

## C.2. Collaboration

- a. Provide a recommended approach for conducting monthly meetings that the Vendor must attend with the Department, other agencies and other contracted managed care organizations (MCOs). In your response, provide the following, at a minimum:
  - i. Meeting formats the Vendor proposes that will result in successful collaboration
  - ii. Examples of issues, ideas and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each and whether collaboration for each will require implementation of short-term and/or long-term solutions
- b. Describe lessons learned from similar collaborations that the Vendor has experienced and how those could be applied in moving forward with monthly meetings.

### Passport Highlights: Collaboration

How We're Different	Why It Matters	Proof
Passport was created as a Kentucky-based, public-private partnership	<ul style="list-style-type: none"> <li>• Unique structure and sole focus on Kentucky naturally encourage collaboration among providers, the community and the Commonwealth</li> <li>• Allows us to innovate and evolve to the specific needs of the Commonwealth through collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• High engagement rates for members in care programs as well as consistently high satisfaction of providers</li> <li>• 2019 was an outstanding year for provider satisfaction; Passport's score increased by 3.9%</li> <li>• Provider retention rate was 96.89% in 2018 and 96% in 2019</li> </ul>
Passport is governed by local leadership fully dedicated to Kentucky, with the authority to make decisions without relying on a national vs. market paradigm	<ul style="list-style-type: none"> <li>• Faster decision-making and implementation of Kentucky-specific initiatives</li> <li>• Support Department for Medicaid Services (DMS) interests as early responders through collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Early participant in and contributor to the Kentucky Children's Health Insurance Program (KCHIP) Coalition and Affordable Care Act (ACA) expansion</li> <li>• Worked one-on-one with community mental health centers to support the Commonwealth's carve-in of behavioral health services</li> </ul>

## Introduction

Passport was first organized as a private-public partnership that encouraged collaboration among providers, the community and the Commonwealth. This early structure was instrumental as we formed multiple innovative solutions to address rising health care costs and lagging health indicators in Kentucky Medicaid. Over the years, Passport has evolved to meet the changing needs of the Kentucky Medicaid program by using collaboration in several ways.



First, we have collaborated with the provider community, DMS and advocacy agencies to gain their input into Passport's governance to ensure alignment with the goals of the DMS Medicaid program as well as the community. As an example, Passport was the host and convener of the KCHIP Coalition. As an early participant in and contributor to the KCHIP Coalition when the Children's Health Insurance Program (CHIP) program became a reality in Kentucky, we continued to be actively involved in this work for the entirety of the Coalition's existence. We dedicated our team to marketing and community relations activities to reach eligible families and hosted monthly meetings throughout the Passport region with social service agencies, provider groups and government entities to ensure KCHIP's success. We provided detailed enrollment reports by zip code for the participants of these meetings as well. We also actively supported the Department as the ACA expansion was operationalized to ensure that the interests of Kentuckians were met. In fact, for a year after the requirement was lifted, Passport voluntarily extended enhanced payments to primary care providers at the Medicare rate to help continue supporting the Medicaid expansion effort and promote infrastructure development such as care management and investments in technology (e.g., electronic health records [EHRs]).

Second, we value the opportunity to work side-by-side with all agencies. Anchored in the direction provided by DMS, we partner with Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Department for Community Based Services (DCBS), Department for Aging and Independent Living (DAIL), Department for Public Health (DPH), Department of Juvenile Justice (DJJ), Department of Education and other governmental agencies. For example, to support foster children, we successfully piloted a program in close collaboration with DMS, DCBS and our providers that improved placement stability and health outcomes through an Intensive Care Management model based on High Fidelity (HiFi) wraparound, a model proven in other states.

Finally, Passport continually solicits guidance from providers and member advocates from multiple venues (i.e., our own committee structures as well as the Member Advisory Committee [MAC] and Technical Advisory Committees [TACs]) to aid in program design and implementation. For example, our Primary Care Provider Workgroup, which reports up through our Partnership Council, was instrumental in the development and iteration of our value-based purchasing program, HealthPlus. This has led to high engagement rates, with more than 40% of our members in care programs, as well as the consistently high satisfaction of our providers. In 2019, providers had an overall satisfaction rate of 71.4%.

Third, Passport is a long-term member of the Kentucky Association of Health Plans (KAHP) and the Kentuckiana Health Collaborative (KHC), two organizations that represent the common interests of the Commonwealth. Passport's chief executive officer (CEO), Scott Bowers, sits on the KAHP board and is eager to bring lessons learned from other states where he served in similar roles. Passport has partnered with KHC and its subgroups since its inception in 2003, and its chief medical officer (CMO), Dr. Stephen Houghland, is a member of KHC's Board and Executive Committee. Dr. Houghland helped to develop the Kentucky core measure set that was supported by providers and the Cabinet.

Collaborating together, we are certain that we can enhance the Department's efforts to improve health and quality of life for all Kentuckians, with effective ideas around innovations to bring both short- and long-term solutions to bear. Our 22 years of collaborating with providers, advocates, community organizations and our members should enable us to springboard to a better tomorrow.

C.2.a. Provide a recommended approach for conducting monthly meetings that the Vendor must attend with the Department, other agencies and other contracted MCOs. In your response, provide the following, at a minimum.

Passport suggests collaborative monthly meetings with the Department, other agencies and other MCOs premised on the following principles:

1. Each MCO should commit representatives positioned to make decisions. Passport will assure that either the CEO himself or a senior executive leader reporting directly to the CEO will serve in this capacity. Specifically, Passport's CMO and chief operating officer (COO) will be the immediately accountable staff. In addition, the Vice President for Clinical Operations (VPCO) and the Vice President for Health Integration (VPHI) will be intimately involved, particularly in supporting any and all workstream activity with functional team leads. All necessary Passport staff or their designees will be available for any and all Department-established/scheduled meetings.
2. A forum to set mutual goals should occur early in the process, either as a separate meeting of the MCO CEOs and the Department's leadership (potentially using the KAHP as a vehicle) or by utilizing the plan leadership outlined above with DMS leadership. An annual strategic planning session plus monthly meetings with DMS and the MCOs will ensure that we are all setting aside resources to accomplish the Commonwealth's strategic goals.

The recommendations we highlight below include an effort to create greater accountability by all stakeholders, especially the MCOs. Clear roles, timelines, trackers and minutes will aid in the ability to ensure follow through.

C.2.a.i. Meeting formats the Vendor proposes that will result in successful collaboration.

Successful collaboration across the MCOs and DMS will create a culture of partnership and improved results. To tackle complex issues with multiple stakeholders, we believe that meeting participants should come prepared to advance the direction and vision set by DMS in the following manner:

- **A first meeting to align overall prioritization of future meetings**

Absolute alignment on prioritization and the end goal is critical. An initial strategy session or two can help to ensure clarity on what we all want to accomplish, especially if such a session sets a cadence, process and rules of engagement for future meetings.

- **Early agenda setting, data gathering and associated pre-work aligned to desired meeting outcomes**

We all want to ensure that our meetings are useful to both stakeholders and participants. If we can define the goal of the next meeting as far in advance as possible, we will be able to: a) agree on the appropriate individuals from each organization, b) gather data or policies from cross-departmental teams and c) bring a representative from each organization. A defined theme, goals and deliverables set in advance will enable all parties to do their homework and come prepared.

- **Appropriate technology for better knowledge sharing and collective review of materials**

In-person meetings should be limited to no more than 10 individuals from the plan who have decision-making responsibility and can be agile and responsive to the Department's requests. Inevitably, individuals on the phone will need to participate, so we should identify someone who can ensure that we have quality microphones, in-person computer screens to review materials and a web-enabled screen-viewing option for virtual participants.

- **Stated meeting frequency, rotating location, roles and responsibilities**

Given the importance of the subject matter, we believe that meetings should occur monthly and be held at rotating locations to promote participation. These locations can alternate between DMS and each of the local MCO headquarters. Passport will assign leaders in key positions to attend meetings of corresponding expertise, such as medical policy (including dental, physical and behavioral), pharmacy, quality improvement, utilization management, etc. Further, we will want to identify both regular and alternating individuals for scheduler, scribe, facilitator, timekeeper and technology lead roles, with clear accountability outlined for each.

- **Acknowledgment and disclosure of conflicts of interest, anti-trust and anti-competition**

Given the nature of collaboration and the fact that conflicts of interest are possible, Passport recommends beginning each meeting with an acknowledgment that conflicts might exist and are expected to be disclosed when they occur. We support a statement to affirm the avoidance of anti-trust matters and anti-competition.

- **Involvement of key MCO leaders**

As stated above, Passport believes that having the appropriate plan leadership present will be key to the success of these meetings. We will ensure that Passport's CEO, CMO or COO are present as appropriate for the topic. We suggest that all parties have the option to bring supporting functional leads to supplement any leadership knowledge gaps. Passport will also ensure that the appropriate functional leader, VPCO and/or VPHI are available for any additional workstream support needed.

- **Agenda to address both standing items and urgent issues**

Meetings should be conducted in a manner that allows enough time for workgroups to report, update and develop next steps for each activity. It would also be extremely helpful for all participants to agree on an agenda in advance that includes both standing and urgent items. We'll also need to work together to determine which items to add to a "parking lot" for later long-term solutioning versus shorter-term topics that should be finalized in session. Subgroups or offshoot meetings could be set up to dive deeper into key complex topics.

- **Consistent minutes and reports disseminated for transparency and accountability**

It will be beneficial for all participants to receive (in advance of the meeting) the prior meeting's minutes and any reports from workgroups to consider. The scribe could be responsible for gathering this information and tracking related follow-up items, perhaps utilizing a "Next Step Tracker" that includes deliverables, accountable owners, timeframes and desired outcomes. All this transparency should facilitate a culture of combined accountability.

- **Regular topic realignment**

The environment changes, driving the need to also change intended outcomes or to at least re-prioritize them. We should create a process for resetting and regularly checking in to ensure continued alignment. While accelerating urgent topics, we should at the same time set future agenda topics as strategies as goals progress and evolve.

C.2.a.ii. Examples of issues, ideas and innovations that the Vendor thinks should be addressed during the initial three (3) to six (6) meetings, the rationale for each and whether collaboration for each will require implementation of short-term and/or long-term solutions.

Passport recommends that the first meeting focus on strategic planning to prioritize the challenges we will jointly work on and to gain agreement on topics. Developing a consensus on these topics and developing workstreams to tackle them should also be considered.

**Exhibit C.2-1** highlights the issues, ideas and innovations that Passport believes should be addressed during initial collaborative meetings, the rationale for each and whether each will require the implementation of short-term and/or long-term solutions. These suggestions are designed to improve health outcomes for members, address social determinants of health and enhance population health efforts.

**Exhibit: C.2-1: Proposed Issues, Ideas and Innovations for MCO Collaborative Meetings**

Issue, Idea and Innovation	Rationale	Short-Term Solution	Long-Term Solution
1. <b>Opiate use/stewardship</b>	While overdose deaths were down in 2018, they remain well above the national average.	Align standards to reduce clinical practice variation. Agree on common metrics to report on.	Align quality programs and incentive compensation. Address policy opportunities re: quantity limits, referral standards and obtaining second opinions.
2. <b>Improved access to health care, with a focus on rural Kentucky</b>	There are reported shortages of primary care and specialty services around Kentucky. Health measures are near the bottom compared to other states.	Align on primary focus areas, goals and what to measure.	Consider policy re: rural provider recruitment and loan forgiveness programs.
3. <b>Value-based payment</b>	We need to continue to move the model of health care payment to value.	Align on common metrics, starting with quality.	Address provider agreements and consider common program requirements.
4. <b>Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)</b>	Decreasing the number of Kentucky newborns with NAS in an urgent need.	Convene stakeholders (DMS, DBHDID, DPH, MCOs, neonatologists, behavioral health specialists and high-volume facilities) to develop and adopt common means of identifying and treating.	Develop a consistent process to measure results and develop a system of incentives or penalties for both neonatologists and facilities.
5. <b>Tobacco cessation in adolescents</b>	There is a desire to increase smoking cessation rates and prevent smoking in adolescents.	Revamp tobacco cessation brochure about e-cigarettes for teens. Engage other stakeholders such as public health and Department of Education leaders.	Explore policy changes to limit access to tobacco products for adolescents. Create incentives to encourage members not to smoke through monitoring and prevention programs.
6. <b>Access to affordable medications</b>	Maintenance medications are critical to good health outcome.	Cap cost of insulin medications.	Cap cost of medications for all maintenance medications.

We have found that the regular and uniform application of this process serves to:

1. Limit confusion among providers and members,
2. Manage provider tension,
3. Minimize complaints to the DMS, and
4. Minimize member disenrollment.

## Passport's Participation in Kentuckiana Health Collaborative (KHC) Produces Reduced Standard Primary Care Metrics to Benefit DMS and All MCOs

Recently, Passport had the opportunity to participate in a collaborate effort that benefited DMS and all Kentucky Medicaid MCOs. The Kentucky Core Healthcare Measures Set consists of 38 primary care measures, intended to align measurement efforts toward shared areas of focus. This makes Kentucky one of the first states in the nation to create a healthcare measurement set<sup>1</sup>.

The DMS and Department of Public Health kicked off the initiative by outlining the current state of health in Kentucky and charging the workgroups with creating a standardized, manageable set of metrics to use to document changes in health over time. The Kentuckiana Health Collaborative created smaller workgroups to dig in and determine the priority measures for each of the following areas:

- Preventive Care
- Behavioral Health
- Pediatric Care
- Chronic and Acute
- Cost and Utilization

Passport had representatives on the majority of the subgroups that actively worked with consumers, providers, other MCOs, and purchasers of healthcare services to help identify a core set of health measures.

**Lists of over 100 measures were culled down to 38 primary care metrics. This provided an excellent opportunity for DMS and the MCOs to work collaboratively with others to prioritize and agree on what matters most.** The outcomes of this partnership with others will allow DMS and the MCOs to use standardized metrics to determine the quality of care and for measuring incentives going forward.

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<sup>1</sup> Source: [www.khcollaborative.org/initiatives/kchms](http://www.khcollaborative.org/initiatives/kchms)

C.2.b. Describe lessons learned from similar collaborations that the Vendor has experienced and how those could be applied in moving forward with monthly meetings

## Lessons Learned

Years of collaborative trial and error have resulted in more than a dozen areas of opportunity outlined below. We outlined above the ways that these ideas can be applied through monthly meetings. Prior to listing the ideas, we wanted to specifically call out that, historically, there have been some anti-trust violation concerns that have limited how MCOs work together, especially when the Commonwealth or an entity acting on its behalf does not serve as a convener. For this reason, our involvement in the core measure set with the KHC, the collaborative meetings held by the KAHP and the Kentucky Voices for Health are models that we would encourage replicating. Passport’s successful collaborations have yielded several valuable lessons learned and informs our recommended approach, including:

1. A first meeting to align overall prioritization of future meetings
2. Early agenda setting, data gathering and associated pre-work aligned to desired meeting outcomes
3. Appropriate technology for better knowledge sharing and collective review of materials
4. Stated meeting frequency, rotating location, roles and responsibilities
5. Acknowledgment and disclosure of conflicts of interest, anti-trust and anti-competition
6. Involvement of key MCO leaders
7. Agenda to address both standing items and urgent issues
8. Consistent minutes and reports disseminated for transparency and accountability
9. Regular topic realignment
10. A workgroup charter to formally define purpose, membership, objectives, timeframes, etc.
11. A specific and prioritized number of initiatives to commit to (a common needs assessment to validate and prioritize initially identified projects is important in this process)
12. Shared agenda setting by all stakeholders
13. Guiding principles to ensure agreed upon outcomes



Recently, a similar collaboration took place in Florida between MCOs and the Agency for Health Care Administration (AHCA). The issue they were looking to address was centered around maternal/neonatal health and early elective deliveries, and the consensus they developed was to uniformly enforce “hard stops” for inductions prior to 38 weeks. The uniform application of this process was important to:

- Limit confusion among providers and members
- Manage provider tension
- Minimize complaints to the Medicaid authority
- Minimize member disenrollment
- Maximize the result of decreasing early elective deliveries and unnecessary C-sections, thereby improving maternal and neonatal morbidity and mortality

The results are not yet available, but this is an example of how all parties were able to agree on a solution that was in their best interest (members, the Commonwealth, all MCOs). No individual MCO was advantaged or disadvantaged.

## Conclusion

Passport’s long history of collaborating with DMS in the Commonwealth makes it an experienced partner for this procurement opportunity. Passport prioritizes that appropriate local leaders are engaged in community collaborations impacting the delivery of care across the Commonwealth. Because we are a Kentucky-based organization, our leaders are empowered to make decisions by position and authority, without seeking time-consuming permissions from national organizations. We are flexible to meet the needs of DMS and look forward to continuing our 22-year history of collaborating to improve the health and quality of life of all Kentucky Medicaid 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.***