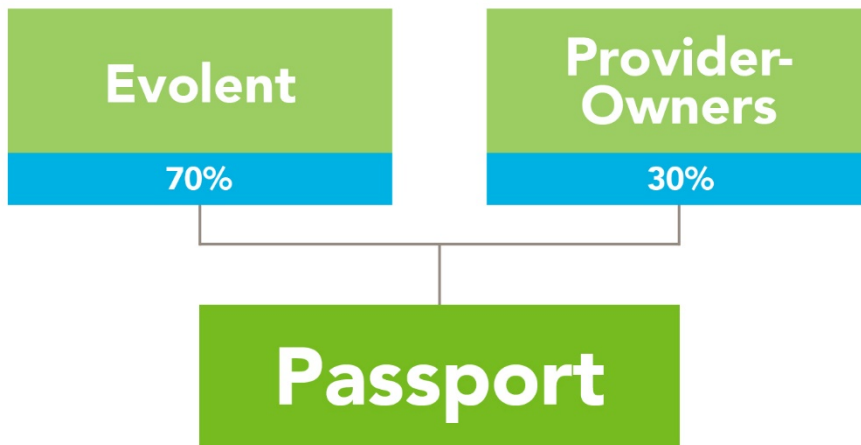
The Pharmacy director is responsible and accountable for the development, coordination and direction of the Pharmacy Program in accordance with the strategic plans and mission. The director of Pharmacy responsibilities include, providing administrative and clinical leadership, participating in ongoing development of policies and procedures for UM, and recruiting, training and evaluating leadership staff, establishing quality and performance standards, monitoring UM program performance and presenting findings to executive leadership on an ongoing basis, and developing budget, staffing plans, and ensuring adequate allocation of resources. The director of Pharmacy participates on the QMMC and the P&T Advisory Committee. The director, Pharmacy reports to the VP of Clinical Operations.

B.3.b.ii. How the RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices” fits into the overall organizational structure of the Parent Company.

By way of background, in the spring of 2019, Passport’s Board and provider owners 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. Because of 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-driven legacy into the future. On December 30, 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 (5) provider owners, thus keeping Passport closely tied to its provider-owned, Kentucky roots. While the ownership of Passport has technically changed with the transaction, all of the Passport Medicaid assets, employees, executive leaders, providers agreements, vendors, policies and procedures, clinical and community outreach programs, and innovations remain the same ensuring that the twenty-two (22) years of Kentucky Medicaid experience continue to be engrained in Passport’s operational fabric.

Passport 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 ELT 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 deploys 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 make it a natural partner for a provider-oriented health plan such as Passport. This partnership helps members to engage in their health and receive high-quality care that is cost-effective, evidence-based, and highly integrated. An organization chart illustrating how Passport fits into Evolent’s overall organizational structure is provided in **Exhibit B.3-10**.

Exhibit B.3-10 How Passport Fits within Evolent’s Overall Organizational Structure



As the parent company to Passport, Evolent understands the important role it plays in assuring financial and operational stability, while allowing Passport and its provider-driven model, to function autonomously. Evolent acts to ensure its own compliance with applicable provisions of the DMS contract, both as a parent company and as a subcontractor to Passport. The relationship between Passport and Evolent is strategic in nature, with the subcontractor services and operations Evolent provides being central to fulfilling Passport’s vision of an integrated clinical and administrative platform for better health outcomes and managed costs. Passport’s oversight of Evolent, including confirmation of Evolent’s compliance with the DMS contract as applicable, will be no different than Passport’s oversight of any of its other subcontractors. Passport retains full responsibility for oversight and monitoring of all activities delegated to Evolent, and ultimately, for compliance with DMS and CMS regulations and requirements. Passport will monitor Evolent’s performance under its services agreement (as well as its impact on Passport’s financial performance, level of services provided and quality of care rendered) through reasonable periodic on-site and remote audits, requests for information, and reporting mechanisms in a manner consistent with applicable law. Passport will document Evolent’s compliance with Passport operational and regulatory standards as well as Commonwealth, and federal standards.

B.3.b.iii. Where subcontractors will be incorporated.

Passport uses a carefully selected and tightly managed set of subcontractors in its delivery of service to members and providers and fulfillment of contractual requirements. We incorporate and integrated subcontractors into our operational model where they provide deep expertise and support improved access, quality, health outcomes and financial results. These relationships provide specialized expertise and support efficient service delivery. Additionally, Passport only selects subcontractors who demonstrate alignment

with our mission of improving the health and quality of life for our members. Passport is fully accountable for the end-to-end delivery of our obligations to DMS, members, providers and the community. This accountability informs our carefully vetted selection and due diligence of subcontractors as well as ongoing performance monitoring and oversight.

Following is **Exhibit B.3-11** which includes an overview of subcontractor relationships anticipated in fulfillment of the contract obligations:

Exhibit B.3-11 Overview of Subcontractor Relationships Anticipated in Fulfillment of the Contract Obligations

Proposed Subcontractor	Service Category	Status of Contract
Avesis Third Party Administrators, Inc. 10324 S. Dolfield Rd Owings Mills, MD 21117	<ul style="list-style-type: none"> Dental Vision 	Current contract with Passport supporting Kentucky Medicaid for dental and vision services; contracted since 2012
<p>Where We Incorporate the Subcontractor in Our Service Model: Passport partners with Avesis Third Party Administrators for its dental and vision services and network. Avesis performs network contracting and maintenance, UM, and claims processing and payment, and participates in program integrity activities. Avesis has provided essential vision and dental programs for millions of members for over 35 years.</p> <p>Related Experience: Avesis has proven expertise in designing and administering innovative vision, dental, and hearing care programs; in-depth knowledge of the ever-changing landscape of government sponsored programs; and regulatory insight into the unique challenges facing the Medicaid, Children’s Health Insurance Program (CHIP), and Medicare Advantage populations. Avesis was recently acquired by Guardian Insurance. Guardian has been in the insurance industry for 150 years, providing financial and structural stability to the Avesis organization. Avesis presents Passport’s membership with integrated solutions such as:</p> <ul style="list-style-type: none"> HbA1C diabetic testing of dental patients in the office, expanding access to preventative services for members at risk of or diagnosed with diabetes. IV sedation, providing anesthesiologist teams to dental offices so more advanced surgeries and procedures can be performed without going to a hospital, allowing members to receive their care in a familiar setting with reduced wait times and lower costs. Opioid prevention, reducing the opioid prescribing routines of providers by monitoring prescribing patterns, providing education and communication to ensure providers stay within recommended prescribing guidelines, and offering-peer-to-peer instruction on appropriate prescribing Diabetic screening of members in optometry and ophthalmology practices 		
Infomedia Group, Inc. d/b/a Carenet Healthcare Services 11845 Interstate 10W San Antonio, TX 78230	24-hour Nurse Line	Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2012
<p>Where We Incorporate the Subcontractor in Our Service Model: Passport partners with Carenet Healthcare Services (Caretet) to provide the 24-hour Nurse Line services to allow members direct access to medical professionals. This service gives members access to our multilingual educational library. Powered by technology, best-in-class partners and high-quality talent, Carenet’s virtual care solutions provide members with 24/7 access to exactly the level of care they need, when they need it, providing immediate symptom</p>		

Proposed Subcontractor	Service Category	Status of Contract
<p>assessment, referral services, and member education services —helping members avoid the emergency department, urgent or even primary care visits when possible.</p>		
<p>Related Experience: More than 100 of the nation’s premier health plans, health care organizations and Fortune 500 companies use Carenet Health (Carenet) as an extension of their organizations, connecting with consumers and members on their behalf. Carenet supports over 50 million health care consumers across the country. Nurse lines serve an essential function for a Medicaid MCO, providing access and extended - member centric service to members, both within and outside of normal Passport member service operating hours. Carenet, in combination with its national partner, averages 70,000 member interactions per day, with its “Intelligent Engagement” model, using technology solutions to drive continuous improvement in the health of members.</p>		
<p>Beacon Health Strategies, LLC 200 State Street Boston, MA 02109</p>	<p>Behavioral health</p>	<p>Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2012</p>
<p>Where We Incorporate the Subcontractor in Our Service Model: Beacon is responsible for claims processing and adjudication, 24-hour telephone access and triage services, clinical review, utilization and case management, pharmacy medical management, quality, complaints, grievances and appeals and reporting. Under a recently revised agreement, we have fundamentally transformed our relationship, increasing Beacon’s level of accountability and creating incentives to out-perform in the areas of access and care standards. Under our new capitated, value-based payment arrangement:</p> <ul style="list-style-type: none"> • Passport and Beacon will build and deliver an integrated whole-person care model • Passport will maintain control of the provider network • Passport will have authority over utilization management changes • Passport will hold Beacon accountable for successful delivery of administrative services through a rigorous oversight structure that includes more stringent SLAs with higher penalties tied to termination • Passport will increase the accountability of our integrated whole-person model by reporting progress on this structure with more stringent SLAs to the BHAC which will report up through the governance structure to the highest level of our Board • Passport will increase the accountability of Beacon’s operational performance by reporting on the more stringent SLAs to the DOC which also has a pathway ending with the Board <p>Related Experience: For more than 30 years, Beacon has been a leader in behavioral health management, serving 40 million people across 50 states. With over 70 locations across the U.S., Beacon has:</p> <ul style="list-style-type: none"> • 4,700 employees nationally, serving more than 40 million people • 180 employer clients, including 43 Fortune 500 companies • Partnerships with 65 health plans serving commercial, FEP, Medicaid, Medicare, and Exchange populations • Programs serving Medicaid recipients and other public sector populations in 25 states and the District of Columbia • Services for 5.4 million military personnel and families • Leader serving dual-eligible beneficiaries in six (6) states • Accreditation by both URAC and NCQA 		

Proposed Subcontractor	Service Category	Status of Contract
<p>Conduent Payment Integrity 510 West Parkland Dr. Sandy, UT 84070</p>	<p>Subrogation</p>	<p>Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2013</p>
<p>Where We Incorporate the Subcontractor in Our Service Model: Passport contracts with Conduent as a delegate to handle Passport’s subrogation needs. Conduent provides general subrogation, mass tort claim identification services and recovery, carrier billing and reclamation. Part of being a good steward of Medicaid dollars is having a robust subrogation program in place to support Medicaid’s role as the payer of last resort.</p> <p>Related Experience: Over the last three (3) years, Conduent has recovered over a half billion dollars on behalf of its subrogation clients. Conduent’s differentiated offerings touch millions of lives every day, including two-thirds of all insured members in the U.S. and nearly nine million people who travel through toll systems daily. Whether it’s digital payments, claims processing, benefit administration, automated tolling, customer care or distributed learning – Conduent serves a majority of the Fortune 100 companies and more than 500 government entities. Conduent is the world’s largest provider of diversified business process services for businesses and governments, specializing in health care and regulatory compliance. Conduent clients include:</p> <ul style="list-style-type: none"> • Blue Cross / Blue Shield Plans • HMOs • TPAs • Traditional insurance carriers • Governments • Taft-Hartley benefit funds • Self-insured corporations 		
<p>CVS/Caremark Pharmacy 8300 Norman Center Dr., Suite 800 Bloomington, MN 55437</p>	<p>PBM</p>	<p>Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2016</p>
<p>Where We Incorporate the Subcontractor in Our Service Model: CVS/Caremark is our pharmacy benefit manager to include UM and member connection activities. Passport and CVS/Caremark recently took steps to improve the member, provider, and DMS experience. The primary goal of Passport’s Pharmacy Program is to ensure its members have access to timely, necessary and appropriate pharmaceutical services. The Passport Pharmacy Program focuses on the safety of its members while managing an effective and efficient pharmacy benefit design based upon evidence-based medications, regulatory requirements and contract provisions. We amended our contract to create a transparent PBM, removing some of the confusion around the economics of pharmacy services. Passport continues to work collaboratively with DMS and CVS/Caremark on pharmacy-related initiatives such as our Pharmacy Lock-In Program. The Pharmacy Lock-In Program is designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time.</p> <p>Related Experience: As the largest PBM in the nation, CVS/Caremark serves 21 million members in 30 managed Medicaid markets and is one of the largest national PBMs for Medicaid members. They operate four mail-order pharmacies and offer broad capabilities that include formulary management and clinical</p>		

Proposed Subcontractor	Service Category	Status of Contract
<p>services. On behalf of Passport, CVS/Caremark contracts and manages our network of more than 1,200 pharmacies in Kentucky, and is responsible for credentialing and management, processing pharmacy claims at the point-of-sale, providing administrative and encounter reporting and managing rebate agreements, and producing and distributing our pharmacy explanation of benefits (EOBs).</p>		
<p>Evolent Health LLC 800 N. Glebe Rd., Suite 500 Arlington, VA 22203</p>	<p>Management and operational services, including specialty UM and medical and BH claims administration</p>	<p>Current Passport subcontractor supporting Kentucky Medicaid; contracted since 2015</p>
<p>Where We Incorporate the Subcontractor in Our Service Model: Passport partners with Evolent to provide QI, case management, disease management, continuity and coordination, utilization management, credentialing and re-credentialing, complaints and appeals, member connections, finance, health integration, HR, IT, provider network management, claim processing, adjudication and payment and member services.</p> <p>Related Experience: Evolent partners with leading health care organizations to achieve superior clinical and financial results in value-based care and under full-risk arrangements. With a provider heritage and over 20 years of health plan administration experience, Evolent partners with over 35 health care organizations nationwide to actively manage care serving over 3.5 million lives across Medicare, Medicaid, commercial and self-funded adult and pediatric populations. Evolent’s services also include oncology and cardiology specialty care management. A proprietary platform brings together clinical capabilities, pharmacy management and physician engagement to assist and better manage the large and complex specialties of cancer and cardiac care for members 18 years and older, resulting in better outcomes and more cost-effective care. Quality management guidance for the full scope of diagnostic and clinical interventions, preauthorization management, and preferred pathway recommendations are central areas of expertise.</p>		

B.3.b.iv. A summary of how each Subcontractor will be integrated into the Offeror’s proposal performance of their obligations under RFP Attachment C “Draft Medicaid Managed Care Contract and Appendices,” to ensure a streamlined experience for the Members, providers and the Department.

Streamlined Experience

Each subcontractor’s operations and performance serve as a critical link in the provider and member experience. Operational processes supported by an integrated care management platform provide a streamlined, coordinated approach to serving members and providers under the Passport brand, even when supporting subcontractors are involved. Examples include:

- Passport’s Member and Provider Services team act as the primary and central intake and support unit, directly addressing member and provider needs. Passport’s Member Service offers a seamless experience for members related to subcontractor services, because Passport’s the team is able to directly address member needs related to benefits, claims, eligibility, and finding providers. Members and providers are always directed to the Passport call center for assistance.

- Member Services representatives are trained for first call resolution as a goal. A Special Support team can address escalated issues and will facilitate coordination and resolution with subcontractors, but the member always interacts with a Passport representative.
- Passport Provider Network Management representatives have counterparts at each subcontractor to serve as their resource. Passport representatives can facilitate resolution among subcontractors and Passport staff always respond directly to provider inquiries.
- If in the event a member eligibility discrepancy arises, protocols are in place across all subcontractors so that access to care issues for services or medications are avoided, such as leveraging Kentucky HealthNet to verify eligibility status and conducting a manual member addition.
- Provider appeals for claims are managed by the Passport Appeals team, which manages all subcontractor components and provides a centralized response. If an appeal denial letter is distributed, it is cobranded to include Passport's logo.
- Subcontractors attend provider forums such as the Kentucky Hospital Association meeting, BH events such as Annual Pediatric and Behavioral and Mental Health Symposium, DMS forums; and Passports Annual Workshops to directly hear issues and feedback from providers and members, closing the feedback loop and identifying opportunities to further strengthen service.
- Passport serves as the central intake and responder for all DMS ad hoc and information inquiries, facilitating as needed with subcontractors for centralized response. Passport's Compliance Program serves as the liaison between the operational areas of the Plan and the Department so that we can coordinate inquiries from all sides thus providing a central point of contact for the Department.
- Passport manages implementation of all DMS new requirements and changes, deeply and tightly coordinating with all subcontractors for aligned and timely implementation.
- Subcontractor SLAs emphasize metrics that drive member engagement and satisfaction such as member call center standards related to speed to answer and hold times as well as direct surveying of members on overall satisfaction.

Passport's extensive experience with subcontractors provides valuable lessons and informs seasoned management and structural approaches. We have designed an infrastructure that will allow reduced redundancy, clear paths of accountability and integration, and improved collaboration and coordination. Concerted collaboration with subcontractors is especially important when working to apply significant programmatic changes. For example, we have worked closely with subcontractors on changes including copay applications, SUD coordination of care, and eligibility data. The planning and execution of these changes account for the following, which limit risk for disruption and support a seamless experience:

- Perform collective review of DMS requirements;
- Perform determinations of system readiness or gaps;
- Define end-to-end adjustments and impacts to engage all impacted operational areas;
- Coordinate timing and critical milestones from both the program readiness perspective and internal build perspectives;
- Define data expectations and needs;
- Establish clear roles and responsibilities for joint efforts;
- Create a project plan and assign project leaders;

- Track through execution;
- Deploy testing as readiness is approached and after go-live to ensure stabilization and testing.

Performance Obligation Management

We work with our subcontractors to ensure the best possible stewardship of the Commonwealth’s funds and maximization of resources for the benefit of our members. We ensure DMS approval of all proposed subcontractors, and we hold ourselves and our subcontractors accountable for every dollar spent and every action taken.

Performance expectations and associated SLAs are embedded in contracts at the start of all relationships. A selection of sample SLAs in place with subcontractors is provided in **Exhibit B.3-12** below.

Exhibit B.3-12: Examples of Representative SLAs

Service Level	Metric
Authorization for urgent services	<ul style="list-style-type: none"> • 98% of urgent/expedited requests will be completed within 1 business day of receipt
Authorization for non-urgent services	<ul style="list-style-type: none"> • 98% of non-urgent/Standard requests will be completed within 2 business days of receipt, with up to 14 business days to collect additional clinical information needed to make decisions if necessary
Eligibility data posting	<ul style="list-style-type: none"> • Initiate the load of the daily and monthly eligibility files within eight (8) hours upon receipt from Passport
Member eligibility issues	<ul style="list-style-type: none"> • Notify Passport of member eligibility File discrepancies within one (1) business day of discovery
TPL updates (urgent)	<ul style="list-style-type: none"> • Update a member’s TPL record within one (1) business day of an urgent request
TPL updates (non-urgent)	<ul style="list-style-type: none"> • Update a member’s TPL record within three (3) business days of a non-urgent request
Claims adjudication	<ul style="list-style-type: none"> • 100% of all claims will be adjudicated within 90 days of receipt
Encounter file submission	<ul style="list-style-type: none"> • Submit all encounters processed within 30 days of the date of full adjudication defined as the paid date
Encounter file pass rate	<ul style="list-style-type: none"> • 95% pass rate on first pass submission
Provider data maintenance data entry and maintenance	<ul style="list-style-type: none"> • 98% of terms will be completed within three (3) business days of requests • 99% of new adds completed in seven (7) business days of request • 98% new changes completed in ten (10) business of request • 100% urgent request completed in two (2) business days

Service Level	Metric
Average speed of answer	<ul style="list-style-type: none"> 30 seconds
First call resolution	<ul style="list-style-type: none"> 90%
Percent of call abandoned (specialty services)	<ul style="list-style-type: none"> 3% of incoming calls
Claim adjudication	<ul style="list-style-type: none"> Claims adjudication accuracy rate of 99%

All Passport subcontractor agreements require compliance with all DMS requirements and a commitment to implementing and administering DMS required changes. Subcontractors are required to provide data and reporting to Passport’s compliance and operational teams. Passport regularly reviews this reporting for completeness, accuracy and compliance with DMS requirements.

Oversight Responsibility

To meet our DMS commitments regarding subcontractor involvement in service delivery, we implement a straight line of accountability to our DOC, described in further detail in Section C.01 Subcontracts. As described previously, the DOC is comprised of the director of Compliance, the Delegation Oversight manager, the COO, and appropriate operational or clinical leaders. The DOC reports through our Compliance organization and is central to performing subcontractor oversight. The DOC reviews all contractual metrics for each subcontractor including SLAs, performance reports, and QI/UM reports (if applicable). It also reviews the NCQA-required annual delegation audit to ensure compliance with all federal, state, Department, and contract requirements as well as any pre-delegation assessments prior to effective date of new delegation contracts.

Methods of Oversight

Passport uses several methods to monitor performance and collaborate with our subcontractors. We regularly and proactively communicate with our subcontractors in the following forums:

- **Weekly, monthly and quarterly meetings** with dedicated subcontractor business owners and operational leads to review service-level objectives and overall performance satisfaction. Meeting frequency can vary based on subcontractor and type of service.
- **Weekly operational meetings** to track important projects, issues with service impact and any outstanding Performance Improvement Plans. We determine next steps and key milestones and work through obstacles. In these forums, subcontractors are required to self-report any potential issues. This forum is also used to discuss and establish execution plans for any DMS program changes and required coordination.
- **Quarterly compliance collaboration calls** hosted by Passport’s compliance team with its subcontractors’ compliance teams to discuss adherence to contracts and share best practices.
- **Monthly DOC meetings** to review metrics and issues, and to make recommendations for corrective actions.

- **Monthly operations review** for overall Passport performance SLAs to determine where subcontractor performance is supporting or affecting overall SLA achievement and member/provider experience.

Addressing Performance Issues

Should SLA performance issues occur, Passport promptly initiates action. For example, if a subcontractor issue affects a member's quality of care, Passport immediately levies a CAP, and Compliance actively monitors the CAP remediation. Depending on the level of severity, we will require the subcontractor to submit to a Performance Improvement Plan, address a Letter of Concern (LOC), or comply with a CAP. LOCs or CAPs are used to communicate best practices, deficiencies, significant deficiencies or material weaknesses. Issues can be identified through any oversight group, including Passport's DOC, subcontract operations manager, executive sponsors, business owners or other leadership or regularly scheduled metric and SLA performance reviews. Passport's Delegation Oversight representative works with subcontractors to ensure adoption of best practices and to remediate all identified deficiencies, as applicable.

Subcontractor contracts also include penalties for nonperformance, including timely response to DMS inquiries. Subcontractors are responsible for penalties that may be assessed by the Department that fall in their sole, direct responsibility, furthering alignment with Passport and DMS goals.

B.3.b.v. Number of proposed FTEs dedicated to RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices," by position type and operational area and how the Vendor determined the appropriateness of these ratios.

Passport currently maintains approximately 600 staff supporting Passport to ensuring all service and contract functions are performed in compliance with DMS requirements and so that it can provide excellent service to our members and participating providers.

Passport routinely analyzes the demographics of its membership, including geographic distribution and evolving health needs. In a similar way, Passport also analyzes the staffing coverage needed to support its entire provider network. Through this analysis, Passport identifies any staffing changes necessary to better serve members and providers and to support community partners. Having been in the business for 22 years, Passport has consistently adjusted its staffing ratios to levels that have continually allowed to meet and serve the needs of its members and providers. Our highly qualified Human Resources staff continuously works closely with our operational leaders to determine appropriate staffing levels, and the recruiting team is armed and ready to accommodate our identified staffing needs, as proven repeatedly throughout our history.

Passport has also deployed cutting-edge analytics and predictive modeling to vastly improve the effectiveness of our outreach activities. As an example, by using machine learning to focus on impactable patients with complex needs and the ideal engagement strategy we have radically enhanced our engagement and program graduation rates as well as the health outcomes associate with these programs.

Passport believes that its staffing plan will ensure its continued success in managing the lives of its Kentucky members. Passport has a strong core of current staff who have contributed to our 20-year partnership with DMS. Passport will build upon the experience of both current and new staff as well as existing administrative policies and procedures to ensure all requirements are met.

Passport has the appropriate number and type of staff to meet operational metrics (e.g., telephone response times, claims payment times), and to support its commitment to high member and provider satisfaction. Passport carefully examines internal data sources as well as industry benchmark data to determine appropriate ratios and level of investment across departments. **Exhibit B.3-13** shows Passport’s staffing ratios based on both anticipated membership level and provider sites. As we work to find more efficient ways to administratively support the operating model, we plan to work with DMS on further streamlining operations and will ensure staffing ratios are adjusted. We calculated these ratios using the current number of incumbent staff in each listed position, and for our denominators we used an anticipated member count of 309,000 and 21,443 provider sites.

Exhibit B.3-13: Staffing Ratios for Key Member and Provider Positions

Description	Ratio	Basis
Total number of Passport Health Plan employees for each Medicaid Member	1:512	Based on 604 employees
Passport Health Plan Nurses for each Medicaid Member	1:4,478	Based on 69 Nurses
Passport Health Plan Customer Service Staff for each Medicaid Member/Provider	1:2,452	Based on 126 Customer Service Staff
Passport Health Plan Provider Service Representatives for each Participating Provider Site	1:893	Based on 24 Provider Service Representatives
Passport Health Plan Community Engagement Coordinators for each Medicaid Member	1:23,769	Based on 13 community engagement/outreach
Passport Health Plan UM Intake Coordinators for each Medicaid member	1:28,091	Based on 11 UM Intake Coordinators

Exhibit B.3-14 represents the proposed dedicated staffing for on-going operations for this contract.

Exhibit B.3-14: Passport Department and Dedicated Staffing Support Positions

Passport Department Staffing (with Job Position List)		
Accounting/Finance		FTE Count: 10
<ul style="list-style-type: none"> Accounts Payable Manager Accounts Receivable Data Analyst Cash Management Analyst 	<ul style="list-style-type: none"> Executive Assistant Junior Accountant Payroll Manager Payroll Practitioner II 	<ul style="list-style-type: none"> Senior Accountant Senior Accounting Analyst VP and CFO
Population Health Management		FTE Count: 77
<ul style="list-style-type: none"> VP, Clinical Operations Embedded RN Care Advisor 	<ul style="list-style-type: none"> Program Coordinators Care Coordinators 	<ul style="list-style-type: none"> Population Health Manager Managers, Clinical Operations

Passport Department Staffing (with Job Position List)		
<ul style="list-style-type: none"> • Telephonic RN Care Advisor • Health Educators • Licensed Social Workers 	<ul style="list-style-type: none"> • Business Analysts • Project Manager 	<ul style="list-style-type: none"> • Director, Clinical Operations • Sr Director, Clinical Operations
Clinical Programs		FTE Count: 2
<ul style="list-style-type: none"> • Emergency Room Coordinator 	<ul style="list-style-type: none"> • Emergency Room Navigator 	
Community Engagement		FTE Count: 13
<ul style="list-style-type: none"> • Bilingual Communication Engagement Representative • Community Engagement Representative 	<ul style="list-style-type: none"> • Community Engagement Outreach Specialist • Sr. Manager, Equity Diversity & Inclusion and Health Education 	<ul style="list-style-type: none"> • Community Engagement Coordinator • Director, Community Engagement
Compliance		FTE Count: 18
<ul style="list-style-type: none"> • Investigator, Program Integrity • Compliance Analyst • Compliance Specialist • Compliance Trainer • Specialist II, Regulatory Affairs 	<ul style="list-style-type: none"> • Delegation Oversight Specialist • Executive Assistant • Managing Attorney, Regulatory Affairs • Manager, Compliance 	<ul style="list-style-type: none"> • Manager, Delegation Oversight • Manager, Program Integrity • Director, Compliance • VP and CCO
Executive		FTE Count: 7
<ul style="list-style-type: none"> • President and CEO • COO • Executive Assistant 	<ul style="list-style-type: none"> • Medicaid Operations Manager • Manager, Operations Performance 	<ul style="list-style-type: none"> • Sr Director Plan Development and Chief of Staff
Facilities		FTE Count: 3
<ul style="list-style-type: none"> • Corporate Receptionist 	<ul style="list-style-type: none"> • Facilities Coordinator 	<ul style="list-style-type: none"> • Director, Facility Operations
Health Integration		FTE Count: 5
<ul style="list-style-type: none"> • VP, Health Integration • Behavioral Health Operations Manager 	<ul style="list-style-type: none"> • BH Program Manager 	<ul style="list-style-type: none"> • Behavioral Health Program Manager – Sub. Use Dis.
Human Resources		FTE Count: 7
<ul style="list-style-type: none"> • Associate, Benefits • Benefits Manager • Corporate Recruiter 	<ul style="list-style-type: none"> • Associate Director, Talent Solutions Partner • Director, HR 	<ul style="list-style-type: none"> • HR Generalist • Manager, Recruiting
Information Technology		FTE Count: 14
<ul style="list-style-type: none"> • Business Intelligence Analyst • Desktop Support Analyst • Information Security Manager • Information Security Analyst • IT Operations Analyst Manager 	<ul style="list-style-type: none"> • IT Operations Analyst • IT Services Manager • Systems Administrator • Data Architect Lead 	<ul style="list-style-type: none"> • Sr IT Operations Analyst • Sr Systems Administrator • Technology Lead • Manager, Application Development • Sr Director, IT
Marketing		FTE Count: 14
<ul style="list-style-type: none"> • Digital and Social Media Manager 	<ul style="list-style-type: none"> • Health Educator • Marketing Controller 	<ul style="list-style-type: none"> • Manager, Health Education

Passport Department Staffing (with Job Position List)		
<ul style="list-style-type: none"> Graphic Designer Executive Assistant & Media Relations Coordinator 	<ul style="list-style-type: none"> Marketing Coordinator Marketing Project Manager Manager, Creative Services 	<ul style="list-style-type: none"> Associate Director, Marketing and Communications VP & Chief Marketing and Communications Officer
Medical Affairs		FTE Count: 2
<ul style="list-style-type: none"> Medical Director 	<ul style="list-style-type: none"> VP and Chief Medical Director 	
Member and Provider Services		FTE Count: 126
<ul style="list-style-type: none"> Member Service Representative Provider Service Representative Provider Claims Service Representative 	<ul style="list-style-type: none"> Care Connectors Claims Appeals Coordinator Special Support Technician Trainer Supervisor, Member and Provider Services 	<ul style="list-style-type: none"> Sr Manager, Member and Provider Services Sr Director, Member and Provider Services
Pharmacy		FTE Count: 28
<ul style="list-style-type: none"> Director of Pharmacy Pharmacy Account Manager Pharmacist – PHM Pharmacist – UM 	<ul style="list-style-type: none"> Pharmacist – Clinical Outreach Pharmacy Technician – UM Pharmacy Technician – Customer Service Call Center 	<ul style="list-style-type: none"> Coordinator – Pharmacy Lock-In Program Analyst – Pharmacy Analytics Associate – Pharmacy Government Programs
Process Consultants/Project Managers		FTE Count: 5
<ul style="list-style-type: none"> Project Manager Market Operations Manager 	<ul style="list-style-type: none"> Process Consultant Director, PMO 	<ul style="list-style-type: none"> Associate Director, Market Operations
Encounters		FTE Count: 4
<ul style="list-style-type: none"> Manager, Encounters 	<ul style="list-style-type: none"> Sr. Analyst, Encounters 	<ul style="list-style-type: none"> Analyst, Encounters
Contracting		FTE Count: 4
<ul style="list-style-type: none"> Manager, Contracts Coordinator, Contracts 	<ul style="list-style-type: none"> Specialist, Contracts 	<ul style="list-style-type: none"> Analyst, Contracts
Provider Claims and Reimbursement		FTE Count: 122
<ul style="list-style-type: none"> Analyst, Reimbursement Analyst, Root Cause Auditor, Provider Reimbursement Auditor, Claims Claims Adjudicator Specialist, Reimbursement 	<ul style="list-style-type: none"> Supervisor, Audit and Recovery Supervisor, Claims Supervisor, Claims Rework Supervisor, Root Cause Manager, Claims Audit and Quality Assurance 	<ul style="list-style-type: none"> Manager, Claims Manager, Testing and Implementation Sr Manager, Provider Reimbursement Sr Analyst, Reimbursement
Provider Enrollment and Credentialing		FTE Count: 40
<ul style="list-style-type: none"> Provider Credentialing Coordinator Provider Enrollment Coordinator 	<ul style="list-style-type: none"> Analyst, Provider Data Supervisor, Provider Credentialing Supervisor, Provider Enrollment 	<ul style="list-style-type: none"> Program Manager, Vendor Operations Associate Director, Vendor Operations
Provider Network Management		FTE Count: 24
<ul style="list-style-type: none"> Provider Network Management Administrator Provider Services Manager 	<ul style="list-style-type: none"> Provider Relations Representative Manager, Provider Network Management 	<ul style="list-style-type: none"> Director, Provider Network Management

Passport Department Staffing (with Job Position List)		
Quality/HEDIS Clinical		FTE Count: 10
<ul style="list-style-type: none"> Sr Program Coordinator, Quality & Performance RN, HEDIS 	<ul style="list-style-type: none"> RN, Quality Review Specialist, Quality Review Manager, Quality Improvement 	<ul style="list-style-type: none"> Manager, Accreditation Director, HEDIS Clinical Director, Risk Adjustment
Utilization Management		FTE Count: 69
<ul style="list-style-type: none"> Appeals Intake Coordinator Coordinator, Intake UM 	<ul style="list-style-type: none"> RN Care Advisor Manager, UM 	<ul style="list-style-type: none"> Director, UM Sr Director, UM
Total Staff		Total FTE Count: 604

Conclusion

Passport offers a unique combination of highly experienced, community-oriented Kentucky-based staff, who bring a wealth of historical knowledge, deep provider relationships and extensive presence in the community that ultimately serves as a conduit for an integrated, whole person approach to health, well-being and innovation in serving our members.

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.