

C.18. Provider Network

- a. Provide the Vendor’s proposed Provider Network development strategy to ensure a comprehensive statewide network across all provider types. The Vendor’s strategy must describe the following:
 - i. Innovative approaches to recruit providers and to develop and maintain the Vendor’s provider network to ensure network adequacy standards and highest quality care, including:
 1. Strategies to recruit providers in traditionally underserved as well as non-urban areas, by health need, and to overcome expected accessibility challenges.
 2. Strategies and methods to address workforce shortages and network gaps, included proposed initiatives to collaborate with the Department and other contracted MCOs to develop innovative solutions to meet the healthcare needs of Enrollees.
 3. Strategies for contracting with providers in bordering states to help address network adequacy challenges, including lessons learned and successes or challenges with this approach.
 - ii. Approach to providing out-of-network care when timely access to a Network Provider is not possible, including the Vendor’s approach to supporting Enrollees in accessing such care.
 - iii. Approach to ensure Network Providers are physically accessible and have accommodations for Enrollees with physical or mental disabilities.
 - iv. Approach to ensure a comprehensive network to address the needs of all Enrollees, including the provision of services in a culturally sensitive and linguistically appropriate manner.
 - v. Strategies the Vendor will implement to ensure the network adequacy and access standards are met if actual Enrollment exceeds projected Enrollment.
- b. If Subcontractors will provide Covered Services, describe how network development efforts will be coordinated with the Vendor’s provider network development strategy and how the Vendor will monitor the Subcontractor’s activities and ensure transparency of these activities to the Department.
- c. Describe the Vendor’s approach to use telehealth services to improve access. Include the following at a minimum:
 - i. Criteria for recognized sites.
 - ii. Education efforts to inform providers and Enrollees.
 - iii. Whether reimbursement will be available to the presenting site as well as the consulting site or only the consulting site. Include any requirements or limitations on reimbursement.
 - iv. Lessons learned and successes or challenges with implementation of telehealth services for other programs the Vendor has served and that the Vendor will consider for provision of telehealth services in Kentucky.

- d. Describe the Vendor’s provider contracting strategies, including processes for determining if a provider meets all contracting requirements (at the time of enrollment and on an ongoing basis), as well as processes for corrective action and termination. Include copies of the Vendor’s proposed contract templates for individual practitioners and for facilities as attachments.
- e. Demonstrate progress toward developing network capabilities for statewide access by providing evidence of existing contracts or signed Letters of Intent with providers by provider type (for the Vendor and Subcontractor). Include the following information at a minimum:
 - i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider’s name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider’s Medicaid Identification Number(s).
 - ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county.
 - iii. A statewide Geographic Access report of all providers with LOIs and/or existing contract color coded by provider type by Service Region.
- f. Describe proposed Enrollee to provider ratios by provider type, as well as the Vendor’s methodology for considering a provider’s FTE when calculating network adequacy standards.
- g. Describe the Vendor’s proposed methods for ongoing monitoring and assessment to ensure compliance with network adequacy and access to care standards, including tools used, the frequency of reviews, and how the Vendor will use findings to address deficiencies in the Provider Network. The response should also address how the Vendor monitors appointment availability and wait times. Provide samples of tools and/or reports.
- h. Describe how the Vendor would respond to the network termination or loss of a large provider group or health system. Include information about the following at a minimum:
 - i. Notification to the Department and Enrollees.
 - ii. Transition activities and methods to ensure continuity of care.
 - iii. Analyses the Vendor will conduct to assess impact to network adequacy and access, and how the Vendor will address identified deficiencies.

Passport Highlights: Provider Network

How We're Different	Why it Matters	Proof
<p>Our history as a provider-led organization puts providers at the center of everything we do. Providers participate in plan governance, clinical policy setting and driving innovation for members. Our focus is on relieving the administrative burden for providers, providing complementary clinical support and developing value-based reimbursement programs to reward health outcomes.</p>	<ul style="list-style-type: none"> • Mutual trust and confidence between Passport and our providers promote successful development and launch of clinical and administrative innovations. • Alignment with providers builds trust and promotes collaborative efforts to address member and community health. 	<ul style="list-style-type: none"> • Passport has a 96% voluntary provider retention rate, and 81% of network providers would recommend Passport to other physicians' practices. • More than 100 providers volunteer to participate in Passport committees that address clinical, administrative and member innovations. • Strong alignment drives better results. • Our providers engage high risk members at a rate 30% higher than the industry standard.
<p>Our Provider DNA has enabled us to rapidly evolve with our providers and the industry shift toward payment for quality and value.</p>	<ul style="list-style-type: none"> • As the health care landscape moves toward paying providers for quality and value, health plans must be prepared to help providers evolve and succeed. 	<ul style="list-style-type: none"> • Evolent value-based programs generated \$6.7M in shared savings in 2018. • Passport proposes aggregating smaller provider groups into functional collaboratives, similar to a clinically integrated network or IPA, where providers could be linked for purposes of VBP program participation.
<p>Passport continuously monitors access, time, distance, travel patterns and member needs to ensure service delivery and brings innovation and personal service to mitigate challenges.</p>	<ul style="list-style-type: none"> • Members with complex health issues need multi-dimensional avenues for support. Based on feedback from members, we have worked to ensure strong provider coverage as well as the integration of community-based organizations, health coaches, care managers, and others to support member needs. 	<ul style="list-style-type: none"> • Since 2014, we have grown our Behavioral Health network from 1,296 providers at 551 locations to 3,778 providers at 2,803 locations. • Passport will offer Teladoc services 24/7 statewide in 2020 to ensure primary care access and reduce emergency department (ED) dependence. • Whenever needed, cross-organizational staff ensure members obtain quality care out- of-network or from bordering states, where we hold 677 provider contracts.

Introduction

Passport has served as a steadfast partner to the Department of Medicaid Services (DMS) for over 20 years. Beginning as a provider-owned health plan in 1997, we have worked closely with Kentucky providers offering direct engagement in governance and in the development of medical and administrative policies. Our high quality health care delivery has received national recognition, including being named as the top Medicaid plan in Kentucky twice in the past four years by the NCQA. Now, with a focus on value-based provider arrangement and continuing our history of listening, collaborating with and representing the Commonwealth’s providers—and supported by technological innovations described here—Passport is well positioned to continue as a leader in Kentucky’s Medicaid Program.

Passport complies and will continue to comply with all federal, Commonwealth and contractual obligations related to Medicaid provider contracting; network standards; oversight; fraud, waste and abuse; and telehealth technology, including all requirements in 42 CFR 438.206. Passport shall comply with the “any willing provider” statute as described in 907 KAR 1:672 or as amended in KRS 304.17A-270. Passport will develop and submit a Provider Network Plan to DMS demonstrating our capacity to serve our anticipated enrollment across all provider types within thirty (30) days after contract execution, annually, within thirty (30) days of a significant change in the Passport Provider Network that impacts adequacy or ability to provide services in a region, and at DMS request in compliance with this contract.

C.18.a. Provide the Vendor’s proposed Provider Network development strategy to ensure a comprehensive statewide network across all provider types. The Vendor’s strategy must describe the following:

Passport: Kentucky’s Leader in Provider Network Development

Passport is a leader in provider network development. Our strategy to ensure a comprehensive statewide network across all provider types includes extensive analysis, personal recruiting and innovative contracting methodologies with a variety of quality and value reimbursement programs.



Our strategy begins with careful and in-depth analysis on a regular basis. We review all available membership and provider demographic data, covered services and value-added services, and historic patterns of care and service delivery. Then, we layer in the characteristics and health care needs of special Medicaid populations, such as medically complex children, individuals living with substance use disorder, refugees, individuals living with homelessness or women who are pregnant, together with current and projected enrollment numbers. We consider health disparities as identified by our Population Health Management Program and cultural and linguistic barriers as identified by our Health Equity Program.

We combine this largely quantitative analysis with qualitative information from our extensive network of community partners including traditional and safety net providers; major Kentucky groups immersed in creating a healthy well-being for our state, such as the Kentuckiana Health Collaborative, the Board and Executive Committee of which our Chief Medical Officer is a member; Passport’s original provider sponsors

(the University of Louisville, Jewish Hospital System, and Norton Hospital), our Partnership Council, and our staff serving providers throughout Kentucky.

*This thoughtful approach has delivered a successful, adequate network across the state that exceeds the Commonwealth’s standards, as shown in **Exhibit C.18-1**, below.*

Exhibit C.18-1: Passport Network Adequacy Across State Standards (as filed with DMS)

Percent of Members Within	Standard	Passport 2018 Q1-2019 Q4
Contract Terms		
Sixty (60) miles of a hospital (rural)	95%	100%
Thirty (30) miles of a hospital (urban)	95%	100%
Forty-five (45) miles of a primary care provider (PCP)/primary care (rural)	95%	100%
Thirty (30) miles of a PCP/primary care (urban)	95%	100%
Sixty (60) miles of a dentist	95%	99.87%-100%
Sixty (60) miles of vision services	95%	100%
Sixty (60) miles of a laboratory	95%	100%
Sixty (60) miles of a radiology services	95%	100%
Thirty (30) miles of a pharmacy	95%	>95%
Selected Physician Specialist		
Sixty (60) miles of an allergist	95%	98.86%-99.95%
Sixty (60) miles of a cardiologist	95%	100%
Sixty (60) miles of a dermatologist	95%	98.34%-99.98%
Sixty (60) miles of a Durable Medical Equipment (DME)	95%	100%
Sixty (60) miles of a gastroenterologist	95%	97.38%-97.48%
Sixty (60) miles of a general surgeon	95%	100%
Sixty (60) miles of a neurologist	95%	100%
Forty-five (45) miles of an OB/GYN	95%	100%
Sixty (60) miles of an orthopedist/orthopedic surgeon	95%	100%
Sixty (60) miles of an otologist, laryngologist rhinologist	95%	100%
Sixty (60) miles of a pathologist	95%	100%
Sixty (60) miles of a psychiatrist	95%	100%
Sixty (60) miles of a urologist	95%	100%

Passport's extensive Provider Network includes, but is not limited to, the following:

- Hospitals and ambulatory surgical centers, including state-owned, health system-owned and independent BH hospitals.
- Physicians, advanced practice registered nurses, physician assistants and family planning providers.
- Freestanding birthing centers, primary care centers and home-health and private-duty nursing agencies.
- Federally qualified health centers (FQHCs), rural health clinics (RHCs), and local health departments.
- BH and substance abuse providers.
- Opticians, optometrists, audiologists, hearing aid vendors and speech-language pathologists.
- Physical therapists, occupational therapists and chiropractors.
- Dentists and oral surgeons.
- Pharmacies and durable medical equipment suppliers.
- Podiatrists.
- Renal dialysis clinics.
- Transportation providers.
- Laboratory and radiology providers.
- Individuals and clinics providing early and periodic screening, diagnosis, and treatment (EPSDT) services and EPSDT special services.

Passport also maintains a comprehensive network of BH and substance abuse providers to provide outpatient (including intensive home services), intensive outpatient, substance abuse residential, care management, mobile crisis, residential crisis stabilization, assertive community treatment and peer support services. Although it subcontracts with Beacon Health Options (Beacon) to aid with benefit administration, Passport holds all contracts with its BH network, including:

- Psychiatrists, psychologists and licensed clinical social workers.
- Licensed professional clinical counselors, licensed marriage and family therapists, licensed psychological practitioners, and licensed clinical alcohol and drug counselors.
- Targeted case managers and certified family, adult, youth and peer support providers.
- Psychiatric rehabilitation, recovery and community integration programs for adults with severe and persistent mental illness.
- BH multispecialty groups and BH services organizations.
- Chemical dependency treatment centers.
- Psychiatric residential treatment facilities (PRTFs) and residential crisis stabilization units.
- Community mental health centers (CMHCs).
- Multi-therapy agencies providing physical, speech and occupational therapies, which include comprehensive outpatient rehabilitation facilities, special health clinics, mobile health services, rehabilitation agencies and adult day health centers.
- Other independently licensed BH professionals.

To ensure that our network adequacy continues to be met, Passport will continue to:

- Enroll providers of dental services in accordance with 907 KAR 1:026.
- Maintain a comprehensive network of independent and other laboratories that ensures laboratories are accessible to all members. Laboratory tests are certified under the Clinical Laboratory Improvement Amendments (CLIA) and Passport will continue to update the provider file with CLIA information from the Certification and Survey Provider Enhanced Reporting system (CASPER)/quality improvement evaluation system (QIES) files provided by Centers for Medicare & Medicaid Services (CMS) for all appropriate providers.
- Maintain a comprehensive network of pharmacies that ensures pharmacies are available and geographically accessible to all members.
- Contract with the Office for Children with Special Health Care Needs.

Passport may contract with other providers who meet credentialing requirements as necessary to provide covered services. We will use enrollment forms as required by DMS and this contract.

C.18.a.i. Innovative approaches to recruit providers and to develop and maintain the Vendor’s provider network to ensure network adequacy standards and highest quality care, including:

Development and Maintenance of a High Quality Network

Passport uses multiple approaches to recruit providers and develop and maintain our network:

- Innovative approaches based on our organization-wide support to bring providers into value-based contracts and support their individual journeys on a continuum to accept more risk and deliver better outcomes to members.
- Passport’s traditional, successful methods, including intimate business relationship development and collaborating around community health issues.
- Recruitment and retention methods that emphasize our provider support, provider-driven governance and quality and value programs that focus on elevating member health and wellbeing.

**In a 2019 survey,
81.2% of Passport
providers reported
they would
recommend Passport
to other physicians**

This combination delivers network adequacy, value and high quality care to our recruitment and retention efforts.

Innovative Approaches to Recruiting for Value and Quality

As the Kentucky Medicaid program has grown to include integrated BH delivery and Affordable Care Act expansion, Passport has combined a new, growing network with our legacy providers to deliver a compliant network statewide. Along with DMS and the Commonwealth, we recognize that the future of Kentucky Medicaid for all populations relies in large measure on appropriate cost control and cost reductions. Members with chronic conditions, patients with unique needs and comorbidities, and the rising long-term costs of the opioid epidemic, among other health conditions, have created severe financial pressures on the Commonwealth’s Medicaid program.

To recruit, develop and maintain a high quality, high-value network, Passport has developed value-based programs for primary care and BH providers, two provider types where links between quality and value are well established and where retention and recruitment are key to its overall network approach. Built into our programs are provider-friendly technology tools, intermediate incentive steps, assigned Population Health Managers and delivery of cutting-edge predictive analytics to support providers in their practices and *meet them where they are on the value and quality continuum*. These programs support both our population health goals and the values of the Triple Aim. These programs were also driven by discussions with our providers and tested and tailored for outcome success and provider satisfaction. We provide examples below.

Value-Based Strategies to Recruit and Develop the Highest-Quality Primary Care Providers

The Passport value-based payment strategy includes a suite of models to engage providers at their current level of readiness along the quality and risk continuum and encourage and reward both small and large practices. As part of our strategy, the models are designed for:

- Mature provider organizations have been proactive in pursuing value-based programs.
- Providers developing the core competencies to work within a value-quality reimbursement framework.
- Providers who, based on their membership panel size or their existing quality performance, may be ready to move into value contracting and forward toward risk.

Our three value and quality programs used for recruitment and retention currently are:

- **Patient-Centered Medical Home (PCMH) PassportPlus**—Passport has worked with providers to structure this value-based program to offer meaningful reward for meaningful effort to providers at the beginning of the quality-value continuum. We have learned that static value rewards and inflexible offerings do not meet the needs of the Kentucky provider community. PCMH PassportPlus was developed as an early stage approach to introduce providers to the concepts of value and quality and not necessarily to truly drive outcomes for primary care.
PCMH PassportPlus currently rewards dozens of existing provider groups to incentivize the core tenets of PCMH behavior in their practices. The per-member-per-month (PMPM) payment incentive is paid monthly with a goal of moving these smaller practices closer to risk-readiness and moving them along the quality and value continuum at a comfortable pace without the resource jeopardy that risk often signals to small practices.
- **Care Management (CM) PassportPlus**—In working with our existing providers, we learned that some need additional practice investment for infrastructure enhancements to participate in HealthPlus. This program extends compensation to providers for their resourcing of appropriate care management services to ensure we are meeting Passport members' health needs. The PMPM payment incentive is paid on a semi-annual basis to participating providers who can then plan their resources accordingly. Providers in CM PassportPlus also gain experience in using risk adjustment, risk stratification and predictive modeling tools, as well as new member engagement techniques, which help them move along the quality-value continuum.
- **HealthPlus**—This upside-only gain-share program rewards providers for improved cost and quality outcomes after a quality gate has been achieved. The program provides three opportunities for gain-share reward:

- **Medical Expense Ratio (MER) Improvement**—Providers improve the total cost of care by providing a full range of services to their assigned members.
- **MER Attainment**—Providers maintain an already reasonable total cost of care by providing a full range of services to their assigned members.
- **Scorecard Performance**—Providers achieve high performance on the *Passport Quality Scorecard* related to the care of their assigned members.

The Passport Quality Scorecard includes fifteen (15) quality measures that can be customized to the needs of the specific practice, such as adjusting for adult primary care or pediatric care. Performance is measured on a calendar year basis and rewards are paid out the following year, once claims have matured, creating an accurate measurement of the provider's performance.

Details on the processes, measures and quality goals of our value-based programs can be found in our response to C.24.a.iv.k, on population health, and C.3, on capitation payments.

Value-Based Strategies to Recruit and Develop the Highest-Quality BH Provider Network

Passport has worked with our partner Centerstone Kentucky (Seven Counties Services) since the introduction of integrated BH services in 2013. Centerstone is a full-service BH provider that cares for more than 37,000 people each year throughout their twenty-five (25) locations in Kentucky. Together we developed our first value-based arrangement with them as a pay-for-performance model. Following the success of that effort, Centerstone and Passport developed a blended case rate/bundle of services performance model. By delivering bundled services with high-fidelity wraparound in a foster care pilot, Centerstone was able to receive an incentive on top of reimbursement for achieving quality performance targets. The targets related to the percentage of children who maintained their foster care placement or returned to their natural family and the percentage of children who improved their functioning on a standardized assessment. Payments were monthly, with earned incentives paid at the end of the program.

Moving forward after two successful pilots, we are now piloting an advanced **shared savings model** with Centerstone based on population incentives. This includes a unique incentive, **Partners in Wellness**, that rewards Centerstone based on engaging and attaining specific quality metrics for a predetermined set of members with severe mental illness and high cost. (Please see our responses to C.24.a.iv.k, on population health, and C.3, on capitation payments, for details.) To ensure appropriate program design, the program was reviewed by the Dartmouth Health Promotion Research Team at the University of Louisville, where Stephen Bartels, MD, MS from SAMHSA-HRSA Integrated Health Solutions, strongly supported the idea of focusing on Partners in Wellness' patient activation and physical health goals for outcomes of members with severe mental illness. Early data are promising and support the conclusion that together we are moving the needle in the right direction: for the first nine (9)-month period, the selected members achieved a forty-five percent (45%) reduction in inpatient hospital stays, a twenty-seven percent (27%) reduction in ED visits, and a sixty-three percent (63%) reduction in combined medical inpatient, emergency and BH inpatient expenses.

Traditional Network Development Approaches for Recruitment and Retention

Passport also relies on traditional recruitment tactics in its overall network development such as meetings, e-mail and traditional mail contact, telephone calls, meet-and-greets, and formal presentations. We develop target lists of providers from our analysis of specific geographic areas and specific provider types, leveled by our monthly analysis described above. We regularly adjust and add to the network based on our analysis of clinical incidence data, emerging trends around community health issues and from direct conversations with providers across the network. We also target providers using a variety of sources including:

- Providers recommended by our existing providers, requested by our members, and providers with whom we have executed single case agreements.
- All providers in any area of unexpected immediate or anticipated shortage, such as providers on staff at contracted hospitals and with nursing and rehabilitation facilities.
- Direct provider inquiry.
- Suggestions from our more than one hundred (100) provider thought leaders who volunteer for Passport committee and workgroup assignments, our medical directors and Board members, our network providers, and through review of competitor Medicaid provider networks.
- Careful analysis of clinical and public health data to determine if there are new and emerging needs in population health that require adding certain types of providers and sub-specialists to the network. Specific areas for consideration might include increased incidence of certain conditions/diseases, language barriers, ethnicity, gender, and special needs.

Our Provider Relations team proactively recruits providers by conducting outreach via site visits, phone calls, and email, and by presenting Passport at local and regional meetings of providers and community-based organizations. Our compelling story includes details about Passport’s provider-led history, our collaborative provider governance and committee structure, and our in-practice local supports, such as Provider Relations Representatives (PRRs) and Care Advisors.

Our Chief Medical Officer and Medical Directors also discuss Passport’s clinical systems, authorization processes and CM programs in peer-to-peer settings. Our providers are invited to join the Passport Medical Directors at monthly regional meetings on best practices to discuss specific community and population needs. These peer-to-peer interactions make Passport’s provider focus real and strengthen network recruitment and retention.

Recruiting and Maintaining Our Provider Network Through Direct, Personal Support

Through experience and in collaboration with our providers, we have created a wraparound model of provider support with touch points at every intersection to ensure a smooth contracting and credentialing process and easy orientation and entry to our systems. Trained Passport staff are available to visit any provider across the Commonwealth who needs high-touch assistance or assurance with clinical or administrative issues. Providers are in our DNA and we work to reduce their administrative burdens.

The Passport Network Team initially works with providers during the contracting and credentialing period. This team recruits, negotiates, monitors contract and credentialing status, assists with the required applications and paperwork, maintains contact with the provider, and offers a one-stop shop for all the provider's needs and questions during this critical and sensitive period. The team also ensures that the loading of the provider's demographics, reimbursement schedules and other vital information into our integrated system is accurate, complete and timely. The Provider Network Team includes value-based program experts to discuss multiyear programs with large providers, providers affiliated with hospital systems or in accountable care organizations, and Passport legacy providers who have advanced into new value contracts, such as pay-for-performance.

Once the provider is credentialed, loaded into our integrated systems for claims payment, provider demographics (including the online and paper Provider Directory), and all general administrative functions, our Provider Relations Manager assigns a single point of contact, a *designated PRR*, for the provider. Our PRRs, hired from the communities in which they work throughout the state, provide all onboarding activities such as orientation, office training, electronic systems onboarding and troubleshooting, and introduction to critical first-day processes such as handling encounters and claims, member verification and obtaining professional translators for members speaking languages other than the provider's. Passport has designated PRRs across Kentucky for all provider types, including BH providers. Because the PRRs are members of their respective communities, they have firsthand experience with local health care environments, including challenges and opportunities.

The PRR provides day-to-day resolutions of any administrative issues, is a connector to quality improvement initiatives and member engagement strategies, resolves billing and claims concerns, and serves as the facilitator to other staff within Passport such as:

Passport's Population Health Team offers personalized practice-level coaching on clinical programs, quality and risk adjustment, and incentive programs



- **Population Health Managers:** dedicated resources to support practice-level education on clinical member support programs, incentive programs, and clinical quality and risk adjustment. These highly trusted staff partner with providers to improve performance, obtain invaluable feedback to improve quality, and determine optimal goal-alignment plans between Passport, the provider and members.
- **Health Integration Team:** with subject matter expertise on practice transformation, integrated care, best quality practices and national trends in patient care and improving health outcomes.
- **Embedded Care Advisor:** for high-volume, high-risk practices who work with providers and members at the point of care. This is a highly collaborative model where the Care Advisor becomes an extension of the providers' team in order to deliver an integrated care experience for members.
- **Clinical Quality Team:** including clinical, quality, risk adjustment, analytic, actuary and contracting experts who work with our PCPs and PCP workgroup to develop provider incentive programs tied to meaningful member interventions. The team directly supports all practitioners engaging in value-based payment reimbursement and other incentive/risk compensation programs with hands-on support in analytics, best practice clinical programs, member activation and how to maximize the provider's individual quality and value goals.
- **Chief Medical Officer and Medical Directors:** who work with our network providers at the individual, practice, state or regional level.

Passport's Approach for Provider Network Adequacy Monitoring and Response

Passport assesses network adequacy on an ongoing basis to rapidly identify and close gaps, increase provider capacity by provider type, and seek opportunities to improve access for members:

- Monthly, our Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access standards with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards.
- Quarterly, the Provider Network team also reviews access-related feedback from our primary care and specialty providers, care managers, utilization managers, and Community Health Workers, from member surveys and comments from the member call center, complaints, contributions from our Partnership Council, and feedback from our external audit of providers for compliance with access standards (described below). Additionally, we review claims data to identify all out-of-network providers seen by members to identify network gaps. This review also part of our early warning system, alerting us to changes that may be required in network recruitment.

The Provider Network team then layers in data from population health survey results regarding emerging needs and social factors that affect patient care and access such as language, ethnicity, gender and special needs. We then ensure our network is sufficiently positioned to deal with the emerging needs. For example, Passport contracts with Phoenix Health Center for the Homeless (Louisville) which offers a unique combination of health care and social need support, including opportunities to find permanent supporting housing, because of its unique abilities to help the growing number of homeless members.

The Provider Network team considers the results of the quarterly member access survey, conducted by SPH Analytics, an independent national leader in health care analytics, and our on-site reviews to determine any hidden pockets where network PCPs may be struggling to meet appointment-wait time and access standards. This robust monitoring process uncovers any red flags that are indicators that a provider is struggling or that a panel may overflow provider capacity in the near-term. After thorough analysis, we

notify providers who scored poorly or below standard on any of the nine (9) elements both formally (via mail) and via the practice's PRR, who discusses mitigation steps with the provider. The provider is resurveyed the following quarter for improvement.

In addition, the Provider Network team reviews the overall results to determine if any long- or short-term challenges are specific to a location or provider type or are challenges for only one provider. We also monitor member-to-PCP ratios and appointment and wait times for all services, including BH services, based on DMS standards. When necessary, staff conduct an intense analytic review, deploying our suite of Quest Analytic tools and GeoAccess analytics down to the local area and the population's health risk and needs risk assessment scores, to determine if additional provider capacity is required. Based on these analyses, Passport develops an action plan for network or provider-type development.

We develop and provide GeoAccess reports to DMS in accordance with this contract and as directed by the Department, using the most recent GeoAccess program versions available in the Quest tool suite.

C.18.a.i.1. Strategies to recruit providers in traditionally underserved as well as non-urban areas, by health need, and to overcome expected accessibility challenges.

Approach to Recruiting Providers for Kentucky's Traditionally Underserved in Rural and Urban Areas

We understand the Kentucky Medicaid population and its patterns of care. We know that urban Medicaid members are sometimes aided by public transit and underpinned by safety net providers but are still often underserved, while rural members may access care from the same significant traditional providers and community clinics the family has used for generations.

Our recruitment strategies focus on:

- All providers in underserved and nonurban areas, especially traditional and safety net providers
- Rural providers
- Member health needs incorporating broader SDOH indicators

We also will offer service extenders such as telemonitoring and Teladoc, a virtual visit service, to provide additional access to overcome existing accessibility challenges. A full description of Teladoc can be found in the response to question **C.18.c.ii**.

For these underserved and nonurban areas, in addition to our traditional recruitment approaches, Passport leverages our community partnerships to reach and recruit providers. Passport is well-known as a community partner through its activism in supporting local health issues. Last year, our cross-organizational staff conducted more than 5,000 individual community engagement activities, met with 1,900 providers, brokers, businesses and pharmacies, and offered more than one hundred fifty (150) formal community presentations. By keeping a pulse on the communities we serve, we are better positioned to understand the unique needs of members in each region and recruit providers in each geography to address those needs for

Kentucky’s Medicaid Program. We also fostered long-standing relationships that make a positive difference in our provider recruitment strategies.

Recruiting Traditional and Safety Net Providers

We offer significant traditional providers and safety net providers an open door to contracting. Since our inception, we have fully integrated our safety net providers, significant traditional providers, and all other network providers into a unified provider network, promoting collaborative relationships with one another to support a member’s ability to receive all necessary medical and BH services.

Our safety net providers deliver a wide range of services to traditionally underserved and nonurban populations, including primary care, specialty care, BH services, hospital care, providers of EPSDT, dental services, general vision/laboratory/radiology services, and pharmacy services, as represented in **Exhibit C.18-2**.

Exhibit C.18-2: Passport’s Safety Net Provider Types

Safety Net Provider	Traditional Services Provided	Available Safety Net Providers
FQHCs	Primary care, preventive care	27
RHCs	Primary care preventive care	62
CMHCs	BH services	11
Public health departments	Preventive services and school-based services	621
Teaching hospitals	Full range of services, emergency services	8
Critical access hospitals (CAHs)	Emergency services and select outpatient services	28

Passport understands and complies with DMS goals and contractual obligations in the recruitment and contracting of significant traditional providers. Initial requirements for inclusion require that the provider be actively enrolled with the Kentucky Medicaid program. Passport uses its standard provider contracts and reimbursement approach, which comply with DMS requirements (including contract language that conforms to how proof of good cause for termination of a significant traditional provider is determined by the DMS). Passport credentials these providers in accordance with DMS guidelines and NCQA standards and guidelines methods and within the state’s turnaround timelines. We use a standard provider contract and reimbursement approach that complies with DMS requirements.

We have a long history of working closely with FQHCs and RHCs, including our sponsor, the Louisville Primary Care Association (LPCA). In addition, statewide organizations such as the Kentucky Primary Care Association (KPCA) and the Kentucky Rural Health Association (KRHA) are either contracted with Passport or have encouraged their member organizations to contract directly with us.

FQHCs and RHCs that we contract with to serve as PCPs, consistent with their federal and/or state requirements to provide and coordinate a wide range of member services, are supported by our CM team who assist special-needs members' on-site and help identify members in need of health screenings. This helps reduce the administrative burden on safety net providers, while ensuring our members' health care needs are met.

We contract with CMHCs as vital providers in the delivery of critical services to members who have been diagnosed with a severe mental illness and/or have behavioral/mental health needs, right in the community where they live. We collaborate with CMHCs to meet all the unique needs of this very vulnerable population, with a particular focus on intensive children's and adult crisis stabilization and acute residential services. Through our relationship with the CMHC providers, we have gained an understanding of the strengths and opportunities in accessing BH care in each region of the Commonwealth.

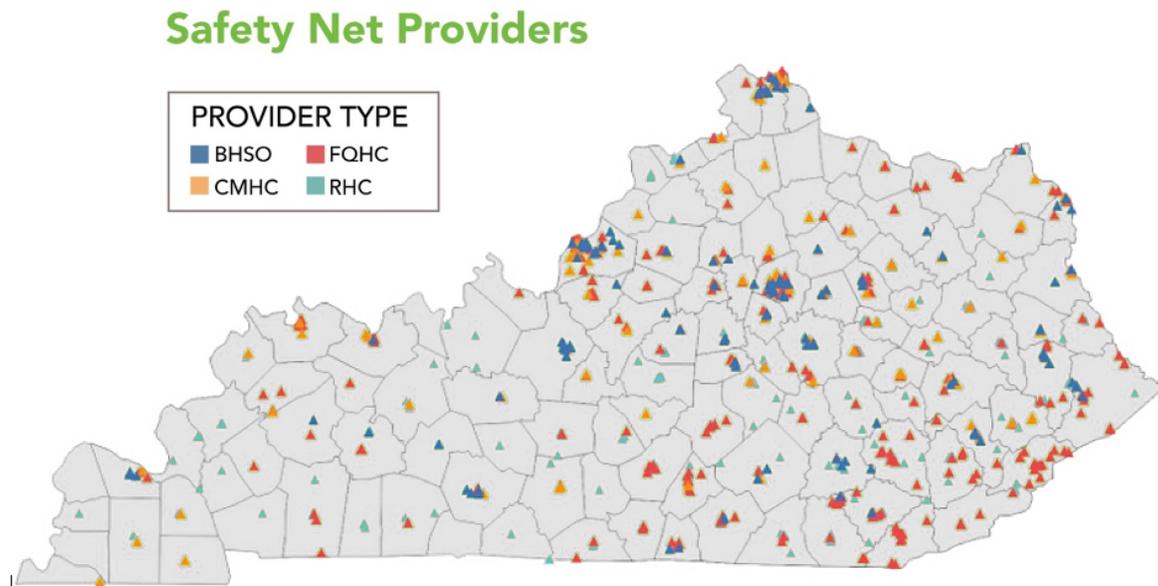
In support of the Commonwealth's goal of improving the health of Kentuckians, Passport holds a provider contract that provides members access to all one hundred twenty (120) local health departments throughout Kentucky. This helps provide our members with convenient access to providers for preventive health and school-based services. Passport's participation agreement includes, but is not limited to, the following provisions:

- Coverage of the Preventive Health Package pursuant to 907 KAR 1:360.
- Provide reimbursement at rates commensurate with those provided under Medicare.

Representatives from seven (7) health departments in Region 3 have historically participated on several key Passport committees, such as the Partnership Council, our overarching provider governance committee that reviews quality management and improvement activities; the Finance Committee; and the Compliance Committee.

To ensure access to all members, Passport's safety net providers are located throughout Kentucky. See **Exhibit C.18-3** for a map demonstrating the locations of each of Passport's safety net providers by type.

Exhibit C.18-3: Safety Net Providers in Kentucky



Teaching Hospitals and Children’s Hospitals—Throughout Kentucky, teaching hospitals serve the role of providing critical, emergency, urgent and often routine care to unserved, underserved and Medicaid populations. These hospitals also are leaders in the clinical training of our future health care workforce and are at the front lines of providing treatment for complex medical conditions and the development of new procedures and technologies. Like other Passport hospitals, our contracted teaching hospitals provide the full scope of inpatient and outpatient services. Passport contracts with every Commonwealth teaching hospital:

- University of Kentucky Hospital
- Lexington Veterans Affairs (VA) Medical Center
- UofL Health-Jewish Hospital
- University of Louisville Healthcare University Hospital
- Louisville VA Medical Center
- Pikeville Medical Center

In addition, Passport contracts with all Kentucky children’s hospitals. This is especially important since such a large percentage of Medicaid members are under age twelve (12). We fully support the critical role these hospitals have in the health care system, providing specialized inpatient and outpatient hospital services to children, educating the public about children’s medical care, training pediatricians and pediatric subspecialists, conducting research on childhood diseases and medical conditions, and serving as advocates for children’s health issues. Passport contracts with:

- Lexington Shriners Hospital
- University of Kentucky Children’s Hospital
- Norton Kosair Children’s Hospital

Critical Access Hospitals—With a risk of poorer health outcomes in rural areas, CAHs are essential for the delivery of care. As part of our rural health strategy for Passport members, Passport maintains contracts with all 28 CAHs in the Commonwealth as shown in **Exhibit C.18-4** Passport’s Critical Access Hospitals by Location, below.

Exhibit C.18-4: Passport’s Critical Access Hospitals by Location

Critical Access Hospitals in Kentucky by Location	
<ul style="list-style-type: none">• The Medical Center at Scottsville, Scottsville, KY• Breckinridge Memorial Hospital, Hardinsburg, KY• Caldwell County Hospital, Princeton, KY• Carroll County Hospital, Carrollton, KY• Casey County Hospital, Liberty, KY• Cumberland Country Hospital, Burkesville, KY• Marcum and Wallace Memorial Hospital, Irvine, KY• McDowell Appalachian Regional Health Care (ARH) Hospital, McDowell, KY• Saint Joseph Martin, Martin, KY• St. Elizabeth Medical Center Grant County, Williamsburg, KY• Jane Todd Crawford Hospital, Greensburg, KY• Caverna Memorial Hospital, Horse Cave, KY• Knox County Hospital, Barbourville, KY• Mary Breckinridge Hospital, Hyden, KY	<ul style="list-style-type: none">• Ephraim McDowell Fort Logan Hospital, Stanford, KY• Livingston Hospital and Healthcare, Salem, KY• Saint Joseph Berea, Berea, KY• Marshall County Hospital, Benton, KY• The James B. Haggin Memorial Hospital, Harrodsburg, KY• Morgan County ARH, West Liberty, KY• Ohio County Hospital, Hartford, KY• New Horizons Medical Center, Owenton, KY• Russell County Hospital, Russell Springs, KY• The Medical Center at Franklin, Franklin, KY• Trigg County Hospital, Cadiz, KY• Methodist Hospital Union County, Morganfield, KY• Wayne County Hospital, Monticello, KY• Bluegrass Community Hospital, Versailles, KY

Strategies for Recruitment of Rural Providers

Historically, our approach has been to assure that we have contracts with the large systems of providers common across Kentucky’s rural areas. This has given Passport a solid foundation throughout the Commonwealth. While many of these providers have become employed by even larger hospital systems over time, such as Baptist Health and KentuckyOne (and its successor), we have continued a contractual relationship.

To help grow and retain our rural providers, we contract with physician champions across Kentucky to assist. Some examples of Passport’s physician champions are the providers in the Kentucky Primary Care Association (KPCA) and CenterCare. The physician champions help us to rapidly achieve success in rural network recruitment, especially in Eastern and Southeastern Kentucky. These providers, incentivized with an administrative fee, meet with other providers to answer questions, provide a peer’s view of administrative and clinical managed care issues, and secure relationships for Passport.

We also remain closely connected with hospitals and hospital systems in rural areas, including through our PRRs, who are in the field, to monitor their staff additions and changes for potential recruiting.

Accessibility Challenges

Passport recognizes the significant accessibility challenges some members experience due to the barriers of geography, lack of transportation, disability and other factors. Our ongoing network assessment includes review of these accessibility issues to determine if any additional steps can be taken, outside of recruitment and retention efforts, to mitigate the barriers. Resources we use in these efforts include:

- Our Community Health Workers, who directly assist members with access issues in their communities, linking them to social supports and providers to increase engagement and the likelihood of a continued relationship with the provider.
- Our Population Health Team, including Care Advisors, who assist members most in need, such as those with chronic conditions, and develop pathways for their access.
- Emerging telemonitoring technologies, described below.
- Emerging virtual visits for primary care and dermatology, also described below.

Strategies for Recruitment by Member Health Needs

The Provider Network team's monthly analysis also reviews member health needs by region across the network to ensure access to specialty services. This includes the BH network for which Passport controls provider recruitment, contracting and retention. For our subcontractors who provide network contracting, such as vision and dental services, the Provider Network team collaborates with, monitors and reviews their networks for adequacy.

Passport has extensive experience in developing a strong network around member health needs. For example, when we recognized a growing need for specialty pediatric services throughout the Commonwealth, especially in pediatric cardiology, we contracted with Children's Hospital of Cincinnati and all its locations. This delivered five additional locations throughout Kentucky for a variety of children's specialty services including Children's Heart Institutes of Louisville and Elizabethtown, and a pediatric clinic in Crestview Hills with both pediatric surgery and pediatric rehabilitative services, plus a host of pediatric specialties.

C.18.a.i.2. Strategies and methods to address workforce shortages and network gaps, included proposed initiatives to collaborate with the Department and other contracted MCOs to develop innovative solutions to meet the healthcare needs of Enrollees.

How Passport Addresses Workforce Shortages and Network Gaps

Passport strives to maintain a network free of workforce shortages and network gaps. While our recruiting process is robust, we review our network monthly to ensure we are meeting DMS network access standards. As shown above in **Exhibit C.18-1**, *we currently exceed all DMS standards for access.*

Passport Success Story: Personalized Outreach to Fill Network Gaps

In December 2015, Passport identified the need for ambulance providers in Region 6, Northern Kentucky. Using the Lead Tracker for potential out-of-network providers, our provider relations representative was able to retrieve a list of potential candidates for contracting for our members. She made multiple personal contacts and, by the following August 2016, over twenty (20) ambulance companies had signed contracts to participate with Passport; these ambulance companies remain part of Passport’s network.

If we anticipate that we will not meet a network standard for any specific provider type in any region, our Provider Network team immediately initiates a remediation process. First, we conduct a review of the Kentucky state Provider Master Extract File (PMEF), received daily. We use this daily PMEF file to kick-start our cross-organizational **Lead Tracker process** to recruit new providers. Staff use our electronic, shared Lead Tracker tool to record, monitor and report on recruiting tactics and outcomes to full resolution.

The chart below, **Exhibit C.18-5**, is a snapshot of how Passport makes assignments, records benchmarks and ensures action is taken to meet compliance for access. During each recruitment project, PRRs update the grid with notes until the lead status is closed, with a new contract received.

Exhibit C.18-5: Passport’s Lead Tracker Grid Example

Orientation Tracker	✓	Date referred	Referred by	Assigned To	Provider Name	Provider Contact Info	Provider County	Type of Provider	Outreach date	Outreach Outcome	Date Contract Sent
Lead Tracker		1/2/2020	Todd, Marcus	<input type="checkbox"/> Kent, Lori	Recovery Works Paducah	TIN 455381950 NPI 1316372899 Phone 2706238500				Pending Outreach	
SPH Survey Fallout Documents		1/2/2020	Todd, Marcus	<input type="checkbox"/> Kent, Lori	Connie Ellison	TIN 400901628 NPI 1932262722 Phone 2704427121				Pending Outreach	
Recent Site Contents		1/2/2020	Todd, Marcus	<input type="checkbox"/> Kent, Lori	COMMUNITY LIVING IN KENTUCKY CLIK					Pending Outreach	

When we cannot recruit a provider immediately to close the gap, we deploy a series of methods to ensure that the needs of our members are met and there is no discontinuation of needed service. Options include creating single-case agreements (described below), offering the member a similar provider type nearest to their home. If the identified provider is outside of normal access standards, our team will support the member with transportation options, and, in some cases, use the hub and spoke telehealth consultation model offered by academic medical centers such as the University of Kentucky, that include a broad base of service lines including services in neonatology, pediatric cardiology, pulmonology, adult and child neurology, and surgical consultation. We also have strong relationships with community-based training programs in

Glasgow and one emerging in Owensboro, as well as at St. Elizabeth's, Hazard, Madisonville and Morehead. We can also offer out-of-state providers in Passport's network. Details on this are provided below in the response to **C.18.a.i.3**.

Innovative Solutions to Address Areas with a Workforce Shortage

Passport recognizes that members who live in areas with workforce shortages, such as rural areas, face unique health care and delivery challenges, including transportation barriers, poverty, and limited access to primary care, behavioral health and specialty providers and community-based programs. Kentucky and the nation face severe shortages of PCPs. PCPs are essential to cost-effective health care. Kentucky ranks fortieth (40th) among the United States in its PCP workforce per 100,000 people, with 2,696 practicing PCPs statewide.

In recognition of this shortage and the impact it can have on a community's overall health, and with the passage of 907 KAR 3:170, which establishes the state's standards for telehealth service coverage and reimbursement comparable to the delivery of in-person service (after compliance with the state's telehealth regulations), Passport immediately began discussions to bring in Teladoc, the nation's leading provider of virtual visit services. We anticipate that we can offer medical and dermatology virtual visits to our entire membership twenty-four seven (24/7) by the third quarter of 2020. Not only will Teladoc serve as a resource for members who live in primary care shortage areas, it will help in statewide efforts to reduce our members' unnecessary use of the local ED. According to Teladoc user data for Medicaid members nationally, thirty-five percent (35%) of members who used Teladoc services would have gone to the ED and twenty-eight percent (28%) would have visited an urgent care facility. Teladoc's providers will be Kentucky-licensed and Medicaid-certified. More information about this major enhancement to Passport's primary care services, including details about the participation of our willing network providers in the Teladoc network, is found below in the response to **C.18.b**.

Passport also monitors access issues that present, not as statistical shortages, but as barriers for individual members. For example, some members with chronic conditions that require routine monitoring are precisely those members who have the most personal difficulty getting to a provider appointment. Passport uses evidence-based remote biometric telemonitoring for members enrolled in CM programs with certain chronic diagnoses who can learn to recognize their early symptoms of a worsening condition and help them respond to these symptoms appropriately, including contacting and/or visiting their PCP. The user-friendly technology is targeted for members diagnosed with chronic conditions such as congestive heart failure, asthma, chronic obstructive pulmonary disease (COPD) and diabetes. As part of the member's CM plan, Passport's Care Advisor obtains the telemonitoring equipment, for example, a specialized electronic tablet, blood pressure cuff, oximeter and weight scale, and teaches the member how and when to use the devices. The devices are Bluetooth-enabled and integrated with the tablet to transmit the member's vital information directly to our Care Advisors, who can take immediate action on the member's behalf if changes in health status are noted. The system also sends a red flag alert based on preset, evidence-based measures for the member's particular condition and health status. The alert allows the member's care team to determine exactly which interventions are indicated. We have found that remote telemonitoring devices not only provide better management of the member's condition, but also bring the member more peace of

mind, while eliminating unneeded visits to their primary care doctor or specialist and thus opening appointment capacity for the provider to see other patients.

Collaborating with DMS and Other Contracted MCOs

Passport has a long history of collaborating with DMS and other contracted MCOs to mitigate barriers to care, expand access and serve all Medicaid members in the Commonwealth. For example, DMS and Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) notified all Kentucky Medicaid MCOs that the state desired implementation of screening, brief intervention, and referral to treatment (SBIRT), an evidence-based practice used to identify, reduce and prevent abuse and dependence on alcohol and illegal drugs to help prevent the rising rate of substance use disorders in the Commonwealth. Earlier intervention for at-risk members was also a goal. Passport led the effort. We participated in three national collaboratives to implement and further the adoption of SBIRT statewide. *We identified barriers specific to Kentucky, such as a coding challenge, and mitigated the obstacle for providers to be compensated, a solution that was adopted by the state.*

By removing the barriers to reimbursement and identifying at-risk members earlier, Passport, in cooperation with other Medicaid MCOs, was able to extend access to needed covered services to an invisible population cohort and potentially prevent future higher costs and less-desirable member outcomes.

Looking to the future, Passport intends to work collaboratively with the state to promote early identification of potential public health issues and creative solutions for addressing SDoH throughout the Commonwealth. Passport has interest in exporting the core philosophies around access and co-location of services in its proposed Health and Well-Being Campus in west Louisville to other regions. Co-location of support services at existing community-based organizations to promote integrated care, mobile health delivery to enhance access and broad telehealth and on-line access to education care support and behavioral health services are potential areas for future collaboration with providers and DMS.

Passport stands as a nimble, innovative and willing partner to develop actionable workforce solutions for DMS and the Medicaid population.

C.18.a.i.3. Strategies for contracting with providers in bordering states to help address network adequacy challenges, including lessons learned and successes or challenges with this approach.

Supporting Member Access with Bordering State Providers

While it is our goal for all members to receive the best care here at home in Kentucky, there are times that the ideal option for them is to receive care out of state. Examples include super-specialized (quaternary) care only available at a few select centers around the country or in border areas where the closest, most appropriate service location is just across state lines.

Passport holds contracts with six hundred seventy-seven (677) providers in bordering states. If we discover that we are short any specific provider type in any region, we conduct all the processes to locate and contract with appropriate Kentucky providers first, including a review of the Kentucky state PMEF file, our out-of-network claims for the provider type in the area, and providers with whom we may have had previous contact but did not follow to final contracting. We then review the PMEF file for providers in bordering states who might fill our network adequacy challenge. Then, our local PRR begins the Lead Tracker process, bringing in our Provider Network team to discuss Passport’s contracts, requirements, reimbursement methodology and quality and value programs.

When reviewing providers in bordering states, we include those located within fifty (50) miles of the Kentucky border. We also review claims for bordering providers and single-case agreements to determine whether these providers would join our network. For example, Passport executed a contract with Cincinnati Children’s Hospital in 2017, after working with them for several years with single-case agreements. We also seek contracts with providers in bordering states for specialized procedures that are not available within Kentucky, for example, specialized congenital heart procedures, of which Passport has had two cases in the past six (6) months.

For very select cases, such as a recent case involving a child member who, after a fall, had significant life-threatening multi-organ and brain injuries requiring very specialized pediatric tertiary care, we rely on our long-term relationships with specialty providers in bordering states to authorize immediate single-case agreements so that our members who must travel out of Kentucky for care do not have to travel very far outside of the region. In the child’s case, the member was transported via life flight from a Kentucky facility to Vanderbilt University Medical Center in Nashville, Tennessee, where she received emergency brain surgery and other life-saving procedures. Post-discharge, our care team arranged for her transit to and services from both Norton Children’s Hospital and Frazier Rehabilitation Hospital (Louisville) for ongoing care.

All providers from bordering states considered for contracting must be enrolled in Kentucky Medicaid, complete the credentialing process and agree to a Passport contract compliant with DMS regulations. Passport follows all Kentucky Medicaid enrollment rules when contracting bordering state providers.

The most common provider types from bordering states in the Passport network are:

- Sub-subspecialty pediatric ear nose and throat (ENT)
- Gastrointestinal
- Surgery (cardiac or transplant)
- Oncology
- Pediatric neurology

Exhibit C. 18-6: Provider Contracts by Bordering States, below, details the number of provider contracts we have established for our network in bordering states.

Exhibit C.18-6: Provider Contracts by Bordering State

	Indiana	Tennessee	Ohio	W. Virginia	Illinois	Virginia	Missouri
Providers	253	164	140	68	25	17	10

Lessons Learned

From our experience with contracting in bordering states, Passport has learned that these neighboring providers welcome a contractual relationship with Passport. We have also found that state borders are invisible to members when they seek care and they appreciate the convenience of having a provider in the geographic area where they receive daily consumer services. Passport member-facing staff always attempt to engage members with Kentucky providers located in our state. We also place the needs of the member first. Our CM team carefully reviews the member’s care plan and, in consultation with our medical directors as necessary, sometimes recognizes that the best care for the member may be from an out-of-state-provider. In these cases, we arrange care for the member and then make every effort to recruit the out-of-state provider to our network.

C.18.a.ii. Approach to providing out-of-network care when timely access to a Network Provider is not possible, including the Vendor’s approach to supporting Members in accessing such care.

Passport’s Approach to Out-of-Network Care

Passport’s approach to providing out-of-network care to members is based on fundamental principles. For members, we ensure that:

- The member receives the necessary and appropriate care on a timely basis in emergent and non-emergent situations.
- We preserve the member’s continuity of care.
- We coordinate the member’s care with other care and services he/she is receiving.
- We minimize or eliminate any personal burden the member may experience in accessing care.

For providers, we work to:

- *Minimize* the provider’s administrative burden in delivering the necessary care to the member.
- Encourage the *provider to join our network*, broadening the spectrum of options available to all members.

Below, we describe our approach and process for providing out-of-network care when timely access to a network provider is not possible, and we describe our approach to supporting members in accessing such care.

Process for Providing Out-of-Network Care

Exhibit C.18-7 describes Passport’s process for providing out-of-network (OON) care to members. Following the table, we provide further explanation for some of the key elements.

Exhibit C.18-7: Passport’s Approach to Providing Out-of-Network Care

Step	Action
1	<p>The member contacts Passport Member Services for help accessing a provider (go to Step 2). OR The member goes directly to an OON provider for care (go to Step 4).</p> <p>See the heading “Access to Out-of-Network Providers” below this table.</p>
2	<p>Member Services contacts relevant providers who are within traveling distance of the member to schedule an appointment. If no providers are available or have appointments within the required timeframe, we refer this information to our Provider Relations department for review. C.18.g explains how Passport monitors appointment availability and wait times.</p>
3	<p>For emergent needs, we ask the member to call 911.</p> <p>If the required care or service is not available within a timely basis, Member Services will offer the member the following options:</p> <ul style="list-style-type: none"> • To receive care through a local OON provider: Member Services tells the member to go to the nearest provider and we communicate with Passport’s Utilization Management (UM) department for authorization of OON care. We will assist the member with finding a nearby provider and scheduling an appointment. If the member is under CM, Member Services will alert the member’s assigned Care Manager to assure continuity of care. • To be transported to an in-network provider through non-emergency medical transportation, requires a referral from the member’s PCP, which Member Services will work to obtain. We also evaluate the logistical impact of this option to the member, considering impacts to work and school schedules, parent-child relationships, and whether the member’s health condition and functional abilities allow such transport. Finally, Member Services will help coordinate transportation scheduling with the regional transportation broker. • To access telehealth services through Teladoc. Typically, this will only be appropriate for ambulatory care sensitive conditions. In these cases, we will also encourage the member to establish an ongoing medical relationship with a PCP of his or her choice and will help him or her find a PCP if needed.
4	<p>Member Services will answer any questions for the member to help put them at ease and ensure the member understands exactly what he or she must do next. Member Services will ensure the member knows:</p> <ul style="list-style-type: none"> • The provider is OON but must still follow Kentucky Medicaid rules. • Passport will pay for covered benefits and the provider is not permitted to balance bill the member for covered benefits. • A Care Manager or other individual from Passport may contact the member and work with him or her and the provider to coordinate care with other providers and to preserve continuity of care. • Preserving continuity of care may involve either having the member use the OON provider for a predetermined length of time (including indefinitely) or transferring the member’s care to an in-network provider.

Step	Action
5	<p>Passport will take several subsequent actions to complete the loop for the OON service for the member. Those include:</p> <ul style="list-style-type: none"> • Educating the provider regarding Medicaid covered benefits and answering any questions regarding claims submission processes, prior authorization and Passport and Kentucky Medicaid policies. See the heading “Educating Out-of-Network Providers” below this table. • Arranging, where needed, a single-case agreement to cover the member’s care. See the heading “Using Single-Case Agreements” below this table. • Establishing a prior authorization in the system to ensure payment for the OON provider. See the heading “Establishing Prior Authorizations for Out-of-Network Providers” below this table. • Providing care coordination to ensure integration of out-of-network care with the members’ care plan to ensure continuity: This will be done by the assigned Care Manager. If the member has not been under CM, but the services accessed through OON care indicate the member may have increasing needs, Passport will assign a Care Manager and begin the assessment and evaluation processes. See the heading “Coordinating Care with Out-of-Network Providers” below this table. • Working to develop a relationship with the OON provider to encourage them to join the Passport network. See the heading “Encouraging Out-of-Network Providers to Join Our Network” below this table.

In some cases, Passport’s first notification of a member accessing care OON is when we receive a claim for the services received. In these instances, Passport follows up with the member to discuss in-network options and the member’s health needs, and our Provider Network team follows up with the provider as indicated below.

Access to Out-of-Network Providers

When an in-network provider does not meet appointment adequacy standards, Passport ensures members can access medically necessary care, including services from an OON provider when needed and appropriate. We address immediate service needs through our policies on OON coverage for emergency services. To address short-term needs for OON services, we use single-case agreements. Our long-term approach is to recruit OON providers into our network.

If a member requires immediate, emergent or urgent care services and they are not near or cannot access a contracted provider, we advise him or her to go to the nearest treatment facility. We support this through documented Passport policies, which we communicate through our contracted providers, Member Services and the Member Handbook. OON emergency services are available without any financial penalty to members.

If a member has any issues securing a visit with a specialty care provider, Member Services or CM staff can assist the member by contacting the OON provider to help secure a timely appointment that meets DMS standards.

Educating Out-of-Network Providers

It is our responsibility to ensure OON providers understand the Kentucky Medicaid program and its policies and procedures, including access standards. Our PRRs will contact the provider to explain the program elements and standards. We also make them aware of other resources available like our provider website, which has provider manuals that include member rights and responsibilities, our coverage policies and provider updates. The website also includes information about how to join the Passport network.

Using Single-Case Agreements

If our existing network does not meet a member's specific health needs, Passport uses single-case agreements. Our UM team, which assesses members' health needs, forwards cases that require continuity of service coordination to a service coordinator or Care Manager for review and discussion with the medical director. If the medical director deems that services from the OON practitioner are medically necessary, we take the following actions:

- Our UM department reauthorizes the services to be provided by an OON provider.
- We verify the provider is licensed, there are no licensure sanctions, the provider is enrolled with Medicaid, and the provider is not included in the Office of the Inspector General (OIG) List of Excluded Individuals or Entities or the General Services Administration (GSA) Excluded Parties List when we authorize care.
- Our Provider Network team approves either a comparable in-state/in-network rate, the state Medicaid fee-for-service rate, the state-approved OON provider payment methodology, or a negotiated fee schedule, and incorporates that fee approach into a single-case agreement for the member.
- The Provider Network team will encourage the OON provider to join the network.
- If the OON provider does not join our network, our UM team develops a strategy to coordinate a member's transition to a network provider once the member is stable or if the care requires long-term treatment that is available from a network provider.

Establishing Prior Authorization for Out-of-Network Providers

When a member needs to access non-urgent care outside of the Passport network, the PCP or OON provider contacts the UM department to secure authorization. During the authorization process, the UM team reminds the OON provider of the timely access requirements for urgent and routine appointments. The Provider Services Call Center is available to respond to OON providers' questions and assist them with the OON service authorization process.

Our OON service authorization includes review by a UM nurse, in collaboration with the care coordinator or the member's Care Manager (if the member is enrolled in CM), and as determined appropriate by the UM medical directors. The UM nurse confirms the requested service is medically necessary and is not available or accessible from a network provider. All OON requests are reviewed by the UM medical directors to ensure appropriate use of services. The medical directors are also available for peer-to-peer consultation with OON providers and the member's other treating providers.

We continue to authorize OON services for as long as medically necessary and until we can meet the member's need with an in-network provider. To ensure continuity of care, we may choose to extend the

OON authorization until the member's course of treatment is complete, even if an in-network provider is identified.

Coordinating Care with Out-of-Network Providers

Our UM and CM processes coordinate services from OON providers, ensuring services are appropriate and consistent with the member's identified needs. The care coordinator or Care Manager coordinates services with the member's other providers, including his or her PCP. We provide the appropriate medical records and copies of the member's care plan to the member's PCP and treating providers, including the OON provider.

If the member has not been part of our CM program, we evaluate the request for OON services to determine whether it represents a potential acute care episode that requires case management or it is an indicator of a chronic condition that would require ongoing CM. If ongoing care is necessary, we contact the member to explain the benefits of CM and offer enrollment in case of CM. If the offer is accepted, we begin the assessment and care planning process.

Encouraging Out-of-Network Providers to Join our Network

The UM nurse also notifies Provider Services staff about requests and authorizations for OON services. A PRR then contacts the identified OON provider and invites the provider to join the network. If the provider is agreeable, a PRR initiates the contracting and enrollment process. If the provider is not willing to immediately join the network, we create a single-case agreement and the PRR instructs the OON provider to access the Passport website for resources and instructions to join the network at any time. We also provide materials to the provider via fax or mail if the provider does not have internet access. Our Provider Network also initiates provider recruitment and contracting efforts to identify providers of the same specialty type who are able to meet the member's needs and willing to join our network.

Supporting Members in Accessing Out-of-Network Care

As indicated by our process and supporting explanations above, we take several actions to support members in accessing OON care. The most important element underlying this support is to simplify the member experience so they can access the care they need. To simplify the following process, we:

- Ensure upfront that we understand the member's needs
- Help the member find the care they need, whether that means encouraging an in-network provider to open an appointment slot, finding an OON provider, or offering alternative options such as transportation or telehealth
- Ensure the member understands the process, by explaining the difference between in-network and OON care; we assure them Passport will pay for covered services and they should not receive a bill from a provider for those services
- Explain the coordination of care process so they know another Passport team member may contact them to help ensure their encounter with the OON provider goes smoothly and to help coordinate activities between that provider and the member's other providers
- Provide active support for the member related to any issue they have during the process.

Passport Success Story: Satisfying Members' Out-of-Network Needs

Bailey* stratified into our Pediatric Complex Care Program because she suffers from Klippel-Feil syndrome, where her top vertebrae are fused together. These conditions, coupled with Sprengel deformity, which is where the shoulder blade is too high on one side of the body, limited Bailey's ability to move her shoulder. She also has some missing ribs, scoliosis, and thoracic insufficiency. Bailey's Passport Care Advisor, Jessica, learned that Bailey was having complications from a tethered cord, which she previously had repaired through surgery. The tethered cord was causing her painful bladder spasms, incontinence, and irregular growth. Jessica researched in-network specialists to perform Bailey's surgery, but quickly learned that the only specialist in the country who could perform the surgery amid Bailey's rare conditions was based in Rhode Island. Jessica worked with Passport's Utilization Management team to obtain approval for Bailey to travel out-of-network for her surgery, and helped to explain everything to Bailey and her mother to ensure their comfort with this approach. Bailey's provider wanted her to have oxygen concentrator on the flight to Rhode Island due to her many conditions. Jessica called multiple DME providers, but no one was able or willing to rent the oxygen concentrator needed since Bailey did not already have oxygen supplied through their companies. Sandy King, in Provider Network Management, leveraged her relationships to find a DME provider that was willing to loan the equipment free of charge to Bailey for the flights. The Care Connector team worked with Bailey's mother to ensure she had the flight and lodging accommodations planned and helped to ensure reimbursement for these items. Jessica met Bailey and her mother in their home the next day to provide the oxygen concentrator to them and educate Bailey's mother to ensure she felt comfortable using the equipment. It is these small gestures of proactive service that establish long-term trust and enable members to fully engage in their health and well-being.

**Member name changed for privacy*

C.18.a.iii. Approach to ensure Network Providers are physically accessible and have accommodations for Members with physical or mental disabilities.

Ensuring Access for Members with Disabilities

Passport is sensitive to the special needs of all its members, especially those with physical or mental disabilities. Passport ensures all provider facilities are physically accessible and have accommodations for members with physical and mental disabilities.

Our approach includes a combination of ongoing processes that help network providers ensure access to members with disabilities at every touch point that may impact their ability to fully participate in the health system. The approach includes site visits and physical plan audits, ongoing provider education on accommodations for members with physical or mental disabilities, and monitoring access to care and quality of care.

Since 2014, Passport has been represented by local PRRs and community engagement (CE) staff who are tasked with working directly with Passport network providers in their region to ensure contractual

compliance across all accessibility standards and to advise providers and their staffs on best practices for all types of accommodations.

- PRRs review and audit for compliance with the Americans with Disabilities Act (ADA) when visiting clinics and hospitals. They also link providers to Passport experts as needed for support with communication and behavioral techniques for assisting members with BH disabilities.
- CM staff also work personally with members who have special needs or require one-to-one assistance by locating PCPs whose facilities meet their accessibility needs (e.g., by having accessible exam tables or a trauma-informed gynecologist). In special circumstances, they can also assist with finding local transportation.

Initial and Ongoing Monitoring for Accessibility

Assuring accessibility for persons with physical, developmental and BH needs begins at provider onboarding. Our goal is to make sure providers are well-educated about our mission, the members we serve, and our members' rights and responsibilities. We believe every member should be treated with dignity, compassion and respect by our network and our staff.

At onboarding, PRRs orient the provider and his or her staff on all the federal, state and contractual obligations regarding accessibility. Our provider website, Provider Manual and routine provider bulletins remind each practice of its obligations. When a provider's member panel includes individuals with significant or less common needs, PRRs will bring in our Health Equity Program staff for individual consultation with the practice (see details on our **Health Equity Program in Section C.18.a.iv**).

On an initial and ongoing basis, the PRR conducts a site review to ensure compliance. During reviews, Passport emphasizes compliance with state and federal regulations. In addition to providing standard information about privacy, confidentiality, advanced medical directives, and fraud, waste and abuse, Passport staff assess the physical accessibility and appearance of each office. Our Provider Site Visit Checklist affirms that provider practices are wheelchair- and handicap accessible based on NCQA and Passport requirements, that waiting areas and offices are clean and well-lit and without unnecessary obstacles, and that members have adequate seating and room for mobility aids and portable medical equipment. Any inadequacy is reported to Passport Compliance for follow up with the provider, remediation and subsequent re-visit by Provider Relations.

Our evaluation includes but is not limited to:

- ADA Standards
- Handicap/wheelchair accessibility
- Handicap parking
- Bathroom handrails
- Public transportation within walking distance of office
- Well-lit waiting room
- Adequate seating

- Posted office hours
- Visual aids for the legally blind population, including special screens and magnification devices
- Cleanliness and appearance of the office

Site visit questionnaires are electronically recorded as they are conducted and stored in our integrated information management system. See **Exhibit C.18-8** for a screenshot of Passport’s Site Visit Database.

When an ADA compliance issue is identified at a provider office, our Health Equity Program representatives report the matter to Compliance for follow up with the provider.

Exhibit C.18-8: Passport’s Site Visit Database

**Provider Network Management
Site Visit Survey
PCP and Specialist Providers**

Date of Visit:

Office Demographics and Contact Information

Provider Tax Name:

Provider Type:

Primary County:

Remit City:

Office Manager Name:

TPA Education: Date:

Physical Accessibility and Appearance Standards

Check all that apply:

Handicapped/Wheel Chair Accessible (NCQA and PHP Requirement)

Clean Appearance (NCQA Requirement)

Adequate Seating (NCQA and PHP Requirement)

Posted Office Hours (PHP Requirement)

Well Lit Waiting Room (PHP Requirement)

Routine/Preventative Care Appointments (Requirement)

Routine/Preventative Care:

(Standard within 30 days. If > than 30 days, provide education.)

Appt for pregnant women in their first trimester:

(Standard within 14 days. If > than 14 days, provide education.)



Visit Performed By: Office Contact: Visit Type:

Tax ID: Group NPI:

Primary Address: Primary City: Primary State:

Office Email: Phone #: Fax #:

Remit State: Remit Zip Code: Remit County:

Office Manager Email: EHR Incentive Education Provided: If applicable, office verification and change docu

Office Standards (Requirement)

Waiting Times: (Standard is no more than 45 minutes. If more provide education)

"No Show" Follow Up Policy: (Standard is that providers should have a policy, if not provide educator)

Office Has System in Place to Remind Patients of Appts:

Is the System in Place Manual or Automated:

Office Has Policy For Reporting Of Communicable Diseases:

Practice has documented office standards for orderliness, security and confidentiality or medical records:

Practice has organized, secure, and confidential filing system for medical records which can be easily located:

Urgent Care (Requirement)

Next Available Urgent Care Appt:

(Standard is within 48 hours. If longer than 48 hours, provide educator)

Emergency Care (Requirement)

Emergency Care Provided Immediately:

(Standard is emergency care is provided immediately.)

Phone Coverage (Requirement)

C.18.a.iv. Approach to ensure a comprehensive network to address the needs of all Members, including the provision of services in a culturally sensitive and linguistically appropriate manner.

Ensuring Delivery of Culturally Appropriate Services

At Passport, cultural competency, a deep understanding of our populations, and accessibility for all members are fundamental principles. Passport has a history of leadership in promoting cultural diversity, community interaction and education, continuity of care, and health literacy for our members and our communities. These efforts include providing a network that is prepared to deliver services in a culturally sensitive and linguistically appropriate manner. Passport recognizes the ethnic and language diversity of our members, as well as the impact of culture has on their willingness and ability to participate in health care. The cultures of poverty, disability, aging, foster care, familial and fictive relationships, and the LGBTQ community, among others, must be understood and appreciated in order to address members’ health needs. To provide effective member care, a provider must understand and respond knowledgeably to a

member’s exposure to trauma or violence, the presence BH and/or development disabilities, and isolation that sometimes comes with disability, even when those conditions do not appear relevant to the care being provided. Passport’s Health Equity Program has long served as the focal point of our efforts to ensure all populations feel welcome within our Provider Network.

Passport’s Health Equity Staff Bridges Cultures for our Network and Communities

Passport provided cultural diversity training for home visit nurses working in our Mommy Steps prenatal case management and EPSTD programs.

In 1999, Passport providers and member-facing staff began to remark on the number of members with whom they were unable to effectively communicate. In most cases, the barrier was linguistic; our members had either little or no ability to communicate in or understand English and, therefore, had little or no ability to understand or access health care services. In other cases, the barrier was defined by culture; misinterpretation of culture (from both sides) negatively impacted verbal and nonverbal communication.

Passport responded swiftly by creating a new program inside our Marketing and Community Engagement Department (MACE) called the Health Equity Program. The program has developed into a crucial, valued program of education and intervention that promotes cultural diversity, community interaction and education, continuity of care, and health literacy for all our members, regardless of cultural and linguistic barriers. We believe that Passport’s Health Equity Program is unique compared to other programs offered by managed care organizations in the state of Kentucky.

Passport’s Health Equity Program offers advocacy, training and support services to members and the providers who serve them. The Health Equity Program staff consists of one dedicated full-time manager, a program specialist, a bilingual CE representative and the support of the entire CE team. Health Equity Program staff have completed education for diversity trainers, and they update their training regularly to maintain a fresh perspective on the changing landscape of diversity and cultural competency in Kentucky.

Because the culture of poverty plays such a major role in the daily lives of many Passport members, the Health Equity Program staff also participates in poverty simulation training to learn about the challenges and difficulties our members encounter. This best practice simulation teaches our staff to feel—not just understand—our members’ barriers, challenges and emotions when interacting with providers, speaking on the telephone and attempting to understand self-care instructions or access routine health care needs. The staff translate this training to member- and provider-facing Passport staff to strengthen and extend their cultural competency skills.

Recruiting and Supporting a Culturally Sensitive and Culturally Diverse Network

As part of our continuous assessment of network adequacy and corresponding member need, our Provider Network Team attempts to recruit a culturally diverse Provider Network. We proactively seek providers with

specific cultural skills to fill gaps, as necessary, and leverage the knowledge of our community partners such as Catholic Charities Migration and Refugee Services (Louisville) and Amigos Network (Bowling Green) to determine the best providers to recruit based on member preference.

We recognize that recruiting providers for every linguistic and cultural population is not possible, but we can help our existing Provider Network learn and adopt cultural skills to prevent barriers to care and increase member satisfaction for all populations. Beginning at recruitment and reinforced through daily operations, Passport providers and their staffs know they can rely on our Health Equity Program for support and advice to appropriately address the needs of all members.

Our Health Equity Program staff create and facilitate training for individual providers and their staffs and larger trainings for sections of the network. As an example, we educate providers and their staffs on new populations like the small but growing population of Arabic- and Somali-speaking members. These ongoing and on-demand trainings are offered free of charge and are often conducted at providers' offices and health facilities. Topics include diversity awareness, understanding barriers to care and access, the importance of using professional translation services instead of family members to discuss health needs, our contractual requirements for cultural competency, and federal and state regulations.

Passport Health Plan Provider Toolkit, a comprehensive collection of resources and tools on cultural competency, is also made available free of charge. The kit is an especially effective tool for educating our providers about what is federally mandated and what Passport expects of them. It contains:

- Office of Civil Rights fact sheets
- Executive Order 13166
- An overview of the CLAS standards
- A slide deck detailing the culturally competent use of language services at the provider office level
- Spanish preventative health information
- A cultural proficiency binder
- "I Speak" poster for use in the provider office
- A comprehensive resource list

At a provider's request, we customize trainings and tailor the information to the types of members in the provider's access area. We also develop modules for specific needs (e.g., practices that see significant numbers of victims of trauma or whose members have a high teen birth rate).

Our Health Equity Program staff also provide education to community partners and advocates who deliver essential health and SDoH support to Kentuckians. These groups often are in the early stages of developing their own diversity and cultural awareness programs or request support on specific emerging cultural issues. As examples, we have offered free training to:

- Caritas Health Services
- Metro Louisville Health Department
- Spencerian College School of Nursing
- Shelby County Latino Coalition
- DMS

Staff also work directly with community-based organizations statewide, both to offer training assistance and to learn about specific populations at a grass roots level. This helps Passport maintain an accurate snapshot of our communities' needs, concerns and health and SDoH barriers. We recently participated in the Attorney General's Statewide Human Trafficking Task Force and with Education, Empowerment and Respect (EER), an organization that helps Spanish-speaking people in Northern Kentucky who may be experiencing barriers to necessary services and information.

Educating our Providers for Culturally Competent Service to all Populations

We train our PRRs upon hire and provide ongoing education to help them develop and maintain a culturally sensitive and linguistically appropriate provider workplace. Our training includes a review of Kentucky's diverse cultures, including urban, rural, immigrant and underserved; a review of the impacts of geography, poverty, disability, age and sexual orientation on willingness and ability to access health services; and details about our population health programs. These sessions include traditional learning modules and interactive components to foster understanding and appeal to all learning styles. All staff must successfully complete the course and pass testing to ensure comprehension. Retraining is required annually, and provider-facing staff receive routine refreshers.

Our targeted training prepares PRRs to offer initial provider orientation on cultural competency and federal and state requirements, including Title VI and ADA, and the use of communications devices like our language line and Telecommunications Device for the Deaf (TDD)/teletypewriter (TTY) services. We provide additional ongoing information on our provider website, in the Provider Manual and in the quarterly Provider Newsletter.

PRRs are equipped to offer ongoing direct support to help providers maintain a culturally welcoming office. For advanced support, like applying the National Standards for Culturally and Linguistically Appropriate Service (CLAS Standards) in the health care workspace, providers work directly with our Health Equity Program to determine the best service and educational offerings for the practice.

Offering Members Professional, HIPAA-Compliant Linguistic Services

Members must have access to all benefits and services and providers must ensure that any person with limited English proficiency (LEP) can communicate effectively in his or her language of choice. We educate our providers about these requirements during contracting, orientation, in the Provider Manual and through ongoing on-site reviews. We remind them they must take necessary steps to provide language assistance and that Passport provides interpretation services for every member, at no cost to the provider or member. We educate the provider on how to obtain interpreters during initial orientation, in the Member Handbook and via our provider call center. Our cultural and linguistic services coordinator is also available to locate interpreters for scheduled visits and can obtain interpreters for uncommon languages.

In the rare case where a non-English speaking member presents for service without the provider realizing an interpreter is needed, our cultural and linguistic services coordinator is electronically notified from any point of entry the provider calls (e.g., Member Services, Provider Services, CM) and immediately attempts to

locate an interpreter in the area. If that is not possible, the coordinator offers our language line service for one-time use via a conference call.

Passport’s telephone and in-person interpreters are trained professionals, Health Insurance Portability and Accountability Act- (HIPAA) compliant and pre-tested for proficiency in their languages.

Serving All Member Linguistic Needs at Every Member Touch Point

All Passport call center staff (i.e., Member Services, 24/7/365 nurse advice line, BH crisis line and BH administrative services line) and all member-facing staff are trained in cultural and linguistic competency. Since the largest population of members speaking a language other than English is Spanish speakers, we also actively recruit staff who are fluent in Spanish. To maintain best practices, we ensure bilingual staff successfully pass a competency test conducted by a third-party language service and we maintain notification of successful completion. No staff may serve as an interpreter without demonstrating this competency. To speed up service to our Spanish-speaking members, the interactive voice response system (IVR) that answers our member phone lines offers an option to connect callers to a Spanish-speaking Member Services staff.

To assist members who speak other languages, staff have access to a telephonic language service that offers professional translation in more than 200 languages and is fully HIPAA-compliant. Passport also employs the 711 telecommunications relay service to communicate using voice-to-text technology, and we train all staff on the appropriate and courteous use of the technology.

In 2019, Passport Member Services received 6,712 calls in Spanish. These calls were handled by four (4) Spanish-speaking Passport Member Services Representatives. We also received 3,938 calls in languages other than English or Spanish, which were handled through our language services vendor. In total, we engaged in 10,650 non-English speaking interactions in 2019.

Exhibit C.18-9 shows the top languages interpreted by our language services vendor in 2019.

Exhibit C.18-9: 2019 Tele-Interpreter Summary of Languages

Language	Number of Calls Received	Language	Number of Calls Received
Albanian	3	Korean	6
Amharic	6	Kurdish	9
Arabic	301	Kurdish Sorani	9
Bosnian	39	Lingala	2
Burmese	44	Mai-Mai	4
Cambodian	2	Mandarin	37
Cantonese	21	Nepali	101
Cape Verdean Creole	1	Oromo	1
Chin	5	Pashto	2
Chuj	1	Persian	1

Language	Number of Calls Received	Language	Number of Calls Received
Croatian	4	Russian	19
Falam	4	Somali	107
Farsi	6	Spanish	2,966
Farsi-Iranian/Persian	1	Swahili	31
French	53	Tagalog	8
Gujarati	4	Tamil	2
Haitian Creole	7	Thai	3
Hakha Chin	4	Tigrinya	6
Hindi	3	Turkish	2
Indonesian	1	Ukrainian	2
Karen	8	Vietnamese	42
Kinyarwanda	52	Wolof	1
Kirundi	3	Zomi	4

Ensuring Every Passport Communication is Accessible in Every Language

Passport complies with all federal, state and contractual obligations for communications with persons with Limited English Proficiency (LEP), who speak a language other than English or who have communications differences. We write all member materials at the sixth -grade reading level. Upon request, we will provide a culturally sensitive language translation of any member document. For members with developmental or communications issues, our Member Services staff are available to read and explain member materials over the telephone. Key preventive health care documents are translated into Spanish and any other prevalent language and made available online for members and providers. For translation into other languages upon request, Passport utilizes a translation vendor, Language Line Services (LLS). At the click of a mouse, members can view a version of our member website in six (6) languages, including Spanish and Arabic. For members’ ease, translations can be obtained without reading any English; the translation icon includes the internationally recognized flag for the language represented. We also offer alternative formats to members, including audiotape, large type and Braille.

We also develop specialty materials for linguistic populations based on our members’ needs, such as a Spanish version of a custom video that promotes the Kentucky Children’s Health Insurance Program (KCHIP). Passport offered the video to caseworkers and other social service agencies, free of charge.

As an added benefit for staff and to assist the growing number of Spanish-speaking Passport members, we offer on-site, multiweek Spanish immersion classes for associates.

C.18.a.v. Strategies the Vendor will implement to ensure the network adequacy and access standards are met if actual Enrollment exceeds projected Enrollment.

Ensuring Passport’s Network Adequacy & Access if Enrollment Exceeds Projections

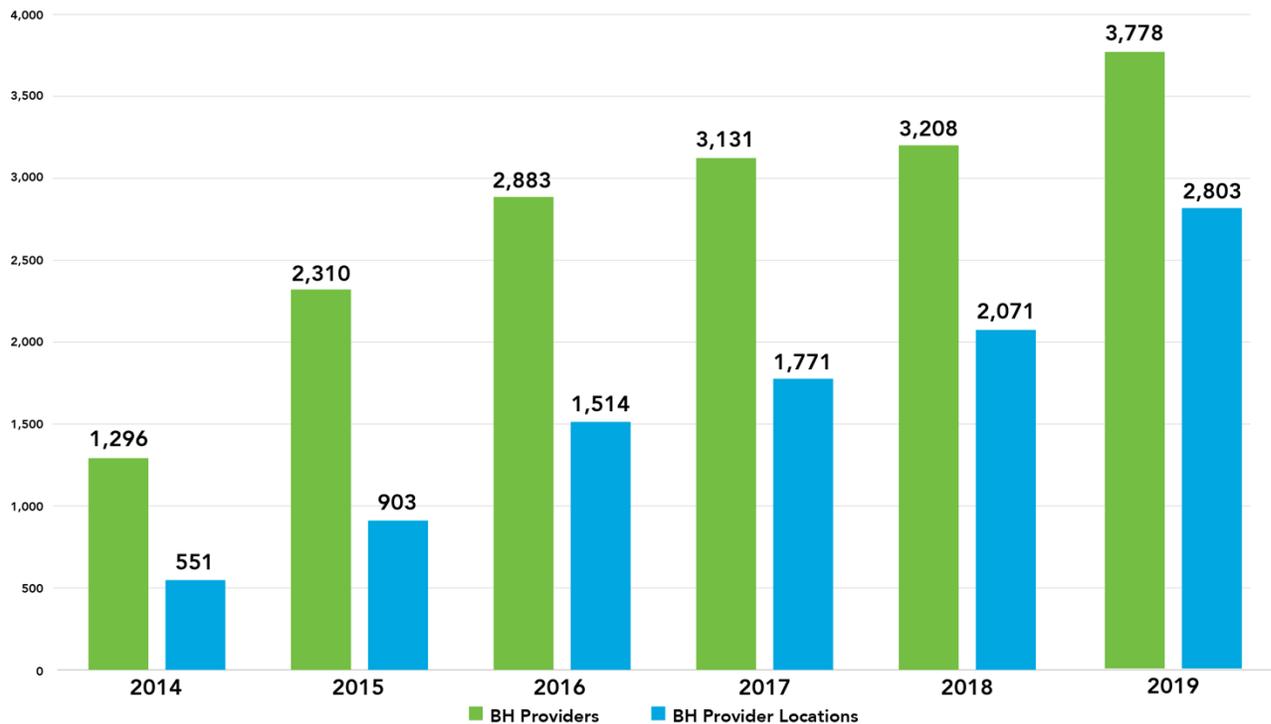
Since 1997, Passport has provided full-risk managed care services for Medicaid recipients in Kentucky. In 2013, Passport expanded from sixteen (16) counties to all one hundred and twenty (120) Kentucky counties. During this expansion, Passport met state adequacy standards within ninety (90) days. Passport accomplished this using Provider Relations and Provider Network staff who worked closely with providers during the recruitment and enrollment processes and throughout their participation with Passport. During pre-implementation, staff conducted outreach to providers across the state to familiarize them with Passport and set the groundwork for a collaborative relationship focused on improving the health of Kentuckians.

Throughout implementation, the Provider Network team analyzed geographic information and transportation times using GeoAccess, an industry-standard analytics tool, to ensure DMS standards were met. The Provider Network team called and personally visited providers across the state to obtain contracts and fill any identified gaps. The Provider Network team focused its contracting efforts on teaching hospitals, critical access hospitals, FQHCs, rural health centers, CMHCs and public health clinics to maintain access. This rapid and successful scaling of the network to address significant geographic expansion illustrates Passport’s ability to be nimble in meeting the needs of providers and members when changes are implemented in the Kentucky Medicaid program.

A Passport Success: Growing the Behavioral Health Network to Meet Growing Enrollment Needs

Passport also developed, and continues to develop, a robust BH network that meets and often exceeds the DMS adequacy standards. Through our presence in the community and through efforts such as our Lead Tracker process, our network of BH specialists continues to thrive and flourish. As shown in **Exhibit C.18-10**, our network of BH providers grew from 1,296 providers at 551 BH provider locations in 2014 to 3,778 BH providers at 2,803 BH provider locations in 2019.

Exhibit C.18-10: Passport's Behavioral Health Network Growth



In 2014, when Passport contracted with BH providers for the first time across the Commonwealth, our primary objective to meet adequacy was fulfilled. Over the last five (5) years, our actual member enrollment has greatly exceeded our initial projections and the need for BH providers is far greater than anticipated. In response, we have already implemented the following strategies:

- Monthly comparisons of network enrollment of all specialty types to monitor growth for staffing
- Routine comparisons of PRRs to assigned providers to ensure providers have adequate coverage for plan administrative supports
- Expedited use of the recruitment strategies discussed earlier in this section.

For example, when enrollment far exceeded network adequacy and access standards, we hired an additional medical PRR to split Regions 4 and 8, and added two (2) additional BH PRRs for added focus in these areas. By increasing staff capacity, we increased our ability to identify and recruit additional providers.

How Passport Addresses Compliance Deficiencies with Travel Distance or Time Access Standards

Passport benefits from decades of experience providing access to network providers. Monthly, we review network adequacy against member enrollment, member location, provider type by membership, travel time and distance standards, and projected enrollment to ensure members can access medically necessary care. By looking prospectively at enrollment potential, we are able to anticipate and fill needs with local providers

and/or telehealth services so members always have access to service. This prospective review enables us to quickly recruit providers if actual enrollment exceeds our projections.

When we receive a Network Adequacy Report from DMS, a business analyst reviews the report for any deficiencies. If a deficiency is identified for a specific provider type and region, the analyst pulls information for all non-participating providers of that specific provider type in that region and adds those providers to the Provider Relations Lead Tracker. A PRR is assigned to each provider via an electronic notification to begin the Lead Tracker process and attempt contracting with the provider. A provider may be approached multiple times, including through personal meetings to develop the relationship and recruit the provider, ensuring the best access for Passport members and to alleviate the deficiency. The Lead Tracker monitors and reports on progress and outcomes.

As an example, in May 2017, our business analyst noticed a deficiency in RHC providers in Kentucky Medicaid Region 8, a region with 17,651 members. There were eight (8) RHC providers in Region 8 that were not participating in the Kentucky Medicaid plan. The assigned PRR reached out to all RHC clinics and ultimately obtained contracts with five (5) of the eight (8) practices.

How Passport Addresses Lack of Appropriate Providers Within the Travel Time or Travel Distance of a Member's Residence

Passport understands that a Provider Network must be accessible to every member within the travel time and distance standards. We also recognize the impact Kentucky geography has on accessibility for members. Because of our experience, we have defined processes to address different types of provider deficiencies that may occur because of travel time or distance from a member's residence. Below are examples of our ongoing processes to ensure member access in the case of an identified deficiency in the travel time or distance standards, and our monitoring processes to prevent deficiencies.

- **PCPs:** Because Passport believes that having a primary care home is central to a member's overall health and to avoiding preventable events, our PRRs conduct special outreach to PCPs to invite them to join the network. On a monthly basis, the team also encourages network PCPs already under contract to maintain open panels and continue to accept members from Passport.
- **Pediatricians:** Because of the large percentage of Passport members under age twenty-one (21), Passport recognizes the importance of care continuity for our child members. When presented with a member need for a pediatrician, our Provider Network team identifies and immediately executes single-case agreements as needed with OON providers in the area. This serves as a bridge to a contracted arrangement for providers who are willing to join and capable of meeting our credentialing process. This also serves as a continuity-of-care extender until a newly contracted pediatrician can be identified and the member can be onboarded successfully to their practice. Parallel with this care continuity process, Passport's Provider Network staff, who continually review network gaps and adequacy reports versus the DMS Master Provider File, will incorporate an immediate need for pediatricians in their provider recruitment plan (referenced above) to fill the gap. This is an ongoing process, supported by monthly analysis and reporting. UM staff consider and select out-of-area pediatricians when we have a gap in our network.

Should a member have to use an out-of-area PCP or pediatrician until we secure in-network care that complies with the time and distance standards, Passport's CM team will work with the DMS transportation vendor to arrange transportation for the member. When there is a gap in our network, authorization for out-of-area travel is an active part of every specialty provider selection and consideration. Passport may also consider other transportation options as medically necessary.

- **Specialists/High Volume Specialists:** Passport understands the need to have a network of specialists that is both adequate and accessible to our members and referring providers. We work closely with our PCPs and contracted facilities to determine which specialists need to be brought into the Passport network to ensure accessibility. As needed, we use Provider Champions to create interest in Passport. We review out-of-area and OON specialty claims and perform quarterly network analyses to predict adequacy. For instance, we model "what if" scenarios like losing a high-volume specialist so we can anticipate the impacts and ensure ongoing adequacy.
- **OB/GYNs:** In parallel with the care continuity actions described above, Passport's Provider Network staff will incorporate an immediate need for OB/GYNs operating as specialists in their recruitment plans (referenced above) to fill any gaps. This is an ongoing process, supported by monthly analysis and reporting. Provider Network staff are also continually reviewing networks gaps and adequacy reports against the DMS Master Provider File.
- **Pharmacy Network:** Passport has contracted with CVS/Caremark, the largest pharmacy benefits manager in the nation; it has over 9,336 pharmacies in its network nationwide and more than 1,200 pharmacies in Kentucky that provide pharmacy benefits management (PBM) services. As the largest PBM in the nation, CVS/Caremark utilizes its strength, size and market presence to help ensure its network has the capacity to serve Passport members. Passport's members have access to a network of pharmacy providers that meets or exceeds DMS requirements.
- **Dental Network:** Passport has contracted with Avesis, a major national dental benefit network, to manage our dental network. Using their tested processes, their Network Recruitment team works collaboratively with ours to perform a geographic access analysis and determine each member's distance in miles to one (1) or more network providers by specialty. When combined with utilization and claims data, appointment wait time requests and member placement requests, these reports help identify geographic or service gaps in our network. We then set recruitment goals and develop and execute provider outreach and appropriate recruitment plans.
- **BH Network:** If a deficiency is identified via constant monitoring of the provider file, Passport's Provider Network team will immediately incorporate BH providers in the recruitment plan (detailed above). Passport recruits and contracts BH providers and works collaboratively and successfully with our subcontractor, Beacon, to identify providers for recruitment.

Passport's Support for Members Facing a Provider Network Deficiency for a Medically Necessary Covered Services

Passport will ensure members can access medically necessary care, including services from OON providers, when needed and appropriate. Immediate service needs are addressed through our policies on OON coverage for emergency services. Short-term needs for OON services are addressed through single-case agreements, and our long-term approach involves recruitment of OON providers into our network.

Should a member require immediate, emergent or urgent care services and they are not near or cannot access a contracted provider, they are advised to go to the nearest treatment facility. This is supported by

Passport's policies and communicated through our contracted providers, Member Services staff and the Member Handbook. OON emergency services are available without any financial penalty to the member.

When a member needs to access non-urgent care outside of the Passport network, the PCP or OON provider will contact the UM department to secure authorization. During the authorization process, the UM team will remind the OON provider of the timely access requirements for urgent and routine appointments. If the member has any issues securing a visit with a specialty care provider, Member Services or CM staff can assist the member by contacting the OON provider to help secure a timely appointment that meets DMS standards.

Our UM and CM processes coordinate services from OON providers ensuring services are appropriate and consistent with a member's identified needs. Our OON service authorization includes review by a UM nurse, a care coordinator or the member's Care Manager (if enrolled in CM), and the Chief Medical Officer, as appropriate. The UM nurse confirms the requested service is medically necessary and is not available or accessible from a network provider. The Care Coordinator or Care Manager coordinates the OON services with the member's other providers, including his or her PCP, and provides appropriate medical records and copies of the member's care plan to the OON provider. The Chief Medical Officer validates the need for OON services and makes him/herself available for peer-to-peer consultation with the OON provider and the member's other treating providers. The Provider Services Call Center is available to respond to OON providers' questions and to assist them with the OON service authorization process.

The UM nurse also notifies Provider Services about requests and authorizations for OON services. Provider Services then contacts the identified OON provider and invites them to join the network. If the provider is agreeable, a PRR initiates the contract and enrollment process. If the provider is not willing to immediately join the network, a single-case agreement is created and the PRR instructs the OON provider to access to the Passport website for resources and instructions to join the network at any time. The PRR can also provide materials to the provider via fax or mail if the provider does not have internet access. OON providers have access to provider manuals that include member rights and responsibilities, Passport's coverage policies and provider updates. Our Provider Network will also initiate provider recruitment and contracting efforts to identify providers of the same specialty type who are able to meet our members' needs and willing to join our network. Passport will continue to authorize OON services for as long as medically necessary and until we can meet the member's need with an in-network provider. To ensure continuity of care, we may choose to extend the OON authorization until the member's treatment is complete, even if an in-network provider is identified.

Direct Access Services: There are several types of health care services members may access that do not require a referral from a PCP. These services include:

- Emergency Care
- Mammograms
- BH services (mental health and/or substance abuse) from a Passport BH services provider
- Family planning from any Passport network or state-approved Medicaid family planning provider
- Prenatal care from a Passport network obstetrician or certified nurse midwife
- Eye exams from a Passport network eye care provider (optometrist)

- Screening or testing for sexually transmitted diseases including HIV from a Passport network provider
- Early childhood intervention services from a Passport network provider

Should a member require immediate, emergent or urgent care services and they are not near or cannot access a contracted provider, they are advised to go to the nearest treatment facility. Information on how to access Direct Access Services is supported by Passport's policies, Member Services staff training, the Member Handbook and Passport's website. Direct Access Services are available without any financial penalty to the member and Passport's systems are configured not to require an authorization.

Ongoing Adequacy Review: The Provider Network team conducts ongoing network adequacy evaluations, both to ensure access to care for members and to identify opportunities for improvement. These analyses will consider intelligence on any upcoming changes that might result in population growth (e.g., changes to the law), as well as organic growth and shifts that increase the population and our membership. No less than monthly, we will employ Quest Analytic tools, customizable standard assessment software and external data sources to evaluate our network in terms of service, specialty and geographic access standards. We will respond to any service gaps discovered through these analyses and will address any member complaints through adjustments to the network development plan.

Provider Relations routinely runs panel size reports for our providers. Our largest providers are assigned key PRRs. In addition to the time and distance requirements, the size of the member profile and related provider volume and capacity may impact both physician and hospital issues. The key PRRs can target their efforts across all issues identified by the reporting data to monitor accessibility and compliance.

C.18.b. If Subcontractors will provide Covered Services, describe how network development efforts will be coordinated with the Vendor's provider network development strategy and how the Vendor will monitor the Subcontractor's activities and ensure transparency of these activities to the Department.

Passport's Approach to Collaboration and Monitoring of Network Subcontractors

Passport currently contracts with a small, carefully selected and tightly controlled set of network subcontractors. Passport only selects subcontractors who are aligned with our mission to improve the health and quality of life for our members. We are fully accountable for the end-to-end delivery of our obligations to DMS, our members, providers and the community. Subcontractors are integrated into service and operational models to maximize and support better access, care, quality outcomes and financial results. These relationships enable Passport to leverage specific expertise and support efficient service delivery.

Collaborative Contracting

Passport's subcontractors currently include CVS/Caremark (pharmacy benefits), Avesis (dental and vision), Beacon (BH), and Evolent Health LLC (Evolent) (administrative and clinical). Since Evolent is an operating

partner and a subcontractor, our operations are seamlessly integrated. For all subcontractors, we have written policies and procedures and clear lines of accountability within our organizational structure, beginning at the highest level with our Board of Directors, then to our CEO and executive team, Partnership Council, and Quality Medical Management Committee, and continuing down to the employees who directly manage them.

We coordinate and collaborate with subcontractors to ensure network adequacy, accessibility and compliance and to ensure uninterrupted service to our members. From the member view, the Passport network is seamless, and our member-facing staff are trained to answer questions across all subcontractors.

Whether a service is delivered internally or by a subcontractor, Passport is fully accountable for the performance of Member and Provider Services and for quality and satisfaction across the full continuum of care. Authority and accountability remain solely within Passport and our oversight committees.

Passport Network Management works directly with our subcontractors and, when necessary, with the intervention and support of an assigned member of the executive leadership team (ELT), to coordinate and collaborate on network expansions, ongoing network monitoring against standards, and network performance. All subcontractors are held to the same federal, state and contractual requirements as Passport.

Integrating Subcontractors into Quality Oversight

In addition to the operational and executive oversight frameworks described above, we monitor subcontractor performance through the Quality Medical Management Committee (QMMC), which is Passport's Quality Improvement Committee (QIC). The QMMC provides oversight and input for quality improvement and accreditation activities throughout the health plan, Provider Network and subcontractor relationships. The QMMC serves as the primary conduit for achieving our holistic organizational goals for quality, which flow from the DMS stated priorities of:

- Transforming the Medicaid program
- Engaging individuals to improve their health and engage in their health care
- Significantly improving quality of care and health care outcomes
- Reducing or eliminating health disparities

Through its oversight of quality for the entire Passport organization, the QMMC facilitates our 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 Passport Partnership Council is an approving body for the QMMC.

The QMMC is responsible for:

- Establishing the direction and strategy for the Quality Improvement (QI) Program
- Recommending policy decisions; reviewing and evaluating the results of quality activities; instituting actions; and overseeing follow up as appropriate
- Annually reviewing, approving and providing feedback on the QI and UM Program Descriptions, QI Work Plan, and QI and UM Program Evaluations

- Reviewing the status of the QI Work Plan quarterly and approving the QI Work Plan annually

The QMMC also oversees all activities of our Delegation Oversight Committee (DOC) as it pertains to subcontractors relevant to our NCQA accreditation. The DOC reports through our Compliance organization and is a central body overseeing subcontractors to which utilization and/or quality management, credentialing, member services, provider services, claims operations and other administrative functions have been delegated. The DOC reviews all contractual metrics for each subcontractor, including service level agreements (SLAs), performance reports, and QI/UM reports (if applicable). It also reviews the annual delegation audit to ensure compliance with all federal, state, department and contract requirements, as well as any pre-delegation assessments prior to the effective date of new delegation contracts. With its focus on quality, the QMMC strives to ensure these delegated entities work as one so that Passport serves its members holistically, and so neither the member nor the provider experience friction as a result of engaging with delegates. We want every interaction to be seamless, regardless of whether Passport directly provides the service or a subcontractor provides it. With an affiliation agreement through the Partnership Council and our Board of Directors, the QMMC has clear authority and accountability for sub-contractors relevant to NCQA accreditation.

Passport's Subcontractors and our Delegation Oversight Committee

Passport delegates provider credentialing and re-credentialing to CVS/Caremark for pharmacy/PBM and Avesis for dental and vision services. These two (2) organizations already have credentialed contracted providers in Kentucky who meet federal and state requirements. In addition, while Passport owns and credentials our BH Provider Network, we delegate CM and UM in our Beacon arrangement. Passport ensures delegated entities contractually comply with all DMS requirements, as appropriate.

All delegated entities that are contracted to deliver services to Passport members are subject to our formal subcontractor oversight process that ensures subcontractors comply with all federal and state credentialing requirements. Passport formally reviews each subcontractor at least once a year, consistent with NCQA standards. We use standardized audit tools to conduct annual delegation audits. During this evaluation, a subcontractor must make its premises, physical facilities, equipment, books, records, contracts and computer or other electronic systems relating to its Medicaid members available for our audit. We verify the subcontractor follows all applicable Medicaid laws and regulations, including applicable sub-regulatory guidance and contract provisions. Our auditors prepare an audit report that details the findings and any deficiencies or opportunities for improvement. These findings are included in the Annual Quality Management Program Evaluation.

At monthly meetings, the DOC reviews all delegated subcontractor audit reports. The DOC recommends that Passport choose whether to:

- Continue to contract with the delegate
- Continue to contract with the delegate, so long as it agrees to a corrective action plan (CAP) to resolve any deficiencies identified during the annual audit
- Terminate the contract

The secretary of the DOC communicates the committee’s decision to Passport’s Board of Directors. Any decision to terminate a subcontractor will be submitted to DMS for review no less than thirty (30) calendar days prior to Passport’s desire to terminate a subcontract.

Passport evaluates credentialing delegates based on compliance with our credentialing standards, DMS credentialing requirements and standards established by NCQA. Passport staff present evaluation results, indicating approval or denial, to the DOC. We will only delegate credentialing functions to entities that we confirm are compliant with credentialing standards set forth above and in accordance with regulatory/accrediting guidelines.

We will request that the delegate submit a CAP if deficiencies are identified. In addition to ongoing monitoring, Passport conducts a comprehensive oversight review annually to monitor the compliance of the delegate’s credentialing/re-credentialing process. If a delegate’s performance does not meet our standards, remedies may include education, CAPs or revocation of the agreement. Ongoing delegation is not automatically conferred; rather, we approve it for each individual entity based on membership performance feedback and the annual oversight review.

C.18.c. Describe the Vendor’s approach to use telehealth services to improve access. Include the following at a minimum:

Passport Telehealth Services: Increasing Access and Offering Options in a New Environment

Passport’s approach to telehealth is based on lessons learned and, until recently, the stringent regulatory environment for true telehealth platforms in Kentucky. Our approach has been to serve in a leadership role in evaluating and testing telehealth platforms for member and provider use. Our stakeholders’ needs, experience and concerns are the foundation of our selection criteria.

To that end, we have been active in several telehealth attempts led by academic centers, described below, that were not impacted by regulatory concerns. Our chief medical officer has monitored other efforts in the state, reviewing them for efficacy and applicability to our providers and members. Passport was actively engaged in statewide discussions on the best path to amend state legislation and regulation to support the extension of appropriate telehealth services. Eric Russ, Passport’s BH Operations Manager and then-president of the Kentucky Psychological Association, has been instrumental in informing the legislative debate on 907 KAR 3:170 during the 2019 legislative session, to advance telehealth opportunities across the Commonwealth.

We welcome the opportunity to expand telehealth options as one solution to Kentucky’s access issues and to better meet the needs of Kentucky providers and members.

Approach to Telehealth Service Delivery

Passport understands that health care service delivery via telehealth offers opportunities to provide access to needed services in a clinically appropriate manner when services are not available within the network. In reviewing telehealth opportunities, we will not require our providers to be physically present with the

member unless the provider deems it medically necessary to deliver the care in person. We will ensure that policies and procedures follow all of the latest federal, state security and procedural guidelines, and we will incorporate DMS policies and procedures for the proper use and security for telehealth, including but not limited to confidentiality and data integrity, privacy and security, informed consent, privileging and credentialing, reimbursement, and technology.

We do not and will not consider access to telehealth providers as part of meeting network adequacy standards, unless approved by DMS.

We will comply with this contract’s requirements and all DMS requirements for reporting on telehealth activities and networks— for example, with sufficient telehealth cost information to enable the Department to analyze and report on:

- The economic impact of telehealth services on the Medicaid budget, including any costs or savings as a result of decreased transportation expenditures and office or ED visits
- The quality of care as a result of telehealth consultations
- Any other issues deemed relevant by the Cabinet for Health and Family Services (CHFS).

Telehealth to Expand Access: Teladoc

In the third quarter of 2020, Passport will launch Teladoc, a 24/7 video and telephonic platform for providing medical and dermatologic virtual visits, which meets current state requirements for a telehealth provider and operates a Kentucky-certified Medicaid physician organization. We based this decision on months of research and discussions with representatives from national virtual visit companies, and after reviewing the lessons learned from previous telehealth efforts by Passport and the University of Kentucky and the University of Louisville. Teladoc, beyond offering visits that can take the place of unnecessary ED and urgent care visits, *also offers our qualified providers the opportunity to extend their services beyond the doors of their practices by joining Teladoc’s network.*

Members can access Teladoc by web, phone or mobile app, and appointments may be requested “as soon as possible” or scheduled in advance. Teladoc physicians review symptoms, provide recommendations and use electronic prescribing (SureScripts) if a prescription is clinically indicated. They do not prescribe any Drug Enforcement Administration (DEA)-controlled substances, and they limit the use of antibiotics to appropriate situations.

Although Teladoc currently operates in Kentucky for commercial health insurers and has experience with the Commonwealth’s populations, *Passport will be the first Kentucky Medicaid managed care plan to offer this convenient and cutting-edge service.* Details are below.

C.18.c.i. Criteria for recognized sites.

With the passage of new legislation, Passport is developing criteria for recognized sites. Our criteria will include required security, including confidentiality, data integrity at both presenting and receiving sites, informed consent, privileging and credentialing, reimbursement, and technology. We do not and will not

require providers to join telehealth networks. Currently, we are not actively engaged in any peer-to-peer, store-and-forward or patient evaluation and management telehealth networks.

Teladoc's criteria and quality process meets NCOA standards. Providers must be certified by Kentucky Medicaid. Although our providers are already credentialed by Passport, Teladoc as a subcontractor also credentials its network providers. Credentials are verified through the National Practitioner Data Bank (NPDB) and the American Medical Association (AMA) Board certification, and providers undergo checks on work history, peer reference, state licenses, monthly state sanction reports, DEA license, and criminal and civil background checks prior to and during their work as Teladoc providers.

A Passport provider joining the Teladoc network needs a computer and access to high-speed internet. The provider's site does not have to download or purchase additional software to support virtual visits. Teladoc provides security for the visit as a HITRUST CSF-certified program. HITRUST CSF addresses a multitude of security, privacy and regulatory challenges. It complies with federal and state regulations, including HIPAA and all state laws. The security system incorporates a risk-based approach with a comprehensive and flexible framework of prescriptive and scalable security controls.

All electronic Protected Health Information (ePHI) communication during and after the visit, including any electronic prescriptions written for the member, uses an encryption mechanism between the Teladoc provider and the receiving entity, either through a Secure File Transfer Protocol (SFTP) or Secure Sockets Layer (SSL) and/or encrypting the data with an industry-standard encryption method prior to transmitting. For all ePHI that may be stored while not in transmission, Teladoc encrypts using the strongest method possible, including on-site as well as off-site storage of such information. For additional security to our entire member and provider base, there will be no connectivity between the Teladoc platform and any Passport data.

Ease-of-use and protection of ePHI are two criteria Passport uses in evaluating telehealth options for its providers. Experience has shown us that our providers are looking for uncomplicated solutions to health care access. Teladoc's plug-and-play model and its experience in protecting health information fits those criteria.

C.18.c.ii. Education efforts to inform providers and Members.

Informing Providers and Members About Teladoc

Passport plans extensive communications efforts across multiple modalities to inform providers and members about the use of the new Teladoc service.

Informing Providers About Teladoc and Collaboration Opportunities

Prior to our go-live in May 2020, we will prerelease information about the opportunity directly to our entire network, with an emphasis on our primary care and dermatology providers. Because these providers will have an opportunity to become Teladoc providers, our workplan includes notification to the network with the Teladoc requirements for participation on their panel. We will remind providers of the following requirements:

- Provider must be a U.S. board-certified physician specializing in emergency medicine, family practice, pediatrics, dermatology or internal medicine
- Provider must be Medicaid certified in Kentucky
- Provider must hold a contract with Passport to join the Teladoc network

We will also remind providers that reimbursement flows from Teladoc to the provider; that Teladoc will verify provider credentials through the NPDB and AMA Board certification; and that background checks and peer references will be conducted.

Because Teladoc does not replace the PCP but offers a convenient and cost-effective alternative when members need immediate consultation or care for a non-emergent issue, we will stress to our network that Teladoc offers them support, not competition, especially after hours and during nontraditional hours. According to the company's data, seventy-seven percent (77%) of Medicaid members use the virtual visit just once, indicating that it is not a replacement for their personal provider. Teladoc will provide an after-care record of the consult, listing symptoms, diagnosis, after-call instructions and any prescriptions offered, which is then forwarded to the member's designated PCP so that the member's record is complete.

We will remind our entire network that Teladoc does not remove the need for their required after-hours immediate support and response to members, as per our contract with them and DMS requirements. Teladoc also will notify our network providers about its requirements, reimbursement structure, technical requirements, credentialing and other details.

Informing Members About Teladoc

Teladoc, which currently covers 10 million Medicaid members nationwide, has a road-tested communications package to alert our members to their services. The majority of users are young women with children, a population that is accustomed to using their smart phone or tablet for many services, and ninety-seven percent (97%) of the presented health issues are resolved in one visit. Passport members who use Teladoc will connect with a provider from Passport's Provider Network, if one is available at the time, so that the member will experience a satisfying end-to-end experience. If no Passport provider is available, the member's virtual visit will be conducted by a Kentucky-licensed Medicaid provider.

With Teladoc's advice and support, we will produce member materials and web announcements for the launch and routine communications at points during the year when our population is most likely to need this service, such as hay fever and flu seasons. Because of Teladoc's deep penetration in the Medicaid member market, they understand what motivates members to call and how to use communications for effective, appropriate engagement. All Teladoc member materials and communications are subject to the same requirements as all Passport member materials, including for readability, cultural competency, DMS approval and all contractual requirements across all platforms for member information materials.

Informing and Advising Providers About Other Telehealth Opportunities

Passport works with other organizations, such as its original provider sponsors like the University of Louisville, to offer telehealth opportunities to its Provider Network. For example, we have joined with the

Kentucky Rural Healthcare Information Organization to support its efforts in bringing Project ECHO, one of the nation's most respected telehealth platforms, to rural providers. During teleECHO clinics, an interdisciplinary team of experts videoconferences with PCPs on difficult disease states or conditions and provides advanced consultations at no cost to the provider. Subject matter experts present brief didactic presentations, discuss new developments and treatments, and use case-based learning to help rural PCPs acquire the most up-to-date skills to diagnose, treat and monitor their patients through complex conditions. Project ECHO also offers free continuing education and nursing education credits. Currently, we are promoting twice-monthly sessions on pain management and medication-assisted treatment (MAT) via our provider website, fax, mail and email directly to our providers.

C.18.c.iii. Whether reimbursement will be available to the presenting site as well as the consulting site or only the consulting site. Include any requirements or limitations on reimbursement.

Passport follows Medicaid payment policies and Kentucky regulations in determining reimbursement for telehealth services. For reimbursement, we require either contracting directly or require that the provider is part of a contracted telehealth network and the network is incorporating all federal, state and DMS security and procedure guidelines, including but not limited to confidentiality and data integrity, privacy and security, informed consent, privileging and credentialing, reimbursement and technology. We also follow our criteria and Medicaid definitions for a provider primary care visit to determine reimbursement.

Our telehealth experience has been limited to paying network providers in a closed relationship with a major medical center, and our reimbursement policy has been to pay the consulting site based on the Medicaid fee schedule. As Passport implements the new broader relationship with Teladoc for medical and dermatological virtual visits for all members, and as we contract directly with other providers, Passport will strictly follow all DMS reimbursement requirements for telehealth services.

Passport already has some experience in managing and paying claims for telehealth services. For example, in 2018, Passport paid 2,037 claims for BH telehealth visits between the Bingham Child Guidance Center at the University of Louisville and child members in rural communities. Although the program has since closed, we did not place any additional requirements or limitations on reimbursement. We believe that this experience will assist us with the planning of future telehealth programs.

In the case of Teladoc, the service will be a subcontractor for covered services for Passport held to the same strict oversight, monitoring, reporting and auditing processes as any subcontractor, such as the pharmacy benefit management service through CVS/Caremark. Passport providers who elect to become Teladoc providers will be reimbursed through their contractual arrangement with Teladoc and not directly from Passport. Passport will ensure that Teladoc's policies and procedures follow all federal and state procedures for reimbursement.

C.18.c.iv. Lessons learned and successes or challenges with implementation of telehealth services for other programs the Vendor has served and that the Vendor will consider for provision of telehealth services in Kentucky.

Passport has explored several options for telehealth services in the past seven (7) years and gained valuable insight into the needs, wants and capabilities of both our members and providers when it comes to emerging and quickly changing telehealth technologies.

Our most significant effort was in 2015. With the addition and then quick expansion of our BH network and the integration of BH services for members, we realized that telehealth technology had the promise of connecting members more easily to service, could extend access to areas of BH provider shortage, and, in some cases, take excess appointment capacity from urban areas to rural locations, thus helping members and providers. With the University of Kentucky's Kentucky Telehealth Network (KTHN), we launched telehealth for our psychiatrists, physicians and BH nurses to meet with members electronically in place of face-to-face visits. Our Provider Relations BH team conducted outreach to eligible network providers to explain the program. We loaded all eligible providers into our systems to reduce administrative burden and bring the service online more quickly. To our surprise, our Provider Network, except for the few providers who had originally notified us of an interest in pursuing the project, did not wish to be engaged. Among the concerns we heard: providers were wary of the technology's application, did not want to visit with their patients electronically and would prefer more local solutions to address any access barriers.

In another attempt, we granted a program at the University of Louisville and Bingham Clinic to increase opportunities for child psychiatry fellows and residents to gain experience in rural Kentucky settings and perhaps encourage them to move to rural areas post-training. The program delivered services via telehealth to children in a large Bardstown pediatric program. Although the program was a success and the volume of services delivered increased, the practice eventually added local integrated service to their practice and thus no longer required telehealth interventions. Again, the lesson was clear: our providers prefer local, not electronic, solutions for their specific situations.

Through these recent attempts, we have learned the following:

- Our providers prefer local, not electronic, solutions as the long-term path for specific access issues
- Effective communication strategy and outreach tactics for members and providers can be keys to successful telehealth integration
- Coordination of care is paramount for our Provider Network
- Thoughtful expectation management, for both members and providers, is crucial to a successful program

We continue to take these lessons and apply them, which is why our upcoming efforts will center on the member side of the telehealth interaction and not the provider side. With Teladoc, Passport will go directly to members, offering the virtual visit when and where it is convenient for the member. As mentioned above, our network providers can become Teladoc providers. Our hope is that as providers who elect to join Teladoc and deliver telehealth to members, they will become more open to additional telehealth opportunities in the future.

For example, we are exploring another member-driven technology—an evidence-based telehealth program for members in substance use disorder recovery that includes a platform for members to attend virtual Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA) support groups online and potentially to have provider-directed telehealth visits. We will apply our criteria, the state's new legislative action, DMS regulations and this contract in reviewing this and all future telehealth opportunities.

C.18.d. Describe the Vendor’s provider contracting strategies, including processes for determining if a provider meets all contracting requirements (at the time of enrollment and on an ongoing basis), as well as processes for corrective action and termination. Include copies of the Vendor’s proposed contract templates for individual practitioners and for facilities as attachments.

Passport’s Provider Contracting Strategies

Passport has had a robust Provider Network, which has provided care for Kentucky Medicaid members for over twenty (20) years. Passport meets all provider contracting standards defined in Section 28.6 and Appendix C of this contract. Our contracting strategies include:

- Monthly analysis of network adequacy and prediction of member population need and/or increase in membership
- Identification of OON providers who have filed claims for service
- Seeking providers that our members indicate they want in network. When a member asks to receive services from an OON provider, we proactively initiate recruitment and contracting.

We ensure that each individual provider understands our contract requirements and the requirements of our contract with DMS and that each provider willfully agrees to participate in our network. Passport does not require providers, as a condition of contracting, to agree to participate in or accept other products we offer.

The contracting strategies that have supported the growth, development, and maturing of our Provider Network are supported by an intimate business relationship that goes beyond a pure transactional engagement: we work directly with each provider, looking at their practice goals or facility mission; explain how working with the Kentucky Medicaid program and Passport can help them meet their goals; and structure a reimbursement arrangement based on quality and value.

Passport’s Organizational Structure Supports Contracting for Quality

Passport’s quality organizational structure was intentionally designed to magnify our provider-centric voice and provider accountability, as well as to facilitate Passport’s whole-person, integrated care approach. Our organizational structure supports a comprehensive, holistic approach to meeting Passport’s quality goals. Our commitment to quality flows from our Board of Directors throughout the organization. This focus enables us to meet DMS’s stated goals of:

- Transforming the Medicaid program
- Engaging individuals to improve their health and engage in their health care
- Significantly improving quality of care and health care outcomes
- Reducing or eliminating health disparities

By contracting with Passport, providers contractually agree to participate in QI initiatives. Providers participate in medical record review to ensure that all required documentation is captured, including EPSDT file audits and routine review of adherence to clinical practice guidelines. For providers that may not meet the standard threshold for documentation and adherence, Passport provides education sessions. Follow-up audits are completed at six (6)- to twelve (12)-month intervals to verify that practices have been corrected.

Passport's Approach to Physician Incentive Plans During Contracting

As described above, we believe that to improve value and quality in the Medicaid program, we must assist our providers in the transition from fee-for-service payments that incentivize volume to alternative payment models, such as our value-based programs. The goal of these programs is to help improve quality of care, control costs and drive toward the efficient use of Medicaid dollars by reducing expenditures on unnecessary, redundant or ineffective care. Through its value-based care contracting strategies, Passport strives to manage quality and cost at the member level, continually working with providers to iteratively test and improve our programs to create the value approach best able to move an individual provider along the quality and value continuum. During contracting negotiations, Passport looks for the best fit for each individual provider and offers a range of opportunities. We use sophisticated financial modeling to explain each model to the provider, identifying the impact each model will have on the provider's reimbursement initially and over time and the potential positive impact on member engagement, member loyalty to the provider, and outcome measures.

In reviewing opportunities, we also

- Use population health to identify appropriate metrics and opportunities
- Include QI programs for targeted HEDIS® measures
- Use risk adjustment to support accurate coding and documentation
- Use CAHPS performance to demonstrate patient experience improvement
- Produce sample analytic reports to demonstrate our actionable provider guidance at the group and practice levels
- Use population health data to identify appropriate metrics and opportunities in risk-based arrangements

Post-Contracting Processes

Each provider approved for network participation by Passport receives a welcome letter and Provider Handbook describing our service authorization policies and guidelines. Field-based PRRs orient new providers in person within thirty (30) days of contracting. During this new provider orientation session, PRRs review the Provider Manual and establish themselves as points of contact for the provider on issues. Training is expansive and includes all contractual requirements, description of ongoing audits, use of technology and administrative processes.

If a provider is not accepted into Passport's network, Passport provides written notice along with the reasons for the nonacceptance. A provider cannot enroll or continue participation in Passport's Provider Network if the provider has active sanctions imposed by Medicare, Medicaid or State Children's Health Insurance Program (SCHIP); required licenses and certifications are not current; money is owed to the Medicaid program; the Office of the Attorney General has an active fraud investigation involving the provider; or the provider otherwise fails to satisfactorily complete the credentialing process. Passport obtains access to the National Practitioner Database as part of its credentialing process to verify the provider's eligibility for

network participation. Federal financial participation is not available for amounts expended for providers excluded by Medicare, Medicaid or SCHIP, except for emergency medical services.

Local Provider Relations Representatives as a Contracting Tool

Passport has a robust, local, in-person provider support network that includes full-time field-based PRRs who work on improvement opportunities and issue resolution, Population Health Managers who will provide in-person support to meet the immediate needs of PCPs and practice managers, and embedded care managers for high volume or high-risk practices. We have found this combined support system to be highly effective in creating a loyal Provider Network.

During and after contracting, providers are introduced to their assigned PRR, who is the “one-stop shop” between the provider and all Passport services and staff. The PRR’s responsibilities include, but are not limited to:

- Helping providers with operational issues, including claims submission and payment
- Working with Network Management to identify gaps in the network and ensure network stability as it applies to terminations and panel closures
- Facilitating collection of credentialing and recredentialing documents
- Ensuring access and availability for Members and network providers
- Providing HEDIS training, education and monitoring
- Making changes to provider data integrity and demographics
- Making site visits to address member concerns and adherence to policies and procedures
- Performing root cause analysis and resolution of load and billing issues
- Liaising between providers and Passport departments
- Training and orientation of new providers
- Providing Web training

We also assign experienced PRRs to high-priority specialists so that the provider has a single, designated point of contact for service. This team works to communicate the administrative ease of working with Passport (examples include the electronic referral process, defined authorization services, accessible UM staff and prompt claims payment through electronic funds transfer). These features have been identified as critical by our specialist providers in provider satisfaction surveys.

Of course, at contracting we also discuss other opportunities for direct support to the provider, especially related to CM. Depending on a provider’s needs, this may include an embedded Care Manager who works directly with the provider and his/her members at the point of care; a weekly scheduled face-to-face or telephonic huddle with the provider practice, led by our Care Manager, to review the status of the provider’s highest risk and/or poorly engaged members in CM programs to develop patient strategies; and routine CM and ad hoc case conferences to review and coordinate strategies to meet a member’s complex care needs or assist members with slower progress to self-care.

Assuring Contractual Compliance and Processes for Corrective Actions

Initially, a PRR conducts an initial in-person orientation within thirty (30) days of the contract effective date in our network for onboarding. The PRR uses this time to establish a relationship as a single point of contact for the provider on all issues that may arise and to review all contractual requirements as a new Passport provider.

Ongoing, Passport's PRRs audit network providers for administrative contractual compliance, including such elements as physical safety and accessibility for members, waiting room times, no-show policies, policies for confidentiality, appointment wait time standards and urgent care standards. SPH Analytics surveys providers quarterly to determine compliance with all access standards.

Passport policies and procedures level corrective actions for contractual failures. For example, a provider who does not have appropriate urgent care or appointment time standards may be initially counseled by the PRR and, if no improvement is noted on the subsequent audit, referred to the QIC for additional interventions. PRRs also will investigate to determine if other providers in the same area are experiencing difficulties with access standards, a red flag for adequacy. In that case, we will expedite recruiting and contracting efforts in that region for the provider type.

Most typically, these contractual infractions are easily resolved by the provider. We offer the provider cross-organizational supports for remediation as needed—for instance, from population health management or the Health Equity team.

Additionally, our Quality department conducts multiple ongoing, as needed and structured annual audits, such as

- Medical record review audits for compliance with documentation and continuity and coordination of care standards
- Clinical practice guideline audits
- Preventive health guideline audits
- EPSDT audits
- Health outcome audits
- Full credentialing and recredentialing reviews to ensure every provider is in compliance

For issues out of contractual compliance discovered during an audit, a member grievance or complaint; witnessed by Passport staff or provider staff; or any other notification of noncompliance involving clinical quality of care, safety or environmental concerns, we provide a strict peer review process. Peer review is conducted by the Credentialing Committee to provide collaboration with the credentialing and recredentialing processes. This collaboration ensures appropriate tracking and trending of practitioner and provider concerns. The process for peer review and appeal documents the criteria and remedies available to the committee upon conclusion of the review. Such remedies include, but are not limited to, development of time-bound CAPs; evidence of education; counseling; policy and procedure creation and implementation; monitoring of metrics; and limitation, suspension or termination of the contract with Passport.

In any case of significant risk of immediate harm to a member or members, the Chief Medical Officer can take immediate action to sanction a provider.

For more detail on Passport's processes for assuring contractual compliance, please see our response to Quality Management C.9.

Please see **Attachment C.18-1_Passport Provider Contract Template** and **Attachment C.18-2_Passport Hospital Contract Template** for our current provider contract templates.

C.18.e. Demonstrate progress toward developing network capabilities for statewide access by providing evidence of existing contracts or signed Letters of Intent with providers by provider type (for the Vendor and Subcontractor). Include the following information at a minimum:

- i. A Microsoft Excel workbook by provider type listing every provider that has signed a contract or Letter of Intent, including the provider's name, specialty(ies), address and county(ies), Medicaid Region(s) served, whether the provider is accepting new patients, accessibility status for individuals with disabilities, language spoken, and the provider's Medicaid Identification Number(s).
- ii. A summary Microsoft Excel worksheet with total provider counts by provider type by Medicaid region and county.
- iii. A statewide Geographic Access report of all providers with LOIs color coded by provider type by Service Region.

Proof of Passport's Network Capabilities

Passport's history demonstrates our capabilities to build and maintain a robust network. Please see **Attachment C.18-3_Passport Provider Type Listing All Providers** for a Microsoft Excel workbook by provider type, listing every provider that has signed a contract or letter of intent, including the provider's name, specialty or specialties, address and county or counties of practice location, Medicaid region(s) served, accessibility status for individuals with disabilities, language spoken, Medicaid identification number(s) and whether the provider is accepting new patients.

Please see **Attachment C.18-4_Passport Provider Counts by Provider Type** for a workbook containing total provider counts by provider type by Medicaid region and county.

Please see **Attachment C.18-5_Passport Geo Access Provider Type** and **C.18-6_Passport Geo Access Maps** for a statewide report of all providers in our network, color-coded by provider type, service region and GeoAccess maps report.

Exhibit C.18-11 below provides a summary of Passport’s current provider counts.

Exhibit C.18-11: Passport’s Current Provider Counts

Provider Type	Provider Location Count	Distinct Provider Count
Medical and Behavioral Health Network		
Specialist	8,717	17,019
Ancillary	3,572	2,288
PCP	6,081	9,175
Hospital	270	128
BH provider	2,803	3,778
Total	21,443	32,388
Dental/Vision/Pharmacy Network		
Dental	5,860	1,116
Vision	5,808	769
Pharmacy	1,233	719
Total	12,901	2,604

C.18.f. Describe proposed Member to provider ratios by provider type, as well as the Vendor’s methodology for considering a provider’s FTE when calculating network adequacy standards.

Passport’s Network Adequacy Standards

Passport has contracted a comprehensive statewide network of qualified providers to meet the health care needs of the Medicaid Affordable Care Act (ACA) Expansion population. Throughout our contracting efforts, we have given special attention to the provider types that are currently providing care to this population, especially FQHCs, RHCs, CMHCs and public health departments.

Our methodology for considering a provider’s Full time Equivalent (FTE) employees for network adequacy standards is to consider each contracted provider as one (1) FTE. Passport’s member-to-PCP ratios do not exceed 1,500:1 provider, both for children under twenty-one (21) and adults. **Exhibit C.18-12** shows our current FTEs by provider type are in the table below.

Exhibit C.18-12: Passport Member to Provider Ratios by Provider Type

Provider Type	Locations	Entities/Practitioners	Provider-to-Member Ratio
PCP	6,081	9,175	1:33
Specialist	8,717	17,019	1:18
Ancillary	3,572	2,288	1:132
Hospital	270	128	1:2,363

Provider Type	Locations	Entities/Practitioners	Provider-to-Member Ratio
BH specialist	2,788	3,768	1:79
BH hospital	3	2	1:151,000
Behavioral Health Services Organization (BHSO)	6	4	1:75,750
BH facility	4	3	1:100,840
BH group	2	1	1:302,440

Network Development and Monitoring

Passport assesses network adequacy on an ongoing basis, identifying gaps, increasing provider capacity and seeking opportunities to improve access for our members. Each month, Passport reapplies Quest Analytics tools—an industry-standard software platform that combines dynamic time and distance access standards with minimum provider requirements to evaluate the overall network adequacy and identify gaps—in order to identify gaps based on network standards. Passport reviews claims data on a quarterly basis to determine which OON providers were seen by members during the previous quarter. Passport also reviews all access-related feedback from members, referring providers, care managers and utilization managers.

IdentifiSM, our web-based provider data managementSM tool, maintains our provider file, populates the Provider Directory and supports network adequacy analytics. Identifi enables our network administrators, managers and providers to create, track, maintain and access interactions with network providers.

C.18.g. Describe the Vendor’s proposed methods for ongoing monitoring and assessment to ensure compliance with network adequacy and access to care standards, including tools used, the frequency of reviews, and how the Vendor will use findings to address deficiencies in the Provider Network. The response should also address how the Vendor monitors appointment availability and wait times. Provide samples of tools and/or reports.

How Passport Will Measure, Regularly Verify and Remediate Deficiencies Related to Network Compliance

Passport uses a suite of Quest Analytics tools to analyze its Provider Network for access and adequacy. The platform allows us to build template documents based on housed provider data, including access distances and adequacy ratios, for complete and ongoing analysis, including:

- Proximity Standards, an analysis of Passport members’ actual access against each contracted proximity standard, including by provider type, to ensure compliance and ongoing monitoring
- Predictive and Prospective Analysis, a review of the network to assess the impact of the potential provider recruitment efforts and/or voluntary loss or termination of a provider or provider group to prospectively protect member access in cases of provider shift
- Visualization reports and geomapping to quickly highlight any gaps or potential gaps

Quest allows for streamlining adequacy and access thresholds and using native data specifications, including distance by mileage and/or time, and can be appended to project templates and exported into Excel workbooks. Using this suite of technology allows for repeatable and accurate analyses to support network services and leadership review and action.

The Proximity Standards Report (**Exhibit C.18-13**) provides analysis of PCPs and other specialties and provider types by geography. Adequacy is divided into rural and urban coverage of geographies for measurement using DMS standards. Calculation of the raw data produces adequacy percentages using Excel formulas that have been programmatically established, tested and confirmed for accuracy. Output allows for quick ongoing review of our network against all contractually required, or internally driven, access standards.

Exhibit C.18-13: Proximity Standards Report Sample

Proximity Standards (includes Kentucky and Seven Surrounding States)		
Contract Terms		
Percent of Members Within	Standard (%)	Passport (%)
60 miles of a Hospital (rural)	95	100.08
30 miles of a Hospital (urban)	95	99.31
45 miles of a PCP/Primary Care (rural)	95	100.08
30 miles of a PCP/Primary Care (urban)	95	99.31
60 miles of a Dentist	95	97.86
60 miles of Vision Services	95	100.00
60 miles of a Laboratory	95	100.00
60 miles of Radiology Services	95	100.00
30 miles of a Pharmacy	95	99.31
Selected Physician Specialist		
Percent of Members Within	Standard (%)	Passport (%)
60 miles of an Allergist	95	98.86
60 miles of a Cardiologist	95	100.00
60 miles of a Dermatologist	95	98.40
60 miles of a DME	95	100.00
60 miles of a Gastroenterologist	95	98.58
60 miles of a General Surgeon	95	100.00

In monitoring our network for adequacy, we will deliver to DMS all required reports using the most recent GeoAccess program versions available and updated periodically on the timeline defined by DMS. All reports will be produced in compliance with the requirements of Draft Contract Section 28.4, and Passport will fully comply with KRS304.17A-515 and all required accessibility standards. Below, we describe ongoing monitoring efforts across the network.

Network Adequacy Measurement: Each month, Passport leverages the Quest Analytics tool set (an industry-standard solution for measuring network adequacy) to identify network gaps. Passport reviews CM, UM and claims data each quarter to identify OON providers used by members, along with access-related feedback from members, referring providers, care managers and utilization managers. This information, in conjunction with the DMS Master Provider File, identifies additional options for provider recruitment.

- *Verification:* Passport uses Identifi, a web-based provider data management tool that maintains Passport's provider file. It also populates the provider directory, supports network adequacy analytics provided through the Quest Analytics tool set and is utilized to verify that any network gaps are closed. Identifi allows our network managers to track the collection of feedback related to provider access from the CM, Member Services and Population Health Management departments. This Passport departmental feedback, along with any identified network gaps, verifies the identification of providers for recruitment.
- *Remediation:* Using its Lead Tracker process, Passport develops a recruitment workplan and then conducts outreach to providers in person, via phone and over email to invite them to join its network. This action plan approach, along with filing immediate needs through single-case agreements, serves as a remediation process for network gap closure.

Availability and Wait Times Measurement: Provider must comply with contracted availability and wait times, such as appointment times not exceeding thirty (30) days from the member's request for routine and preventive services and forty-eight (48) hours for physical and BH urgent care; counseling and medical appointments within ten (10) days for members under age eighteen (18); and as soon as possible for voluntary family planning, counseling and medical services (if the provider cannot provide complete medical services within ten [10] days), and for all members within a maximum of thirty (30) days.

- *Verification:* Passport contracts with SPH Analytics, an industry leader in measuring and analyzing provider performance, to conduct quarterly reviews of our Provider Network for availability and wait times. Results are analyzed by state, region, local area and individual provider to examine overall compliance with standards.
- *Remediation:* We take every possible step to ensure compliance with availability and wait times. We intervene with noncompliant providers, remediate conditions that led to the noncompliance and resurvey the member the following quarter for satisfactory, compliant performance. Providers who do not meet standards going forward are subject to our policies and procedures on corrective action, continued monitoring and possible termination from the network.

Network Compliance for Pharmacies: Passport has contracted with CVS/Caremark, the largest PBM in the nation, with over 9,336 pharmacies in their network nationwide and 1,200 in Kentucky, to provide PBM services. As the largest PBM in the nation, CVS/Caremark utilizes its strength, size and market presence to help ensure that its network has the capacity to serve Passport members. CVS/Caremark's philosophy for

projecting and ensuring capacity is anchored by a strategic network-building method, using quantifiable and measurable components, such as:

- Average distance to a pharmacy (access standards)
- Pharmacy network gap analyses
- Network variety (number of different providers within a given area)
- Proactive education of pharmacy providers
- Pharmacy reporting developed to drive targeted performance
- Pharmacy audit outcomes
- Pharmacy service offerings

In recruiting pharmacies for the network, CVS/Caremark complies with applicable laws, including Any Willing Provider and Freedom of Choice laws.

Dental Network Adequacy: An issue facing many Kentuckians is lack of access to dental services. In 2015, the statewide ratio of dentists to a population of 10,000 based on licensure data was 6.0. In twenty-four (24) of the one hundred and twenty (120) counties (mainly in eastern and western Kentucky), there were fewer than 1.7 dentists per 10,000 people (seventeen [17] per 100,000 population). In some counties, the absolute number of dentists was quite small, with seventeen (17) counties having no dentists or only one (1) dentist. Passport offers a comprehensive network of statewide dental providers, reaching members in underserved counties. These providers include general dentists and specialty dentists, including endodontists, oral pathologists, oral radiologists, oral surgeons, orthodontists, pediatric dentists, periodontists and prosthodontists.

There are currently 1,116 providers at 5,860 dental access points across Kentucky that are available to Passport's approximately 300,000 members. Geoaccess reports which were run in January 2019 show that one hundred percent (100%) of current Passport membership has access to a dentist within sixty (60) miles or sixty (60) minutes of their home. In fact, on average there are three (3) dentists within 3.7 minutes of a Passport member's home.

Passport is committed to having a broad, effective and locally available dental network for Medicaid members by maintaining qualified dental professionals to meet and often exceed DMS GeoAccess requirements. To continually increase participation, Passport uses the Quest tool suite to produce quarterly GeoAccess Reports. Passport's access standard calls for one dental provider within sixty (60) miles and sixty (60) minutes. Over 2018, we consistently reported one hundred percent (100%) access, with the nearest dental provider for Passport's Medicaid members being no more than 3.8 miles away.

In the event we were to identify a network deficiency, regardless of the reason for it, our team would activate a rapid network gap campaign project plan to address it:

Step 1: Use Netminder reports and disruption matches to identify Providers not yet in our network.

Step 2: Develop communication materials that address the benefits of joining the network and the unique circumstances of serving the patient market in the specific region(s).

Step 3: Identify who is best positioned to conduct Provider outreach. Based on the campaign messaging, this could be a dental director, community partner (e.g., a local dental association) or a Provider Relations team member.

Step 4: Conduct outreach until gaps are closed.

Transparency and Cooperation

DMS has and will continue to have Passport's full cooperation with all oversight, report requests and required actions related to Provider Network monitoring and assessment for adequacy and access-to-care standards, including appointment availability and wait times. Passport also developed and maintains a contingency plan in the event that a large network provider is unable to provide covered services for any reason.

The strength of our rapid network gaps campaigns means we have never had a network deficiency result in a negative audit finding by Passport. Currently, Passport is meeting all DMS network adequacy requirements.

C.18.h. Describe how the Vendor would respond to the network termination or loss of a large provider group or health system. Include information about the following at a minimum:

Responding to Network Termination or Loss of a Large Provider Group or Health System

Passport Health Plan's policy is to ensure that members have the network and access they need and want. We plan for, and have policies and procedures concerning, the loss or termination of any provider. These include:

- Notifying all member- and provider-facing staff about the situation
- Notifying affected members
- Providing continuity of care for members who need transition when their health care provider's contract has been voluntarily or involuntarily terminated
- Reviewing network adequacy for any gap that may have been created with the loss and immediately instituting the Lead Tracker process if needed to ensure adequacy going forward
- Notifying DMS and members

C.18 h.i. Notification to the Department and Enrollees

Passport's Notification System

To exit Passport's network, a provider first submits a ninety (90)-day notice of termination request in writing. This is received by Passport's provider enrollment department. Termination requests received by other Passport departments are immediately forwarded through the enrollment mailbox to the provider enrollment coordinator to initiate the termination process. The provider enrollment team sends any

termination requests due to provider dissatisfaction to the assigned PRRs, who reach out to the provider to determine any steps Passport could take to keep the provider in our network. The provider enrollment team processes the provider termination request according to policy NRV.018.E.KY.

Passport notifies DMS via email within three (3) business days of the loss of a provider for any of these reasons:

- Adverse Medicare action
- Adverse action on professional license
- Death of provider
- Professional license surrender
- Other state Medicaid adverse action

We also notify DMS of termination of the provider's agreement with Passport for material breach of the agreement and voluntary termination of network participation, with email notification to DMS within three (3) business days of the contract termination date. We understand that DMS reserves the right to direct Passport to terminate or modify any provider agreement.

Member Notification

Each week, the provider data team sends a list of terminated providers to Provider Relations, including the assigned PRR and managers. Using this weekly list, the PRR pulls a listing of members who are affected by the provider being terminated from Passport's network. For PCP terminations, a listing of the provider's panel is also pulled. For specialist terminations, a report of claims from the last six (6) months is pulled. The compiled lists are sent to Passport's CM to identify any members who are currently engaged in care management services for development of a transition plan.

The PRR also sends a notification letter to affected members within fifteen (15) days if the provider is a PCP and within thirty (30) days for any other provider with notification of the provider's termination, termination effective date and instructions for the member to follow to secure a new provider.

If the terminating provider is a PCP, solo practice or group practice, Passport reassigns members to the provider specified on the Provider Termination Notification form. If no provider is specified and the member does not call Passport to request a specific PCP, Passport assigns the member to the PCP nearest to the member's residence. Passport notifies the member of the reassignment.

Providers with Retroactive Termination Dates

In addition to the steps outlined above, the PRR also runs a desktop report to ensure that there have been no claims submitted since the effective termination date for the terminated provider identification number. If discrepancies are found, the PRR discusses findings with the terminating provider, manager, and the Provider Network team.

C.18.h.ii. Transition activities and methods to ensure continuity of care.

Ensuring Continuity of Care

Our approach to ensuring continuity of care acknowledges the importance of maintaining established member/provider relationships during transition of care and continuing services without interruption, avoiding gaps in care that can lead to costly ED visits or even inpatient admissions. It is our practice to maintain transparency and collaboration with the DMS. Although they are not common, we notify the DMS of situations with providers that could be disruptive to our members. For example, if we were notified of an impending termination of a large provider, we would notify our DMS contact as well as the Office of the Commissioner and describe our plan of resolution and/or transition plan for members.

When a provider leaves the network, for members undergoing active treatment for a chronic or acute medical condition with that provider, we continue treatment through the current period of active treatment, or for up to ninety (90) calendar days, whichever is less. Care is also continued through the postpartum period for members in their second or third trimester of pregnancy.

If a member is in a hospital or receiving services from a provider who terminates his/her agreement with our health plan, we notify the member and arrange for continued treatment for the current episode of illness until the medical care or treatment can be fully transferred to a new treating provider who has agreed to assume responsibility for the remainder of the care needs (including the remainder of the hospitalization and follow-up care). If we are unable to find an in-network treating provider who agrees to the transfer, we will continue to authorize the services until the episode of illness is over or we have located an alternative in-network provider.

For members who require services long-term, our priority is making sure these members continue to receive medically necessary services without gaps in authorization, and we will authorize these services for up to six (6) months at a time. For services that are needed to support a chronic condition, longer authorization periods can be issued to prevent administrative burden to the providers. Approval letters also specifically spell out the authorization time period, so providers know when to request an extension of service to avoid any gaps in care.

UM reviewers document the long-term services authorization period in Identifi, our integrated management information system, including the reauthorization review date, which is thirty (30) days before the end date. This documentation triggers an alert that flows into the UM staff work queue and displays the required activity (service review and reauthorization). In addition, the UM reviewer will set a reminder prior to the expiration of the service authorization at specific periods, such as fourteen (14) and seven (7) days prior to expiration, which will display in the reviewer's work queue as a reminder to ensure that the review is complete or confirm auto-extension.

Members with special needs may be enrolled in our Members with Special Health Care Needs CM program or another care management program, including Care Coordination, depending on the member's risk level, diagnoses and conditions, and needs. Our UM approach includes collaboration between the local CM team,

the member's assigned Care Manager and UM clinicians. Even if a member has previously declined CM, the local CM team assists the UM clinician with reviewing service requests for members with special needs upon request and working with the member, his/her PCP and his/her treating provider to support a thorough review of the member's needs and requested service.

Closing the Professional Relationship

Passport surveys all providers who voluntarily leave the Provider Network to determine any areas of dissatisfaction with the plan, its staff or its administrative barriers, or areas where improvements or changes would have resulted in the provider electing to stay in the Passport network. We use the results to improve provider retention and recruitment efforts and to provide organization-wide improvement. Passport will provide DMS with the provider exit survey and results upon request.

C.18.h.iii. Analyses the Vendor will conduct to assess impact to network adequacy and access, and how the Vendor will address identified deficiencies.

Meeting Network Adequacy After Termination of a Large Provider Group

Passport assesses network adequacy on an ongoing basis to identify and close gaps, increase provider capacity by provider type and seek opportunities to improve access for members. Monthly, the Provider Network team applies Quest Analytics tools, an industry-standard platform that combines dynamic time and distance access standards with our minimum contractual provider requirements to evaluate our overall network adequacy and identify gaps based on standards. Quarterly, we review claims data to identify all OON providers seen by members during the period, which further helps identify gaps.

To meet network adequacy after the network termination or loss of a large provider group or health system, the Provider Network team will analyze adequacy using Quest Analytics. Then, the Provider Network team will follow our Lead Tracker process to recruit new providers, as described earlier in this section. If the process indicates that we have a shortage of a particular provider type, our Provider Network business analyst compiles a list of potential providers of the type required in the required service area and imports this data to the Lead Tracker tool. The tool electronically notifies our PRRs, who expedite recruiting practices to bring these identified providers to Passport's network. PRRs also use the Lead Tracker tool to record their outreaches and outcomes.

While recruitment and contracting of new providers is completed, our Member Services staff, community health workers and Care Advisors are available to support members with continuity-of-care issues and/or to establish their relationship with a new provider. Our care managers personally, and as prospectively as possible, work individually with their assigned members to continue ongoing care services.

Conclusion

No one understands providers' needs, challenges and issues better than Passport, because providers are a part of our DNA. Passport has worked tirelessly and collaboratively with DMS and providers throughout the Commonwealth to deliver high quality, high-value services to the Kentucky Medicaid program. Founded as a Kentucky provider-led solution to Kentucky Medicaid challenges, Passport has developed, nurtured and retained a network that has met every standard for access and adequacy through periods of rapid growth and expansion of the program. We have responded to the changing nature of Medicaid managed care, assisting our providers as they move into value and quality arrangements and away from fee-based payments. We have stayed true to our roots, staying focused on strong alignment with the provider community and proactive in engaging with the Commonwealth's long-standing providers while also welcoming newer providers in a true partnership.

Looking forward, we want to continue to collaborate with DMS and our providers to drive innovation in care delivery and truly fulfill the Triple Aim. Through innovations that support practice development (e.g., practice coaching with our Population Health Managers) or extend access (e.g., Teladoc), Passport will continue to be provider-driven, action-oriented and ultimately successful in responding to Kentucky's Medicaid challenges. We take our leadership in serving Kentucky's most vulnerable residents seriously with a focus on being the driving force in aligning provider performance and improved member health outcomes.

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.