

C.13. Enrollee Selection of Primary Care Provider

- a. Describe the Vendor’s proposed approach to helping Enrollees to identify and make voluntary selections of PCPs, within specified timeframes, who meet their needs, ensure continuity of care. Include information about differences in the Vendor’s approach, if any, to supporting Enrollees without Supplemental Security Income (SSI), Enrollees who have SSI and Non-Dual Eligible, and Enrollees under Guardianship through the selection process.
- b. Describe the Vendor’s PCP auto-assignment algorithm for Enrollees who do not make a voluntary selection, including how the Vendor will ensure an Enrollee’s continuity of care.
- c. Describe the Vendor’s approach for processing provider change requests, to include:
 - i. Enrollee request after initial assignment,
 - ii. For cause,
 - iii. When Enrollees regain eligibility,
 - iv. When the Provider is terminated, and
 - v. For a Provider request.
- d. Describe the Vendor’s approach to identifying, outreaching to, and educating Enrollees who do not receive services from their PCP within one (1) year of enrollment with the PCP. What information and support will the Vendor provide to Enrollees to obtain services?

Passport Highlights: Enrollee Selection of Primary Care Provider

How We Are Different	Why It Matters	Proof
In 2019, Passport had high member satisfaction and no reported member grievances related to PCP selection.	<ul style="list-style-type: none"> Enhances member access to care Establishes a member’s medical home in a timely manner Allows members flexibility to align with best fit providers as their needs change Helps mitigate unnecessary emergency department (ED) usage Promotes member and provider satisfaction 	<ul style="list-style-type: none"> A member’s primary care provider (PCP) selection is validated with every member touch point. Member engagement rates and PCP visit rates are higher than other managed care organizations. Passport facilitates real-time provider selection and changes.
Passport’s “no wrong door policy” for provider support and issues resolution without	<ul style="list-style-type: none"> Meets unique needs of members through broad selection of PCPs 	<ul style="list-style-type: none"> Passport PCP adequacy rate of 100% exceeds 95% requirement.

How We Are Different	Why It Matters	Proof
needing to transfer providers elsewhere results in long-tenured, positive relationships with our network providers.	<ul style="list-style-type: none"> • Supports stability of service and length of member service relationships through consistent provider bench • Provides frequent, quality information about members' health • Promotes members' active role in their health care 	<ul style="list-style-type: none"> • Passport has very low provider attrition, with a 96% voluntary provider retention rate over 2018-2019.

Introduction

A member's access to care is of the utmost priority for Passport, and through that we ensure that our members have a medical home. We have found that members are more likely to seek care and follow the medical home model if they are able to see their provider of choice, so making sure that members are linked with a PCP of their choosing is at the heart of our approach to managed care. This is why we exceed requirements related to a member's PCP by permitting members to make real-time PCP changes at any time, for any reason, including retroactive PCP assignments as warranted.

Upon completion of a PCP assignment, a member identification (ID) card is mailed to the member along with information that highlights the importance of establishing a relationship with his/her PCP. The member ID card includes the PCP practice name and phone number to help reduce barriers that members may encounter in reaching out to their PCP.

C.13.a. Describe the Vendor's proposed approach to helping Enrollees to identify and make voluntary selections of PCPs, within specified timeframes, who meet their needs, ensure continuity of care. Include information about differences in the Vendor's approach, if any, to supporting Enrollees without Supplemental Security Income (SSI), Enrollees who have SSI and Non-Dual Eligible, and Enrollees under Guardianship through the selection process.

Passport's Approach to Helping Members Identify and Select a PCP

Every Passport member is empowered to choose his/her PCP, including populations that are not required to have a PCP, such as members with dual or presumptive eligibility. Members choose from the extensive list of PCPs in our broad provider network, which largely reflects the diverse cultures, languages and ethnic backgrounds of the members we serve. Passport's robust provider network ensures members have adequate access to a qualified, diverse network of PCPs, fostering continuity of care while meeting 100% of the adequacy standards for PCPs statewide. Per the provisions of the draft Medicaid Managed Care Contract, we will report the number of Passport members assigned to a PCP to the Department on a quarterly basis. In addition, Passport makes PCP panel rosters available via our provider portal. All in-network PCPs can access their panel roster at any time by using their unique, secure provider portal login and password.

Immediate PCP Establishment

Making sure that our members have a medical home is at the heart of Passport's approach to managed care. The PCPs, in their role as the medical home, provide our members with primary and preventive care and arrange other medically necessary services. Therefore, Passport acts quickly to make sure that members establish a medical home through a rapid initial assignment and a flexible model that allows for choice and change.

Upon receipt of new or reinstated members on the 834 file, Passport uses a multistep, intelligent auto-assignment process specifically designed to ensure continuity of care and convenience for our new members, as outlined in **Attachment C.13-1_Policy EE-PHKY-305 PCP Assignment** and administered through our member subsystem, IdentifiSM Health Plan Administration (HPA). Identifi HPA supports Department for Medicaid Services (DMS) PCP selection requirements when assigning a PCP for members with and without SSI. This process is completed within 24 hours of receiving the member's eligibility record on the 834 file to immediately align him/her with a PCP. The member's PCP assignment is printed on the member ID card and mailed to the member's home within five (5) days of Passport's receipt of the 834 file.

Empowering a Member's PCP Choice

Passport values every member's choice in his/her care. At any time, our members may exercise their right to choose a PCP from within Passport's provider network, as described in the Passport member handbook, *Your Guide to Passport Health Plan*. They may do so by contacting Passport through the method that is most convenient to them, including calling or emailing our Member Services department or via Passport's member portal. Additionally, PCPs can also assist with members' requests to change their PCP by calling into Passport's Provider Services department or by sending member-attested PCP selection forms to Passport indicating the Passport members they wish to have assigned to their panel. All member- and provider-selected PCP assignments are completed in real time and are effective immediately. This ensures no barriers to care, promotes continuity of care and supports prompt provider payments.

If a member was in active care with a provider who is not in the Passport provider network, Member Services representatives (MSRs) partner with our Care Management team to assist in making sure that our member's needed care is covered. They also reach out to our Provider Network Management team to so that they can pursue the necessary steps to add the member's provider to the Passport provider network. This is another way we ensure a member's continuity of care.

Passport's One-on-One Assistance in Selecting a PCP

Passport's Kentucky-based MSRs are available to help members select or change a PCP and coordinate their medical care. Upon receipt of the DMS monthly 834 file, our Member Services team makes outbound calls to all new members within thirty (30) days, welcoming them to Passport, educating them on available services and



validating or requesting their PCP selection. During our welcome call, if the member indicates the auto-assigned provider is not the best fit, we inquire about previous providers, familiar providers, family members' providers, cultural and linguistic needs, and office locations close to the member's work, home or school to help find the provider that best meets his/her unique needs. Upon PCP assignment or validation, Passport's MSRs offer assistance in scheduling an initial PCP visit to promote continuity of care.

Selecting a Specialist as a PCP

Passport recognizes that members often rely on a specialist for their primary treatment and management of their special health care needs. To support this need, Passport members may be assigned a specialist as their PCP. The specialist must agree to function as the member's PCP and make referrals to other specialists as needed. The request for such an assignment can be made by the member and is reviewed by our medical director. The determination to assign a specialist to serve as a PCP is made on a case-by-case basis. As an example of a common category of such requests, Passport has contractual arrangements with select obstetricians who understand the importance of coordination of care, allowing pregnant members to choose them as their PCP.

Adult Guardianship PCP Exemption

Passport does not require a PCP assignment for members with adult guardianship because they may move frequently from one placement to another. Passport believes in the importance of consistency of care and therefore collaborates and emphasizes the need for an establish medical home with Department for Aging and Independent Living (DAIL) for our member's comprehensive care.

Members With SSI

Passport takes additional measures to ensure our adult SSI members without Medicare are aligned with a PCP. If we are unable to assign these members to their previous PCP, we grant them a longer time frame of up to ninety (90) days to select a PCP:

- Members receive a letter requesting them to select a PCP upon enrollment.
- After thirty (30) days of enrollment, if our member has not selected a PCP, Passport sends a second letter requesting the member to select a PCP within thirty (30) days.
- If the member has not selected a PCP within thirty (30) days of the second notice, Passport will geographically select a PCP for the member. This PCP assignment becomes active the same day for our member to access benefits and services.

Passport understands children with SSI may be at risk for chronic physical, developmental, behavioral, or emotional conditions and may require health and related services beyond that required by other members. Therefore, we do not require a PCP assignment for this vulnerable population. Passport stresses the importance of a medical home and is able to provide resources in a coordinated effort to maximize the potential of the member, which can provide the member with optimal health care.

C.13.b. Describe the Vendor's PCP auto-assignment algorithm for Enrollees who do not make a voluntary selection, including how the Vendor will ensure an Enrollee's continuity of care.

Passport's Process for Members Who Do Not Make a PCP Selection

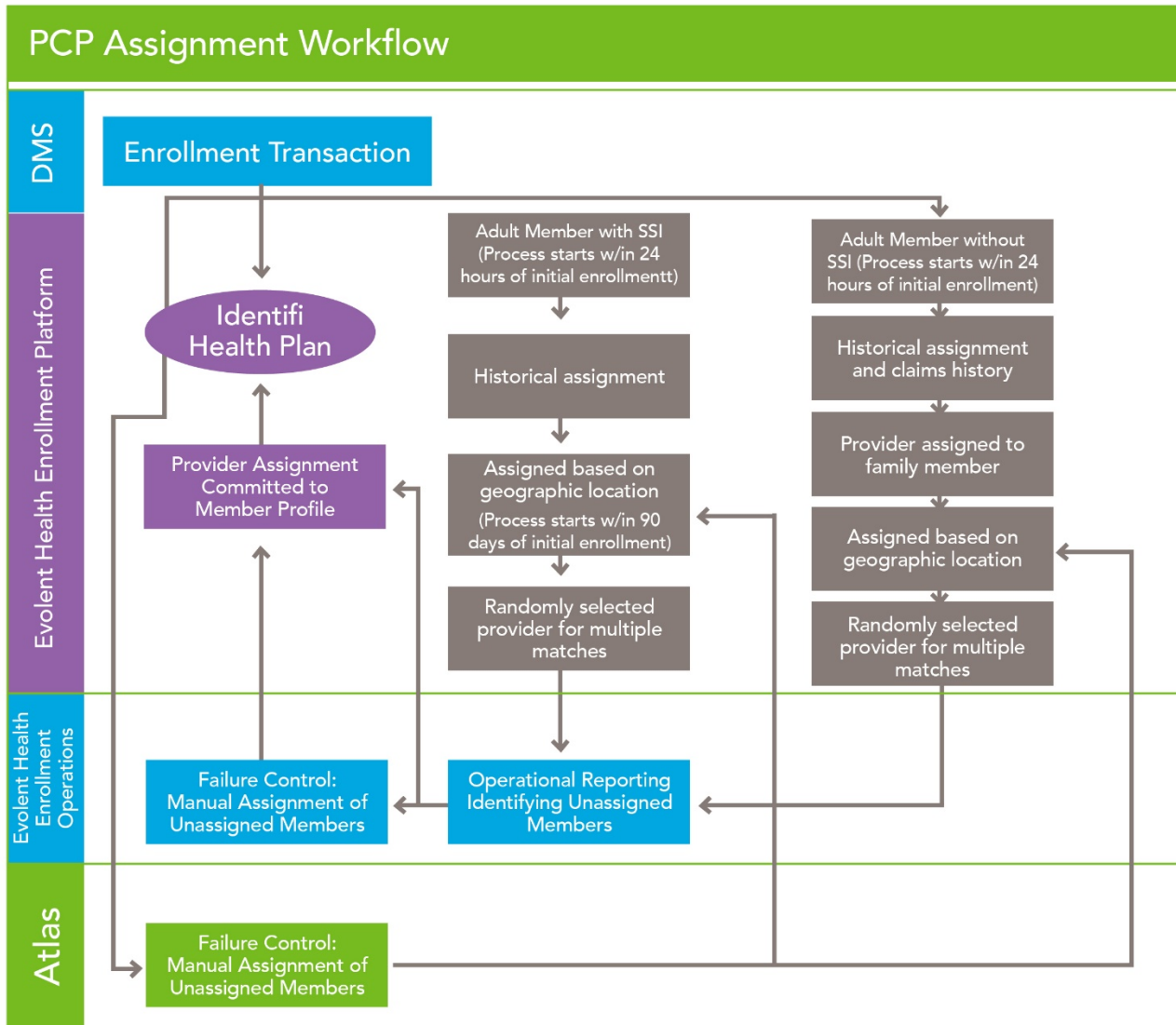
The algorithms Passport deploys for PCP assignment use several criteria to align our members with the PCP that best meets their needs, whether the member is new to Passport or has regained Medicaid eligibility, as illustrated in **Exhibit C.13-1**. Criteria include:

- Previous or historical PCP assignment
- PCP assignments for like family members (adult or pediatric)
- Geographic algorithms

We appreciate the positive impact that a relationship with a PCP can have on a member's best health. Therefore, we strive to connect members to their previously assigned PCP if they have had Passport eligibility within the past year through a review of available claims data or prior PCP assignments, as described in **Attachment C.13-1_Policy EE-PHKY-305 PCP Assignment**. Assigning members to their historical PCP also helps ensure continuity of care. For members without SSI, if there is no historical information on a previous PCP or their previous PCP is unavailable (e.g., no longer in practice, aging out), Passport's proprietary system seeks family members in the same case receiving Passport benefits and assigns our member to their same PCP, as appropriate. Children under sixteen (16) years old are assigned to a pediatrician. If no historical PCP is found for adult members with SSI, the members are granted a longer time frame of up to ninety (90) days to select a PCP. They receive a letter requesting them to select a PCP. After thirty (30) days of enrollment, if our member has not selected a PCP, Passport sends a second letter requesting the member to select a PCP within sixty (60) days.

If an eligible PCP cannot be found in the member's claims data or within the member's family, or an SSI adult has not selected a PCP after ninety (90) days from enrollment notification, the algorithms for a PCP based on geographical location are applied. Geographical assignments consist of a search of providers in five (5)-mile increments from the member's home until the maximum distance is reached. For members living in urban and nonurban areas, the search is a maximum distance of thirty (30) miles or thirty (30) minutes from the member's home or work. Assignments take into account the need for children under sixteen (16) years old to be assigned to a pediatrician, the need for pregnant women to have the opportunity to be assigned an obstetrician, language needs known to the Plan, and access to transportation. If more than one (1) eligible PCP is found in the search, the member is assigned to a PCP that is chosen randomly from the from this list of eligible PCPs. Passport has 100% success aligning members to a PCP using these algorithms.

Exhibit C.13-1: PCP Assignment Workflow



C.13.c. Describe the Vendor’s approach for processing provider change requests, to include:

Facilitating PCP Change Requests

In the following subsections, Passport describes its approach to processing provider change requests.

C.13.c.i. Enrollee request after initial assignment

Assisting Members with a PCP Change Request After Initial Assignment

Passport confirms a PCP selection with all members by verifying their PCP on record during every touch point. We respect members’ right to select and change their PCP for reasons that are important to them at any time, including a request after initial PCP assignment as reflected in **Attachment C.13-2_Policy**

MS.006.E.KY Primary Care Provider Change 2019. All PCP changes are effective immediately so that members have instant access to care by their selected provider, including retroactive PCP assignments as warranted. The Passport member handbook, *Your Guide to Passport Health Plan*, outlines the procedures for changing a PCP by directing the member to call Passport’s Member Services department.

At members’ request, our Member Services team assists them in identifying and selecting providers who meet their unique needs and criteria, such as preferred language, extended hours, specialty (e.g., geriatric), gender and location. Our MSR facilitates the requested change in our proprietary Identifi system, which automatically triggers the mailing of a new member ID card. We also help facilitate scheduling an appointment with the newly selected provider through Passport’s Care Connectors program.

Our MSRs consult with our Care Management team to assign a specialist as a PCP for care or coordination of all primary care service, if necessary, for members with unique health care needs. Passport has also contracted with select obstetricians who fully understand the importance of coordination of care to allow pregnant members to choose them as their PCP.

C.13.c.ii. For cause

Changing a PCP Due to Member Dissatisfaction with PCP

If a member requests a PCP change due to dissatisfaction with services or care provided by the provider, a Passport MSR helps our member select a new PCP and even assists in scheduling the initial appointment to help establish the member’s relationship with his/her new provider. The MSR also explains Passport’s grievance process and assists our member with filing a grievance if he/she chooses. This grievance process is described, in detail, in the Passport member handbook, *Your Guide to Passport Health Plan*.

Passport tracks and trends all grievances to actively address any patterns in reasons for provider dissatisfaction. This can include following up with providers to address identified issues, supplying provider education, or more severe actions, as warranted.

C.13.c.iii. When Enrollees regain eligibility

Ensuring Continuity of Care for Members Regaining Eligibility

When members regain Medicaid eligibility, we strive to reconnect them with their previously assigned PCP. If we know the member’s previous PCP through a review of historical claims data or prior PCP assignments, we assign the member to that same PCP to help ensure continuity of care. If no information is available for the member’s previous PCP, or their previous PCP is unavailable (e.g., no longer in practice), the system seeks like family members (adult or pediatric) receiving Medicaid benefits and assigns the member to their same PCP, with the exception of SSI adults, as outlined earlier (Members with SSI). If we are unable to align the member with a previous PCP or known family members receiving Medicaid, the member is auto-

assigned a PCP following the process outlined in **Attachment C.13-1_Policy EE-PHKY-305 PCP Assignment**. Like all members, they may call Passport's Member Services department to change their PCP if desired, as described earlier.

C.13.c.iv. When the Provider is terminated

Assigning a PCP Due to a Provider Termination

In the case of voluntary provider termination, Passport notifies all affected members no less than thirty (30) days prior to the effective date of voluntary provider termination. The member is advised to contact Member Services to select a new PCP or get assistance in finding a new PCP. If the provider notifies Passport of voluntary termination with less than thirty (30) days prior to the effective date of voluntary termination, we inform affected members as soon as Passport receives notification.

Passport conducts outreach to members affected by an involuntary provider termination, where Passport has decided to remove a provider from its network, at least fifteen (15) days prior to the effective date of involuntary termination. All affected members receive a letter advising them to contact Member Services to select a new PCP. For both voluntary and involuntary provider termination, if a member does not contact Passport to select a new PCP within fourteen (14) days, we use the auto-assignment process outlined in **Attachment C.13-1_Policy EE-PHKY-305 PCP Assignment** to assign the member to a new PCP. A new ID card is then triggered to communicate this new assignment to our member.

Ensuring Continuity of Care Following a Provider Termination

We appreciate that a provider termination, whether voluntary or involuntary, could potentially interrupt a members' continuity of care. To help mitigate this risk, a full list of members affected by the provider termination is assessed to identify members who are in active treatment for a medical or surgical condition, including those members receiving obstetrical care in the second or third trimester of pregnancy throughout the postpartum period (six weeks post-delivery), and our Care Management team conducts appropriate outreach to make sure there is no disruption in our members' care.

C.13.c.v. For a Provider request

Processing a Provider-Initiated PCP Change Request

A PCP may request the assignment of a member to their panel. To do so, Providers can call Passport's Provider Services department or send member-attested PCP selection forms to Passport indicating the Passport members they wish to have assigned to their panel. All member-selected and provider-submitted PCP assignments are completed in real time and are effective immediately, including retroactive PCP assignments, as warranted. This ensures no barriers to care, promotes continuity of care and supports prompt provider payments.

A PCP may also initiate the reassignment of a member to another PCP. Common reasons for a PCP-initiated reassignment include a provider's retirement from practice, a provider's inability to meet a member's specific care needs, or the provider does not feel the relationship is mutually in the best interests of the provider and member. PCPs may also request a member's disenrollment from their practice if the member has not used a service within one (1) year of being on the provider's panel. To request a member's disenrollment from their panel for not using services within one (1) year, PCPs must document at least six separate unsuccessful outreach attempts to the member via mail and phone.

In these circumstances, continuity of care for members remains the utmost importance. The affected members receive written notification of the need to select a new PCP thirty (30) days in advance of the change. The notification includes instructions for how to select a new PCP, including the offer of assistance from our Member Services team. If a new PCP is not selected within the thirty (30)-day time frame, Passport geographically assigns a PCP to ensure members continue to have a medical home and sends an updated ID card with the new PCP information.

C.13.d. Describe the Vendor's approach to identifying, outreaching to, and educating Enrollees who do not receive services from their PCP within one (1) year of enrollment with the PCP. What information and support will the Vendor provide to Enrollees to obtain services?

Outreach to Members Who Have Not Received Services from Their PCP Within One (1) Year

Passport understands that a member's relationship with a PCP is important for managing and maintaining a member's best health, getting important preventive services, and controlling rising health care costs. We actively monitor member claims data for indicators that a member has not received services from his/her PCP, such as gaps in care and high or avoidable ED utilization.

When a gap is identified, our Member Services team conducts telephonic outreach to the member to inquire about the possible reasons that the member has not visited his/her PCP and help him/her resolve those issues and schedule a PCP appointment. During the call, Member Services reinforces that a PCP is the provider who gets to know the member the best. This should be the main doctor who provides most of the member's care by getting to know his/her health history, taking care of his/her basic medical needs and referring to specialists as needed. Member Services makes three outbound call attempts within 30 days. If Member Services is unable to reach the member, they take the additional steps of enacting software to identify known alternate phone numbers for the member. Member Services also triggers a letter to the member's primary mailing address on record, urging the member to contact his/her PCP or Member Services for assistance. After 30 days, if attempts to reach the member are unsuccessful, an Unable to Contact letter is mailed to the member.

Additionally, Passport’s teams are actively engaged in our Kentucky communities, where they are often in contact with our members. For example, Passport provides ongoing face-to-face member/benefits education sessions throughout the year at community centers and transitional and homeless shelters throughout the state. **We take these opportunities to help ensure our members take advantage of the benefits and services available to them through Passport, overcome barriers to care and maintain a relationship with their PCP.** This includes:

- **Community Health Worker Program:** In 2018, we implemented a program where our community health workers (CHWs) conduct face-to-face visits in members’ homes, provider offices and community service organizations. The CHWs serve as advocates in helping members schedule doctor appointments, obtain the necessary resources to resolve Social Determinates of Health and assess the need for any literacy or interpretation services. CHWs provide information to members, teaching them to become engaged in their health care and take charge of making resource arrangements.
- **Member Outreach Specialists:** Passport Member Outreach specialists work to build relationships between PCPs and members. They make outreach calls to members on behalf of providers to understand why members are using EDs instead of their PCPs for non-urgent needs and educate the member on more appropriate options for care.

We give our providers data reports so they can conduct outreach to Passport members to encourage wellness visits. Passport’s providers also attempt to contact to their Passport members to encourage them to schedule an appointment. If providers are unsuccessful in connecting with our member after six attempts within one (1) year, they advise Passport and request that the member be removed from their panel. Passport’s Provider Relations team reviews those requests. Once they validate that six attempts have been made, our Member Services team is notified, and the member is auto-assigned a new PCP. **Through our**

The Right PCP Leads to a Healthier Member

A Passport member with diabetes, hypertension, asthma, bipolar disorder, and schizophrenia stopped going to his PCP, quit seeing his therapist, quit taking his medications, and visited the ED frequently. He had high blood pressure, diabetes, and was smoking at least one pack of cigarettes daily.

We contacted this member telephonically and enrolled him into a care coordination program. We assisted him with the selection of a new PCP and behavioral health provider—providers who met his unique needs and could help him overcome the barriers he faced in maintaining these relationships in the past. We also contacted his PCP to let her know the member was engaged in a Condition Care Program for his diabetes and helped the member find housing resources in his area.

As a result of these interventions, this member started seeing his PCP every two to four weeks, and he began taking his medications for diabetes and hypertension as prescribed. After three (3) months, his blood pressure improved from 203/103 to 110/92. He also began seeing a psychiatrist and therapist and started on medication for his bipolar disorder and schizophrenia. In addition, he was prescribed nicotine patches and was smoke-free by the time the Condition Care Program was closed.

unique relationship with the providers in Passport’s provider network, our Member Services team has even assisted our providers in conducting the outreach to our members on their behalf. This helps alleviate the administrative burden from our providers while supporting our members by ensuring they receive the preventive and medical care they need.

Promoting Members Accessing Care from Their PCP

Passport’s Member Incentive program promotes our members accessing care from their PCP. Our members are rewarded with a Mastercard e-gift card or a Mastercard gift card for taking action to manage their health. Examples of Passport’s member incentives to support members’ relationship with their PCP are illustrated in **Exhibit C.13-2**.

Exhibit C.13-2: Member Incentives

Member	Incentive Value	Incentive Criteria
Young Members (0 to 15 months)	Up to \$60	Earn a \$10 gift card for each of six well-child visits.
Young Members (3 to 6 years)	\$20	Members visit provider for a well-child visit.
Young Members (7 to 21 years)	\$25	Members visit provider for a well-child visit.
Adult Members (21 years and older)	Up to \$100 in gift cards and vouchers	<ul style="list-style-type: none"> Members earn \$20 for completing a PCP well visit. They must be: <ul style="list-style-type: none"> A new Passport member enrolled within the last 90 days -OR- An existing member who has not seen a PCP in the last 18 months Earn up to three \$20 vouchers toward obtaining your General Educational Development (GED) (for members who do not qualify for the Kentucky State program). Earn a \$20 voucher toward transportation. You must be the subscriber/head of household.
All Members	Up to \$20	Members earn \$20 for getting a flu shot annually. Children under age two must get two doses to receive this reward. Each member can receive this reward once a year.

In addition, Passport Care Managers proactively impress upon members in our Care Management program about the importance of receiving regular care from their PCP. They educate members about care gaps (e.g.,

past due wellness visits, dental exams and flu shots) and ways the member can easily address them. They also promote the benefits of members having their PCP as their primary guide to comprehensive care and source for information about their diagnoses and care needs.

Conclusion

Passport aligns members with a PCP relationship under a flexible choice model. We educate, encourage and foster members' relationships with their PCP. We harness our unique relationship with our providers by partnering and collaborating with them to promote their relationship with Passport's members. Through this holistic approach, Passport demonstrates our mission to improve the health and quality of life of our members across the Commonwealth.

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.