

C.22. Special Program Requirements

Describe the Contractor's approach to meeting the Department's expectations and requirements outlined in RFP Attachment C "Draft Medicaid Managed Care Contract and Appendices." The approach should address the following:

- a. Approach to ensuring Enrollees and Providers are aware of special program services
- b. Description of medical necessity review process
- c. Outreach methods to engage Enrollees
- d. Approach to identify, enroll and encourage compliance with lock-in programs
- e. Approach to coordination, including referral and follow-up with other service providers, like Women, Infants, and Children (WIC), Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery

How We're Different	Why It Matters	Proof	
Passport has a dedicated and diverse staff that are embedded and live locally in the communities they serve.	 Health disparities affect parts of the population differently. Attitudes toward health care and treatment can also vary among different populations. An understanding and appreciation of these differences are needed to effectively engage these populations. 	 Eighty-nine percent (89%) of the employees supporting Passport live locally in Kentucky and Southern Indiana. Passport is relocating our headquarters to the Health and Well-Being Campus in west Louisville where residents have a life expectancy that is as much as 12 years shorter than the Louisville average. 	
Passport provides grant dollars increase the reach of proven community strategies and special programs to its members and all Medicaid members	 Passport provided a grant in 2018 to Supports in Abusive Family Emergencies (SAFE) Services, a nationally recognized forensic nursing program at UofL Hospital serving victims of sexual assault and domestic violence. 	 SAFE increased care provided to the victims of pediatric sexual abuse and domestic violence by 25% since Passport's grant Achieve a record staffing level with six consecutive months of 100% coverage, a first for the program 	

Passport Highlights: Special Program Requirements



How We're Different	Why It Matters	Proof	
Passport creates meaningful partnerships to bring together multiple community agencies to improve health outcomes for special populations.	 Health care is local. Up to 70% of all children born in the Big Sandy Area had Neonatal Abstinence Syndrome (NAS). In response, Passport cofounded the Big Sandy NAS Coalition to help address the large number of babies born with NAS. 	 Since the coalition's inception two years ago, the founding members have educated over 900 high school students, held focus groups with NAS mothers, hosted provider education events and grown the coalition to over 30 community members. 	

Introduction

Kentucky has a diverse population with specific health care needs. Passport has continued to transform its special programs over its 22-year history to meet the evolving needs of members, providers and the Commonwealth. Passport currently complies with Request for Proposal (RFP) 60.7, C.22 and certifies all these programs are already operational. Driving member participation in these programs is key to Passport's mission as they dramatically improve health outcomes and quality of life while lowering the total cost of care. As defined by the Department for Medicaid Services (DMS), these special programs include:

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Dental Services
- Emergency Care, Urgent Care and Post Stabilization Care
- Out-of-Network Emergency Care
- Maternity Care
- Voluntary Family Planning
- Nonemergency Medical Transportation
- Pediatric Interface
- Pediatric Sexual Abuse Examination
- Lock-In Program

As we will demonstrate throughout this section, Passport's special programs have led to positive results for members across the Commonwealth. Most significantly:

- Since 2005, Passport has achieved average annual EPSDT screening rates of ninety-one percent (91%).
- In 2018, Passport had the highest physician screening rate of adolescent tobacco use (77.94%), alcohol use (70.59%), sexual activity (56.62%), and depression (46.32%) among all Kentucky managed care organizations (MCOs).
- In 2018, Passport had a rate of 78.26% for screening for tobacco use at one (1) of the first two (2) prenatal visits. This is the highest rate for all MCOs operating in the Commonwealth.
- Over the past five (5) years, Passport's Member Rewards Program (i.e., member incentives) contributed to the following significant decreases:
 - Thirty-five percent (35%) decrease in low-birth weight deliveries
 - Thirty-seven (37%) decrease in very low-birth weight deliveries

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- Thirty-nine (39%) decrease in preterm deliveries (less than thirty-seven [37] weeks)
- Passport increased Adolescent Immunizations Combination 1 (Meningococcal, Tdap/Td) by forty-six percent (46%) over the past five (5) years, which remains above the Medicaid Quality Compass ninetieth (90th) percentile.
- Increased care provided to the victims of pediatric sexual abuse and domestic violence by twentyfive percent (25%) in 2018 through a grant to SAFE Services, a nationally recognized forensic nursing program at UofL Hospital.

In the future, we will build upon these efforts to work collaboratively with our providers and community partners to find increasingly effective initiatives and programs that improve our members' health and quality of life while reducing health care costs.

C.22.a. Approach to Ensuring Enrollees and Providers are Aware of Special Program Services

Passport utilizes a wide variety of methods to ensure its members and providers are aware of the special programs offered by Passport and successes already identified and achieved. We use in-person and telephonic outreach, direct mail, provider and advocate training, website and social media, member education sessions, and much more.

Educating Members About Special Program Services

Passport leverages a multifaceted approach to ensuring its members are aware of its Special Program Services. Specifically, we use a combination of written communications and in-person/telephonic outreach through our Community Engagement representatives and Care Advisors.

We include information about our programs in the following communications, which are made available electronically and via print:

- Passport's Member Handbook, Your Guide to Passport Health Plan
- Passport's website
- Passport's social media outlets
- Passport's quarterly member newsletter, MyHealthMyLife*
- Special Program flyers/brochures*
 *Please see Attachment C.22-1_Special Programs Brochure 2010 for an example of a flyer that we use to communicate our special programs to members, and Attachment C.12-6_myhealthmylife
 Member Newsletter for an example of our member newsletter

Our Community Engagement representatives and health educators also take these materials into the community and help distribute them to members and community advocates when they meet with them face-to-face. When going out in the community, this team



reviews the demographics and identifies the needs of members in that area and brings relevant health and benefits information based on the needs of that particular region. We also tailor our flyers to use different languages or pictures to correspond with the populations in the areas our Community Engagement



representatives will be visiting. For example, we would include a Hispanic family in a flyer for a neighborhood where the member population is largely Hispanic. The flyer would also be translated into the target community's language, such as Spanish.

Passport leverages its community partners to help it spread the word about its special programs through its email blog, *Inside Passport*. In these weekly emails, we share information about our special programs and encourage advocates to share this with any Passport members they may encounter.

In addition, our Care Coordination teams discuss our special programs with members during new member welcome calls, Health Risk Assessment (HRA) calls and other targeted telephonic outreach.

Passport also shares special programs information with non-English speaking members through advertising and marketing in different languages. Several examples are shared in **Exhibit C.22-1** below.

Exhibit C.22-1: Advertising and Marketing for Non-English Speaking Members







Llámenos. Nosotros entendemos. Na soo wac. Waanu fahamnay हामीला फोन र्नुहोस्। हामी बुझ्दछौं। اتصل بنا. نحن نتفهم. Call us. We understand.

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1-800-578-0603

Member Special Program Material Development Process

- Collaboration between internal teams: Passport's Community Engagement, Communications/Marketing, Equity, Diversity, and Inclusion (EDI), and Population Health Management teams work collaboratively throughout the year to identify, develop and distribute special program materials that are culturally sensitive to the appropriate Kentucky Medicaid populations. They identify the need for specific health-related and clinical information and develop materials for targeted special populations based on demographics, diagnosis and claims.
 - For example, our EDI and marketing teams work hand-in-hand with our Refugee Care Coordination program to develop and provide translated materials that may assist with refugees' unique needs as they adjust to life and navigating health care in the United States.
- Use of local talent and scenery: One of the strategies Passport uses to reach and engage special populations across the Commonwealth is to hire local talent and employ the use of local scenery to help inspire trust and reassure members that it is a local plan committed to helping them improve their health and quality of life.
- Using data to meet needs of various Kentucky populations: Our EDI team researches various
 Kentucky populations and analyzes public demographic and Passport-specific claims data to help the
 other teams better understand the specific needs of our membership as they are developing
 materials.
 - For example, every year the EDI team analyzes reports from Passport's language line, the Kentucky Department of Education, Jefferson County Public Schools (JCPS), and the Kentucky Office of Refugees to determine the top languages Passport should be addressing in our materials. The final decision is based on an amalgamation of each of these sources to reach the best results for our members. The top ten (10) languages for Passport in 2019 are identified in Exhibit C.22-2, below:



Exhibit C.22-2: Top Ten (10) Languages for Passport Members in 2019 (Based on Data from Passport's Language Line, the Kentucky Department of Education, JCPS, and the Kentucky Office of Refugees)



Educating Providers About Special Program Services

We educate our providers through in-person encounters, our *Provider eNews* emails, printed letters, our website and social media outlets. We also educate our provider partners and provide them with information about who qualifies for special services and how the programs can assist them in their overall care plan.

Passport's Provider Relations Representative educate the provider community on our special programs initially during our New Provider Orientation process. Providers are informed during the enrollment process that members are either proactively sought by our Care Advisors for entry into the program, or members or providers may contact us so that a member may be considered for entry into the program, if they feel that care management services may assist in the member's overall health plan.

Our Provider Network Management (PNM) team uses a Provider Site Visit Form when conducting the initial orientation with a new provider group or facility. On this form, there is a checkbox under the Training/Education section for Member Care Management Programs as well as a check box for our Provider Manual, which includes extensive details about our special programs. During New Provider Orientations, we also utilize the Provider Orientation Kit, which serves as a quick reference guide to the Provider Manual. Within the kit, there is a significant section on special programs.

In addition to New Provider Orientation efforts, our PNM team also discusses special programs with providers on an as-needed basis. Our Population Health Managers and PNM teams have regular meetings with providers and offer education and reports on relevant special programs.



C.22.b. Description of Medical Necessity Review Process

For more than two decades, Passport has worked to ensure members receive the appropriate level of care by coordinating health care benefits, ensuring that services are rendered in a timely manner and provided in appropriate settings, and that services are planned, individualized and evaluated for quality and effectiveness. We have implemented a comprehensive Utilization Management (UM) Program focused on identifying and reducing inappropriate utilization of services while ensuring timely access to appropriate care. The purpose of the Passport UM Program is to safeguard our members against unnecessary and inappropriate medical care. The program allows Passport to review member care from perspectives of medical necessity, quality of care, appropriate decision-making, place of service, and length of hospital stay.

Our UM Program provides complete prior-authorization, concurrent-review and retrospective-review support as part of our overall medical management process. Our UM philosophy is centered on partnering and collaborating with providers to ensure members receive appropriate high quality, whole-person care. The UM Program establishes continuum-of-care principles that integrate a range of services including medical, behavioral health and pharmaceutical services that appropriate to meet members' needs, while maintaining flexibility in modifying services as needs dictate. In fact, we view each step of the process as an opportunity to better understand the needs of the member and an opportunity to provide additional decision support for the provider, thereby allowing for identification of the most appropriate service to answer those needs. Passport utilizes a standardized process that includes state and Federal mandated requirements, turnaround times, best practices, formal document requirements, review of all pertinent information, and approval or denial. Specific SOP are utilized to ensure consistency and transparency.

Passport's UM Program Uses Evidence-Based Decision-Support Tools

Passport's integrated UM approach leverages a variety of tools to ensure the most appropriate evidencebased guidelines are applied to requests. Our approach is evidence-based, transparent to providers and is designed to support integrated care. The most important evidence-based, peer-reviewed tool we use to support medical necessity decision-making is InterQual[®]. InterQual is leveraged for medical necessity review of requested adult and pediatric medical services. InterQual is one (1) of the two (2) required tools for use by DMS. It provides the criteria supporting clinical decision-making, reviewer consistency, efficient operations and reporting.

Along with the use of approved criteria, when evaluating requests for medical necessity, at a minimum, the following information is considered during the review process:

- Member demographics, eligibility and category of aid
 - Passport has established a modified review process for foster care, requiring authorization for select services only.
- Cultural diversity and linguistic barriers
- Local delivery system
- Appropriateness of site/place of service



- Level of care
- Member characteristics and information (e.g., educational level that may present barriers to care)
- Information regarding responsible family members and home environment
- Information regarding benefits for services or procedures, if applicable

Medical Necessity Review Process

Providers may submit an authorization request via:

- Phone
- Fax
- Secure email
- Web
- Mail

Providers may submit requests utilizing the UM Program standard request form or utilizing the DMS global authorization form.

Medical necessity is defined as a covered benefit that is:

Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy.

Clinically appropriate in terms of the service, amount, scope and duration based on generally accepted standards of good medical practice.

Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons.

Provided in the most appropriate location, with regard to generally accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided.

Needed, if used in reference to an emergency medical service, to evaluate or stabilize an emergency medical condition that is found to exist using the prudent layperson standard.

Provided in accordance with early and periodic screening, diagnosis and treatment (EPSDT) requirements.

The UM Program will render medical necessity determinations in a timely and consistent manner so that members with comparable medical needs receive comparable and consistent levels, amounts and durations of services as supported by the members' medical conditions, records, and previous affirmative (approval) coverage decisions.

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An initial first-level review is performed by the Utilization Review Nurse. The request is entered in the Medical Management system and the following is verified:

- Authorization requirements of the requested service
- Member eligibility and plan type
- Provider network status
- Benefits
- Sufficient clinical support to render a determination
- Outreach attempts are conducted if required

The Nurse will apply the received clinical information against criteria or medical policy to establish medical necessity, length of stay and duration of requested services. The following is also considered during the review process:

- Comorbidities
- Duration of illness and prior treatment
- Presenting signs and symptoms
- Treatment plan related to the request
- Progress/nursing notes for pertinent clinical information; consults
- Member psychosocial history
- Discharge plans to include:
- Discussion with the facility UM staff/discharge planner
- Planning for homecoming or transfer to another care facility
- Determining whether caregiver training or other support is needed
 - Referrals to home care agency and/or appropriate support organizations in the community
 - Arranging for follow-up appointments or tests
- Availability of community resources, skilled nursing facilities, subacute care facilities or home care in the plan's service area to support the member
- Referrals to special programs

The Utilization Review Nurse refers any request not meeting criteria to a Medical Director for review determination. Decisions to render adverse determinations, which results in denial of a service authorization request or an authorization of a service in an amount, duration or scope that is less than requested, are made by a Medical Director who has appropriate clinical expertise in treating the member's condition or disease. Medical Director consultants from appropriate medical, surgical and psychiatric specialties are accessible and available for consultation as needed.

Passport does not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the diagnosis, type of illness or condition.



The Medical Director performs the review and may contact the treating provider to discuss the service request, gather additional information and make a final determination. During this review process, our Medical Director evaluates the standards of care, conducts clinical research, reviews state and federal guidelines and, if applicable, completes a peer-to-peer discussion. In this way, we avoid administrative denials due to lack of documentation.

If an adverse determination is made by the Medical Director, regardless of the type of service requested, the member, primary care provider (PCP), ordering/rendering provider and the facility rendering services, if applicable, are notified in writing. In addition, we notify the requesting provider via phone of the decision and provide information about how to request a peer-to-peer review or initiate an appeal.

Passport UM provides the member written notice that meets the language and formatting requirements for member materials, and includes the following in easily understandable language:

- The adverse benefit determination the UM Program has taken or intends to take
- The specific reason for the adverse benefit determination in clear, nontechnical language that is understandable by a layperson
- A reference to the benefit provision, guideline, protocol or other similar criterion upon which the adverse benefit determination is based
- Notification that the member or provider can obtain a copy, free of charge, of the actual benefit provision, guideline, protocol or other similar criterion upon which the adverse benefit determination was based
- Notification of the member's right to appeal

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- Notification of the member's right to request a State Fair Hearing
- An explanation of procedures for exercising member's rights to appeal or file a grievance
- An explanation of circumstances under which expedited resolution is available and how to request it
- Notification of the member's rights to have benefits continue pending the resolution of the appeal, how to request benefits be continued, and the circumstances under which the member may be required to pay the costs of these services

Members may request an appeal for any adverse benefit determination. An appeal is a request for review of an adverse benefit determination, or a decision related to covered services or services provided.



C.22.c. Outreach Methods to Engage Enrollees

Passport uses a combination of in-person, telephonic and traditional print/web outreach to engage members of special populations. Members are identified via claims data; referrals from self, provider or community partner; and face-to-face interaction in the community. Our social media presence on Facebook, Twitter, Pinterest and Instagram allows us to interact with a wide variety of members on various topics related to their health and benefits. In addition, Passport has implemented an opt-in service where members may receive personalized health-related texts to help them improve their health and quality of life.

In 2019, Passport began an opt-in telephonic campaign to walk members through the process of securing access to all communication tools (text, email and member portal) and thereby begin receiving information beneficial to their health, coverage, resources, etc.

Outreach Methods

Here are a few examples of ways in which we strategically target and customize outreach methods to engage members from specific special populations.

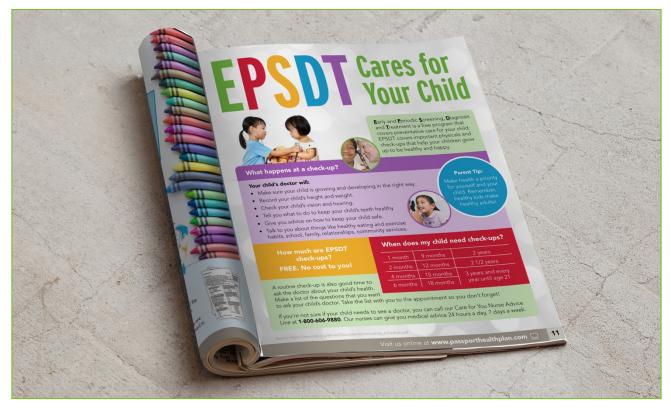
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

In addition to reports presented to providers, Passport has targeted outreach efforts geared to EPSDTeligible members who have not received the recommended schedule of health screens, immunizations and annual participation. The outreach efforts inform and stress the importance of EPSDT through various means, including the following:

- Postcard notifications are mailed to caregivers of all newborn members advising EPSDT screenings.
- An auto-dialer system contacts members about the availability of preventive dental care, the recommended schedule for EPSDT screenings and immunizations, and the importance of follow-up when referred for special services. For convenience, members have the option to speak directly to a Care Connector if they require additional information.
- Home visits are provided to members who are unavailable by phone.
- Our Member Handbook offers information on our EPSDT program, member-eligibility criteria, and an early periodic screening and diagnostic testing schedule.
- Information is provided on our Member Website for EPSDT program and offerings.
- Our member newsletter, *MyHealthMyLife*, offers informational articles on the importance of EPSDT screenings and immunizations, as illustrated in **Exhibit C.22-3.**



Exhibit C.22-3: Member Newsletter Articles on the Importance of EPSDT for Children



Our Community Engagement team is assigned to regions across the Commonwealth to provide health and wellness education. The Community Engagement representatives hold events at local schools and civic and community centers to foster early detection of and testing for medical conditions affecting children in Kentucky.

For example, in Floyd County, Passport participated in a "Backpack to School" Event providing free sports physicals, A1c testing, dental services and cholesterol screenings to its members. In 2018, Passport also gave eight hundred (800) free backpacks filled with much-needed school supplies to children at the event. In 2019, we donated additional backpacks and pencils.

Passport has also sponsored multiple events and clinics offering free services to children and parents/caregivers. For example, in 2018, Passport had the unique opportunity to participate in the Operation Bobcat Innovative Reading Training (IRT) initiative, in which no-cost medical clinics provided over \$1 million of free medical services to over 2,600 of our neighbors in four (4) counties in eastern Kentucky.



To encourage its members between the ages of nine (9) and thirteen (13) years old to have preventive health screenings, Passport offers gift cards to parents and caregivers for use at retail stores, drug stores or a restaurant of their choice.

As a result of these types of outreach efforts, since 2005, Passport has achieved average annual EPSDT screening rates of ninety-one percent (91%). In 2018, Passport had the highest physician screening rate for adolescent tobacco use (77.94%), alcohol use (70.59%), sexual activity (56.62%), and depression (46.32%) among all Kentucky MCOs. Passport also had a screening rate of 78.26% for tobacco use at one (1) of the first two (2) prenatal visits in 2018. This is the highest rate for all MCOs operating in the Commonwealth.

Over the past five (5) years, Passport's incentives contributed to the following significant decreases:

- Thirty-five percent (35%) decrease in low-birth weight deliveries
- Thirty-seven (37%) decrease in very low-birth weight deliveries
- Thirty-nine (39%) decrease in preterm deliveries (less than thirty-seven (37) weeks)

Passport has also increased Adolescent Immunizations Combination 1 (Meningococcal, Tdap/Td) by forty-six percent (46%) over the past five (5) years, which remains above the Medicaid Quality Compass ninetieth (90th) percentile.

"Boys and Girls Haven consistently receives the utmost, best-quality services from Passport for the youth we serve. The staff are quick to respond and work diligently to ensure that services required to stabilize the youth are done efficiently and from a best-practice perspective. We serve the young adult population in a few of our programs, and just a few weeks ago, a member called us to remind us about recertification of benefits for a couple of youth before they turned 19. We were quite impressed! It solidified to our team how Passport members always go above and beyond for a population that is oftentimes marginalized and underserved. We are happy to have them working alongside of us!"

Stacy Brindley

Boys and Girls Haven

Dental Services

In addition to frequent articles in Passport's member newsletter, on its website/social media, and in on-hold messaging, Passport's Community Engagement representatives provide information on proper oral hygiene. Our health educators also provides special oral health trainings to various populations (such as children of various ages in the school setting and refugees at local resettlement agencies).

Here are just a few examples of other unique outreach methods we have utilized to stress the importance of proper dental hygiene and inform members about their dental benefits:

- **Dental Health Classes for the Refugee Community**: The Health Education team provides training on good dental hygiene and the importance of biannual dental visits for good dental health. The course stresses the importance of the connection between good dental health and overall health.
- Smile Kentucky! provides free dental screenings and dental education to children in grades three to six (3-6) in targeted schools in Shelby and Bullitt counties. Information gathered from the screenings is used to identify children who need dental treatment and have no insurance or federal assistance. Passport's Health Educator participates on the Committee and provides dental education in the classroom.
- Passport participated in **Give a Kid a Smile**, sponsored by Park DuValle Community Health Center and the American Dental Association, which provided free dental screenings for low-income families in West Louisville. In 2019, we also sponsored and attended a Free Dental Day with Shawnee Christian Healthcare Center and the American Dental Hygienist' Association, which provided dental screenings for children and adults.

Emergency Care, Urgent Care and Post-Stabilization Care, and Out-of-Network Emergency Care

Passport performs outreach to all members to educate them on how to avoid the emergency department (ED) and how to use the urgent care center through new member welcome calls, educational materials, face-to-face contact with embedded case managers in high-volume PCP offices and hospitals, one-on-one outreach, the member handbook, member newsletters, and much more.

Passport Member Outreach specialists also work to build relationships between the PCP and the member. They make outreach calls to members on behalf of providers to understand why members are using EDs instead of visiting their providers and to educate the members on alternative options for care when appropriate.

Our Community Engagement representatives train members on how to avoid unnecessary trips to the ED by instead using the urgent care center and 24-Hour Nurse Hotline. This is an important area of focus during our in-person time with members.

Passport's Population Health Management program staff educate members on appropriate use of all levels of care. These programs focus on helping members understand how to better manage their chronic conditions, and focus on removing barriers related to social determinants of health (SDoH) so that members are able to access the right care at the right time. Our hope is that members can avoid unnecessary ED visits with this education and support.

Maternity Care

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Passport has placed a special emphasis on sending targeted communications and performing outreach to pregnant women and new mothers.

Our Mommy Steps program uses specialized nurses who reach out to members identified for our Mommy Steps high-risk pregnancy and newborn-care management program.



In addition to these telephonic efforts, Passport typically includes at least one (1) article every quarter in its member newsletter that provides health education related to maternity issues.

Passport frequently uses images of pregnant women in its advertising.

Our Community Engagement representatives regularly perform outreach to pregnancy centers and participate in Community Baby Showers encompassing all one hundred twenty (120) Kentucky counties. This team also participates in numerous special coalitions and initiatives to reduce premature births and NAS in our communities. Here are some examples:

- Women's Empowerment Series at Volunteers of America's (VOA's) Freedom House Women's Addiction Recovery Program in Louisville: Freedom House provides a residential treatment program for alcohol- and/or drug-dependent pregnant women and women with young children. This holistic and comprehensive program is designed to treat the women's chemical dependency, to break the cycle of addiction in families, to reunite families broken apart by addiction, and to promote the birth of healthy, drug-free babies. Passport's Health Education Manager and two (2) VOA Board Members are offering a once-a-month empowerment workshop to help the program participants to strengthen their self-esteem and resilience. Practical skills around self-care, family care, kindergarten readiness, job preparation, and networking with female professionals are discussed in a safe, healthy and interactive setting.
- Passport provides additional payment to facilities and providers for immediate postpartum availability and insertion of long-acting reversible contraceptives (LARCs) to members who desire them. This is a critical element of improving pregnancy outcome, because of the high rate of failure of members at greatest risk of pregnancy complications not returning for postpartum visits.
- More examples may be viewed in Section C.22.e.

Success Story:

Partnership with local shelter helps homeless, pregnant mom

Hotel Inc. (homeless shelter) and the KY Moms (life skills drug prevention) program called our Community Engagement Representative about a pregnant Passport member who came into the shelter that afternoon and did not have a doctor. We were hosting a member education event the next day at the local health department and invited the member to attend. Our Community Engagement representative gave her in-person, individualized assistance, helping her find local network doctors and enrolling her into Passport's high-risk prenatal/neonatal program, Mommy and Me. Our representative was also able to give the member a list of the housing authority offices in Bowling Green and find other resources that could help her, including the food pantry, WIC program, etc.

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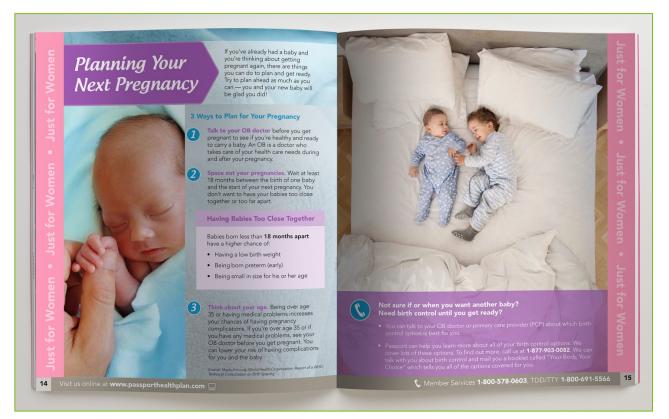


Voluntary Family Planning

Every member engaged in Passport's Mommy Steps program receives information and education on family planning options. We also encourage providers to have these conversations, and we made LARCs more accessible to members in the last year. Now, providers can bill for the procedure to install a LARC while the member is still an inpatient following delivery.

Passport also educates members about voluntary family planning through our member newsletter. **Exhibit C.22-4**, below, shows an example.

Exhibit C.22-4: Example of Voluntary Family Planning Article in Passport Member Newsletter



Nonemergency Medical Transportation

Passport shares complete details about transportation benefits and contact information in its Member Handbook. We also created a special flyer on transportation that we frequently share with members, particularly when our Community Engagement representatives are out in the field. Our Population Health Management program teams also outreach and help members obtain needed transportation as part of coordinating care.



Success Story:

A member and her husband came to a member education session held in Paducah, Kentucky. The member had cataracts that she needed removed from her eyes (or at least checked). She was unable to find a doctor who took Passport. At the member education session, our community engagement representative called Member Services, who connected her to a doctor in the Louisville area. Because of Passport's partnership with transportation services in the area, the rep was able to connect the member with all the necessary information she'd need to get her eyes checked, and the transportation worked out from western Kentucky to Louisville.

Pediatric Interface

Passport's Population Health Management program staff talk with families about individual education plans (IEPs), 504 plans and school-based behavioral health services. We help families know what to expect from Admissions and Release Committee (ARC) meetings and other school meetings. We help them understand what services are available for their kids at most public schools. Our Community Engagement representatives work with Family Resource and Youth Services Center (FRYSC) coordinators to understand the needs of the student population in each region and to develop collaborative relationships to better meet these needs.

Pediatric Sexual Abuse Examination

Grant to SAFE for Pediatric Forensic Services

Passport provided a grant in 2018 to Supports in Abusive Family Emergencies (SAFE) Services, a nationally recognized forensic nursing program at UofL Hospital serving victims of sexual assault and domestic violence. The program helps protect an average of 1,100 Kentucky children from child maltreatment by providing comprehensive, timely medical evaluation for those suspected to be victims of physical abuse or neglect.

On a national level, SAFE is the only program of its kind that utilizes nurses as forensically trained physician extenders—a highly cost-effective and unique approach to meet the needs of such a large population. In purely monetary terms, just one prevented case of abusive head trauma can save insurers hundreds of thousands of dollars in hospitalization and rehabilitation costs. Approximately seventy-five percent (75%) of the individuals served by SAFE are Medicaid beneficiaries.

Thanks to Passport's grant, in 2018 SAFE Services was able to:

• Increase the number of victims served to a record high of six hundred eighty-four (684), an increase of more than one hundred thirty-seven (137) individuals over the previous year



- Realize a record low of seven (7) physician-performed Sexual Assault Nurse Examiner (SANE) exams at UofL, expediting sexual assault patient care and improving the overall patient length of stay for the ED
- Achieve a record staffing level with six (6) consecutive months of one hundred percent (100%) SANE coverage, a first for the program

EDI Program Collaborates with Community Partners

Another way that Passport outreaches to members is through its collaboration with community partners. Passport's EDI team participates in committee meetings to find opportunities for collaboration in initiatives that improve health disparities of the various underserved groups the partners serve. The EDI team holds one-on-one information sessions with staff, uses the facility for member education, conducts member outreach on a regular basis and participates in the agencies' community events. In the future, the EDI Team will continue to expand its coordination and collaboration with community partners. **Exhibit C.22-5** shows several examples of locations where we have coordinated with community partners to outreach to and educate our members.

Program Name	Description
Iroquois Library	The immigrant and refugee communities in Louisville recognize this library as a place where they can go to learn about resources.
International Center of Bowling Green	Refugees and immigrants received assistance with integration into community life by providing employment, educational, housing and other social services.
Esperanza Latino Center of Northern Kentucky	The center provides educational services such as English as a Second Language (ESL) classes, employment, housing assistance and early literacy (Read Ready Covington program).
La Casita Center	La Casita Center works intentionally to build a thriving community based on mutual support and respect.
Americana Community Center	Americana provides holistic, comprehensive programs to immigrants, refugees and low-income individuals in Louisville. These programs enable people to overcome the challenges of integrating into a new community and living below the poverty line.

Exhibit C.22-5: EDI Outreach Location Examples



The EDI team has also collaborated and continues to collaborate with the organizations and groups outlined in **Exhibit C.22-6**.

Exhibit C.22-6: EDI Collaborative Partnership Examples

Name	Description
The Attorney General's Statewide Human Trafficking Task Force	Includes subcommittees for Victims Services and Data Collection. Provides information for the team's use and disseminates though training and information to associates.
Refugee Mental Health	Interagency meeting to discuss community issues concerning refugee mental health. Assists the EDI team in discerning the needs of the refugee community. This information is used to make decisions on creating and translating educational documents.
Refugee and Immigrant Domestic Violence	Interagency meeting to discuss domestic violence issues in the community, especially in reference to refugees and immigrants.
Catholic Charities—Migration and Refugee Services	As a department of Catholic Charities of Louisville, operates as Kentucky's official representative to resettle refugees. Because many refuges are identified as Passport members, EDI provides orientation to the U.S. health system. Newly arrived refugees learn how to navigate the various types of providers and the etiquette to follow in exchanges with doctors' offices and hospitals.
BAYA (Beautiful As You Are)	Created to give girls a safe place to discuss topics they deal with daily. Passport associates participate in a career fair to model various possible career paths for girls.
Transgender Wellness Summit/VOA	An annual event that provides much needed medical resources and Hepatitis A and HIV testing for the transgender community. The EDI team manager is part of the planning board.
Migrant Network Coalition (MNC)	A Lexington area interagency group that serves and assists immigrants and refugees with the challenges that face them. The EDI team has been part of this group since 2013. MNC is a great source of information in the Central Region. Participants provide information on the needs in the region.
EER (Education, Empowerment and Respect)	EER uses diverse professional skills and provides an opportunity for the network to enhance the quality of life for Northern Kentucky's Spanish-speaking persons and families who may be alienated from necessary and culturally competent information or services. An EDI bilingual representative is part of a planning committee to bring a Hispanic Health Fair to the region.



Name	Description
Amigos Network	An interagency network to discuss issues that affect the immigrant and refugee community in Bowling Green, Kentucky. The EDI team has worked with these community partners since 2013. In collaboration, EDI has participated in county and city health fairs, summer literacy programs for Hispanic individuals and refugees, and holiday literacy events with migrant education and has made presentations to the network.
Kentucky Refugee Ministries (KRM)	 KRM is an outreach community that advocates for and provides resettlement services to refugees to encourage hope and an increased sense of belonging and inclusion to future American citizens. EDI provides orientation to the U.S. health system. Newly arrived refugees learn how to navigate the various types of providers and the etiquette to follow in exchanges with doctors' offices and hospitals.
Jail Ministry Coordination at Catholic Charities Northern Kentucky	Works with people who have been incarcerated and are about to be released from jail and with their families. The Courageous Kid program provides educational classes to support children who are experiencing the stress of having an incarcerated parent or relative. A bilingual community education (CE) representative will assist during class time, provide educational information in Spanish and share local resources to the families. EDI hopes to coordinate with Catholic Charities to replicate this program in other areas of the state.
Kentucky One Health	Free workshop on anxiety, understanding the signs and symptoms of anxiety in children and teens, how anxiety presents differently in children, and how anxiety affects social interactions and development. This program also fosters mutual learning and trust building among service/care providers and the refugee community in collaboration with Kentucky One Health. EDI hopes to replicate the already existing English program in Louisville and Lexington.
Kentucky Commission on the Deaf and Hard of Hearing Deaf Fest	Participated in and sponsored the 2018 Deaf Fest. This event provided education and entertainment to the entire region's deaf community. Passport will participate in this event in 2020.
Cabinet Deaf and Hard of Hearing Services Program	A "Celebration of Cultures." Passport is part of the planning committee for this event for Hispanic families of children that are deaf and/or hard of hearing. EDI provides interpreters and Spanish interpreters.



Testimonial from University of Louisville Office of Diversity and Inclusion:

"Passport has been a vital asset to Kentucky, not only in administering services, but also in working to address long-term and systemic barriers to care. It is clear in our work with community members who are Passport members how much they value the services Passport provides and how they feel valued by Passport staff. Our office at the University of Louisville has had a long-term relationship with Passport staff who have helped us in educating and shaping future health care providers' knowledge and skill sets. We have worked together under the shared goal of achieving better health outcomes and reducing health disparities. It's a pleasure working with such dedicated individuals and an organization who deeply cares about the people it serves as well as the future of the commonwealth itself." —Ryan Simpson, Program Director, Office of Diversity and Inclusion, University of Louisville

C.22.d. Approach to Identify, Enroll and Encourage Compliance with Lock-In Programs.

Pharmacy Lock-In Program

The Pharmacy Lock-In Program is designed for members to receive medically necessary medical and pharmacy benefits at the appropriate time. Inappropriate use or abuse of pharmacy benefits may include:

- Excessive ED or practitioner office visits
- Multiple prescriptions from different prescribers and/or pharmacies
- Reports of fraud, abuse or misuse from law enforcement agencies, practitioners, the Office of the Inspector General, pharmacies or Passport's staff

Identification and Enrollment

Under the Lock-In Program, a member's medical and pharmacy claim history and diagnoses are reviewed for possible safety concerns related to excessive, unnecessary or inappropriate utilization. Members who meet the established criteria are locked into a designated hospital for nonemergency services and/or designated to a single prescriber and pharmacy for controlled substances for twelve (12) months. We work with the member's designated providers (i.e., PCPs, controlled substance prescribers, hospitals and pharmacies) and provide written notice of the lock-in status.

Enrollment and Awareness

Our coordinators outreach, enroll and educate on the importance of protecting their health and safety, providing continuity of medical care and connecting them with a Care Advisor for additional support. To enroll members, our dedicated coordinators educate members on the appropriate use of the plan benefits and connect them with our Care Advisors for condition management.



As part of the program, Passport regularly reviews members' medical and pharmacy claims records to determine if they are adhering to plan benefits or if they should maintain the lock-in status for another twelve (12)-month period. Should they remain in lock-in status, Passport's Care Advisors continue the care management program to help members improve their health and learn to adhere to the established plan guidelines. Pharmacy Services may modify a provider designation when:

- The designated provider withdraws or is terminated from participation in the Medicaid program
- The Pharmacy Lock-In team determines that it is in the best interest of the lock-in recipient to change the designated provider
- The member relocates outside the designated provider's geographic area

Emergency Department Lock-In Program:

Passport persuades members to avoid inappropriate ED utilization through our two-phase Emergency Department program and Emergency Department Lock-In Program.

Emergency Department Lock-In Program

Identification

For Passport's Emergency Department Lock-In Program, members are identified by medical and pharmacy claims history and diagnoses, which are reviewed for possible overutilization.

Enrollment and Education

Members who are nearing lock-in status are first sent an educational letter of concern regarding their high utilization of the ED, followed by telephonic outreach offering to coordinate with other resources, such as ED alternatives. Members with a diagnosis related to pregnancy or mental health are referred to case or maternity management programs designed to support those members.

Members who meet the criteria for the Lock-In Program will be locked into a designated hospital for nonemergency services and/or one prescriber, who may not necessarily be the member's PCP, and one pharmacy for controlled substances. All designated providers (i.e., PCPs, controlled substance prescribers, hospitals and pharmacies) will receive written notice of the member's lock-in status to ensure that all providers are informed of the member's status.

Emergency Department Program

The Emergency Department program is responsible for managing members who have utilized the ED with visits that were deemed not to have been emergencies by Kentucky Medicaid or for members with an urgent service in need of follow-up care that may be at risk for using the ED for follow-up care.

We encourage adherence via individualized telephonic outreach and case management efforts throughout a member's experience in the program. We currently have three (3) ED navigators who go to designated high-volume EDs to meet with members face to face, after they have been screened and triaged appropriately.



The navigators will assess the SDoH, including the member's current medical condition, barriers to appropriate care and the need to stay involved with his/her PCP. These members receive information and guidance from the ED navigator on how to avoid an ED visit. This can include assisting with obtaining a PCP office visit, changing PCPs or finding a specialist, if it is warranted. We have disease-specific resources available to help with the care of nonurgent diagnosis, such as pink eye, cough and fever. We also have community-based resources and services, such as transportation and urgent care clinics. The ED navigator will follow up with the member telephonically (if the member agrees to be in the program) and remind him/her to follow up with the PCP, get prescriptions filled and set up transportation if needed. Navigators will go over medications as well as answer any questions the member might have regarding his/her ED visit, health or anything related to Passport.

The Emergency Department program is a thirty (30)-day program that involves multiple follow-up calls. If at the end of the thirty (30) days the member still has needs, the ED navigator will refer to one of Passport's many other programs.

As part of our program, we will also educate our members on the DMS-required Emergency Department Lock-In program to help them understand the consequences of overutilizing the EDs. We talk to them about what it will mean if they are placed in the Lock-In program. We monitor ED utilization via claim reports and real-time Ed census reports to identify members who are overutilizing the ED and do telephonic outreach to them. We send out notifications to the members, warning them of the possibility of getting in lock-in. If these members continue to overutilize, we will also do a telephonic outreach and offer the Emergency Department program or, at the very least, educate them about their ED utilization and the possibility of being placed in the Emergency Department Lock-In Program. We have one (1) ED coordinator who is responsible for the mailings and outreach calls.

C.22.e. Approach to Coordination, Including Referral and Follow-up with Other Service Providers, Like WIC, Head Start, First Steps, School-Based Services, DCBS and the Kentucky Transportation Cabinet Office of Transportation Delivery.

Passport has strong existing connections to service providers and community partners across the entire Commonwealth, which allows us to have a greater impact on SDoH for all Kentuckians. We know we best serve our members when we not only connect them to the



resources and services they need, but also work hand in hand with those service providers to create new initiatives and further existing initiatives. We work with authorized providers and community resources to implement initiatives that will help our members and other Kentuckians, and we coordinate with these agencies and providers at the member level on referrals to meet individualized needs.

Our staff works extensively with more than 649 agencies (including school and faith-based advocates, individual FRYSCs, community action agencies, interagency groups, advocates for the homeless, extension

offices, Chambers of Commerce, food banks, shelters, WIC, Head Start, First Steps, school-based services, the Department for Community Based Services [DCBS] and the Kentucky Transportation Cabinet Office of Transportation Delivery). We work diligently to uphold strong, collaborative relationships with our community partners and local Kentucky advocates through in-person meetings, presentations and staff trainings. **Exhibit C.22-7** summarizes our approach to coordination, including referral and follow-up with key services providers.

Provider	Services	Relationship/Referral Process
wic	 Help with cost of healthy food options during pregnancy 	 Referrals are sent through secure email to WIC by Care Advisors for members in need.
	 and breastfeeding Help with cost of formula Obtain prescription formulas to assist with cost for unique needs Connect moms to lactation consultants for breast feeding issues/concerns Nutritionists available to assist with appropriate diet during pregnancy and while breastfeeding 	 The referral becomes part of the member's care plan, which is updated and monitored on a biweekly basis when contact is made with the member.
		 Care Advisors follow up with member to ensure WIC contacted them and the appropriate resources were received.
		4. If a member reports that they have not been contacted, the Care Advisor will follow up with WIC, often using a three-way conference call to connect the member directly to WIC staff and helping to set up with appropriate appointments or resources for the member.
		 The intervention is not successfully closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successful been arranged.
Head Start/Early Head Start	 Services for at-risk families to promote readiness to learn by 	 Head Start and Early Head Start referrals are sent by the Care Team as soon as a need is identified.
	kindergarten	 The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact.
		 If a member expresses difficulty in connecting with Head Start, three-way conference calling is utilized by the Care Advisors to connect the member and obtain enrollment information.
		 The intervention is not successfully closed in the member's care plan until enrollment is confirmed

Exhibit C.22-7. Summary of our Coordination Approach with Key Services Providers.

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Provider	Services	Relationship/Referral Process
		or an alternative service is obtained (if member is not able to enroll in Head Start/Early Head Start for any reason).
		 The Care Advisor adds Head Start primary contact to the care team for consultation and coordination moving forward as needed.
First Steps	 Services for children with developmental delays or disabilities 	 First steps referrals are sent by the Care Team as soon as a need is identified. The referral becomes an intervention in the
	 from birth to age 3 and their families Use routines-based approach to 	member's personalized Care Plan, which is monitored and updated with each contact.
	approach to intervene within the family's natural setting and routine	 If a member expresses difficulty in connecting with First Steps, three-way conference calling is utilized by the Care Advisors to connect the member and set up appointments.
		 The intervention is not successfully closed in the member's care plan until contact has been confirmed by the member and appointments or resources have successful been arranged.
		 The Care Advisor adds the First Steps primary staff member assigned to work with the member to the care team for consultation and coordination moving forward as needed.
 School-Based Services – FRYSC (Family Resource and Youth Service Centers) Services to remove non-academic barriers to learning Each center offers a unique blend of programs and services determined by the needs of its population (e.g., clothing, transportation vouchers, financial assistance) 	 Care Advisor or Foster Care Specialist reaches out to FRYSC Coordinator to explain needed services. Member is also given contact information for FRYSC. 	
	programs and services determined by the needs of its	 The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact.
	clothing, transportation vouchers, financial	3. If a member expresses difficulty in connecting with FRYSC, three-way conference calling is utilized by the Care Advisor to connect the member to facilitate communication.
		 The intervention is not successfully closed in the member's care plan until contact has been



Provider	Services	Relationship/Referral Process
		confirmed by the member and appointments or resources have successful been arranged.
		 The Care Advisor adds FRYSC Coordinator to the care team for consultation and coordination moving forward as needed.
School-Based Services – Mental and Behavioral Health	 Services provided in the school setting including: assessment, evaluation, 	 Care Advisor or Foster Care Specialist reaches out to the school-based services referral line to make a referral. Member/caregiver is also given the contact information.
	observation, therapy, consultation with teachers, prevention and	 The referral becomes an intervention in the member's personalized Care Plan, which is monitored and updated with each contact.
	intervention groups, and community education and parent workshops	 If a member expresses difficulty in connecting with school-based services program, three-way conference calling is utilized by the Care Advisor to connect the member and make an appointment.
		4. The Care Advisor reaches out to the school-based therapist to request the most recent treatment plan and ensure all needs are being met for both the member and the school.
		 The Care Advisor adds the school-based therapist to the care team for consultation and coordination moving forward as needed.
		 Care Advisors participate in school-based meetings upon request.
DCBS • Family support • Child Care • Child and Adult Protection • Medicaid eligibility determination	 When a need is identified for which DCBS services can assist (such as assistance applying for food benefits), the Care Advisor provides the member with the phone number and address of the nearest DCBS office to the member's home. 	
	eligibility determination	 The referred service is added as an intervention in the member's care plan.
•		 If the member expresses difficulty reaching the office via phone, the Care Advisor encourages them to go to the office in person to request assistance. If this is not feasible for the member, a member of the care team will conduct a three-way conference



Provider	Services	Relationship/Referral Process
		call with the member and the DCBS office to help make the connection.
		 The Care Advisor follows up with the member to ensure they received the services they needed.
		*DCBS office case workers will frequently send members with issues to our Community Engagement representatives for reconciliation to close the gap in member care
Kentucky Transportation Cabinet Office of	 Human Service Transportation Delivery Program 	 When a transportation barrier is identified, the member is given the Transportation Line contact information by Care Advisor.
Transportation Delivery		 Transportation is added as a barrier in the member's Individualized Care Plan.
		3. If the member expresses difficulty in contacting the Transportation Line to set up transportation, the Care Advisor or a Care Connector will conduct a three-way conference call with the member and the transportation line to arrange transportation to and from upcoming medical or behavioral health appointments.
		 The Care Advisor will ensure the member understands the instructions given by the Transportation Line regarding pick up at home and return trip after the appointment.
		 Education is given by Care Advisor or Care Connector regarding arranging transportation to future appointments.

Increasing Pediatric Access to Care in Public Schools

Passport's Health Integration and PNM teams have been working closely with Federally Qualified Health Centers (FQHCs) and other provider groups in public school settings to increase access to pediatric interface options for our members by addressing initial challenges for providers operating in these settings. This work is secondary to our emphasis on members having an assigned practice group/PCP. Providers were not getting reimbursed appropriately for services rendered. The teams began work with Health First Bluegrass and Shawnee Christian Healthcare Center to allow payment for unassigned members if they were seen in



the school. Eventually, all Kentucky Primary Care Association (KPCA) practice groups were included, and we created a workaround so that FQHCs and Rural Health Center (RHC) groups could still bill their place of service (POS) for the type of practice (and thereby collect their Prospective Payment System [PPS] wrap payment for the visit) rather than billing POS 02 (the school-based location).

We also collaborated with Shawnee Christian Healthcare Center to begin development of a **free onsite behavioral clinic to help children with telepsychiatry needs**. Our Health Integration team attended several workgroups to discuss the value of school-based health care (SBHC) services and workflow/collaboration with Shawnee and two of their school sites. We worked collaboratively with Kentucky Youth Advocates, Shawnee Christian Healthcare Center, the school health coordinator in Lincoln County, and several others to develop a white paper for SBHC in Kentucky. We have also drafted a policy for SBHC that attempts to ensure that all our school-age members can have access to care if they have a school-based clinic. This policy mandates that the SBHC provider keep the assigned PCP up to date on any care provided to ensure collaboration and coordination. It also includes:

- A written care summary provided to the member's assigned PCP within seven (7) business days of the member's visit
- Communication and coordination of care with the member's assigned PCP for recommended followup and/or specialty care referrals
- Consent to treat and release forms in place for each child, with appropriate informed consent

The opportunity for the member's caregiver to participate in the visit in person or through other secure communication; a minimum of written communication after visit is required

Coordinating Services with Other Service Providers

In 2019, our Community Engagement team provided Kentucky Medicaid-specific information to the following groups:

- **1,912 one-on-one meetings** with assisters, advocates, providers and their staff, brokers, businesses and pharmacies
- 214 formal presentations
- 149 staff trainings

Passport staff also actively serve the local communities through **328 appointed boards, advisory** committees, interagency councils, local chamber events, coalition meetings, re-entry coalitions, community health worker associations and more.

Passport maintains strong, close relationships with numerous service providers and other community partners across the Commonwealth. We coordinate with our partners to ensure two-way communication, interaction and collaboration. Here are specific examples of ways we coordinate with these organizations:

• The **Crib Program** is a partnership between Passport and Lincoln Trail District Health Department serving Hardin, LaRue, Marion, Meade, Nelson and Washington counties in Kentucky. The Crib Program was initiated after the Health Department identified an increased trend of infant deaths related to unsafe sleep environments in their six-county region. As part of this program, an in-home



assessment is performed by Health Access Nurturing Development Services (HANDS) staff during the member's eight month of pregnancy. Safe sleep education is provided along with a fifty percent (50%) cost-shared Pack 'n Play and crib set (including the crib, sheet and a sleep sack) to Passport members determined to be in need. Prior to the collaboration, eight (8) deaths occurred due to unsafe sleep environments. Since the inception of the program:

- In both 2016 and 2017, after the Crib Program started, there were zero (0) infant deaths due to unsafe sleep environments.
- In 2018 and 2019, the only deaths that occurred in the counties—five (5) total—were in families that did not participate in the HANDS program.
- HANDS. Passport further partners with HANDS programs in some Kentucky regions to provide educational classes on nutrition and other topics. Our health educators lead these presentations for HANDS participants. This is an ongoing relationship that Passport hopes to continue long into the future.
- Coalition to Reduce NAS in Eastern Kentucky: Passport's Community Engagement Representative, Stacy Crum, in collaboration with the Johnson County Health Department and Highlands Regional Medical Center, helped to found and implement the Big Sandy NAS Coalition. Up to seventy percent (70%) of all children born in the Big Sandy Area had NAS. Since the coalition's inception two (2) years ago, the founding members have educated over nine hundred (900) high school students, held focus groups with NAS mothers, hosted provider education events and grown the coalition to over thirty (30) community members. In December 2018, Stacy and the other founding members were recognized for outstanding community collaboration and engagement that betters the lives of Kentucky mothers and babies.

Collaboration with Community Partners

Kentucky Medicaid Assisters

Passport's Community Engagement team regularly collaborates with Kentucky Medicaid assisters to help members access the resources they need to sign up for Medicaid benefits, even if it means they do not sign up with Passport. For example, our Community Engagement representatives have met members at events who should be eligible for Medicaid. Often these members are in vulnerable situations and are not aware that these benefits are available to them. Our representatives will connect these members with assisters, who then help them obtain coverage.

Other Government Agencies

Our Community Engagement team works directly with other government agencies outside of CHFS. Here are a few examples:

- Passport is very involved with our local school-based FRYSCs. For example, Passport's Community Engagement team serves on the advisory council and managing board at Neighborhood Place. We coordinate with JCPS schools and build beds for children needing beds. These are referred by the Family Resource centers.
- In 2018, Passport had the unique opportunity to collaborate with the military and the Kentucky Office of Local Government to host **Operation Bobcat: Innovative Readiness Training (IRT).** These



no-cost medical/vision/dental clinics provided over \$1 million of free medical services to over 2,600 of our neighbors in four (4) counties in eastern Kentucky.

Passport was the only MCO invited to participate all ten (10) days at every venue. Our Community Engagement and Health Engagement teams logged over three hundred (300) hours at the clinics, providing resources and health education using live demonstrations for the attendees/patients.

This program provided the following results for eastern Kentucky:

- Total patients: 2,662
- Total patient encounters: 4,324¹
- Total procedures: 11,275²
- Total glasses manufactured: 1,457
- Total value to the community: \$1,003,688
- Our team collaborated with **Louisville Metro Corrections** to bridge the gap in care for inmates who are released. We have also participated in the Day Reporting Program to engage those members who are currently Medicaid-eligible offenders.
- Passport is serving on the Count Me in KY 2020 Census Nonprofit Coalition. Passport is working
 with statewide organizations to educate our members on the importance of completing the 2020
 Census and how it impacts their local communities. The Census counts determine not only the
 number of seats each state has in the U.S. House, but also the distribution of federal funding to
 assist local communities.

Nonprofit Organizations and Agencies

Passport partners with nonprofit organizations to help members with transportation needs, glasses, childcare, clothing and much more. Here are several specific examples of nonprofits we have collaborated with:

- Bates Memorial and the Dress for Success programs help with clothing for interviews, job readiness
 and resume reviews in Jefferson County. Our team has held outreach sessions with program
 participants to educate them on the health and benefits.
- Passport collaborates with **multiple community ministries**, which help with utilities, food, rent, and clothing. Due to our close relationships with these ministries, we are able to visit their facilities to provide additional information on healthy living through preventive care measures, eating healthy, diabetes and other elements of daily living.
- **Hotel Inc.** in Bowling Green works to provide temporary housing for members and allows representatives access to members with insurance issues. This organization provides contact from member to representative due to the fact there is no central area in which to hold meetings.
- **Samaritan's Feet** is a nonprofit organization that serves and inspires hope in children by providing shoes as the foundation to a healthy life. Passport's Community Engagement representative handed

¹ The number of total encounters is higher than the number of total patients because one (1) patient could potentially have three (3) encounters by seeing all three (3) areas (medical, vision and dental). ² Procedures were tracked using standard CPT codes.



out Passport bags to the children at Newport Intermediate School, and Samaritan's Feet gave away shoes and socks. The students put their old shoes in our bags and wore their new shoes home.

- Passport and the Center for Accessible Living cosponsored the Disabilities Conference/Community Forum Community. Our Community Engagement representative distributed educational information to fifty (50) attendees.
- Passport has participated in **expungement fairs** geared toward those who have been released from incarceration. Our Community Engagement representatives have been able to share resources with individuals and their families at these events.
- The biggest need in Letcher and the surrounding counties of eastern Kentucky is housing for homeless individuals. Passport and different local agencies, churches and community leaders came together to form the Letcher County Housing Coalition. This group, the first of its kind in this area, collaborates to fill the gaps that are needed to improve health, such as transportation and housing.

Coordinating Through Referrals

Passport's Population Health Management (PHM), Member Services and Community Engagement teams regularly refer members to other service providers that will help impact the SDoH for our members. The PHM team also has social workers who work from within various local agencies (such as Kentucky Refugee Ministries, the House of Ruth and Home of the Innocents). The connections made by working onsite with staff allow us to closely collaborate and provide better services for our members.

All direct care staff and supervisors at Passport have extensive knowledge of authorized providers and community resources throughout the Commonwealth. Our social workers and community health workers excel at providing our members with a warm handoff to these service providers, helping our members understand the community resources available to them and knocking down barriers to access. Our care team members—social workers, Care Advisors, Health Educators and Community Health Workers—are often the liaisons between members and community partners, working to ensure that the member's needs are communicated and met.

Passport staff refer, educate and encourage members to utilize the Health Department offerings available to them (e.g., WIC, HANDS/Healthy Start) as well as other public programs, such as Head Start. We discuss each member's needs with him/her and work with the authorized providers to find appropriate resources/services for members. We remind new mothers of the pediatric well checks and vaccinations that are available at their local Health Department. We also inform members that WIC will request medical information from them and their providers, such as nutrition-related metabolic disease, diabetes, low birth weight, failure to thrive, prematurity, infants of mothers with a substance use disorder (SUD) or other drug addiction, developmental disabilities or intellectual disabilities, AIDS, allergy or intolerance that affects nutritional status, and anemia.

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Regional Coalitions

Passport staff collaborate with and participate in community groups, such as regional coalitions designed to impact certain health issues in targeted areas of the Commonwealth. Here are a few examples of particularly impactful initiatives we have been proud to participate in:

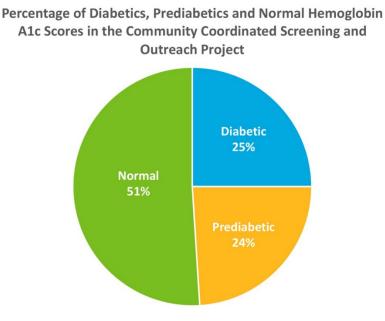
Passport Sponsors Coalition Effort That Diagnoses Nearly One Hundred (100) Diabetic/Prediabetic Citizens in Eastern Kentucky

Passport sponsored and participated in a collaborative initiative by the Big Sandy Diabetes Coalition (BSDC) in eastern Kentucky to implement a community screening and outreach project in Pike, Magoffin, Martin, Floyd and Johnson counties. These screenings are set up in the form of health fairs that offer free blood pressure measurements, baselines such as height/weight/BMI, hemoglobin A1c screenings, insurance assistance through KYNECT, and community resource vendors. These fairs are in coordination with local hospitals, health departments, universities/colleges and health care MCOs. Through these, the coalition screens people within the community, connects them with the available resources and informs them about the programs offered around them, such as the Chronic Disease Self-Management program or Diabetes Prevention program.

Out of one hundred eighty-three (183) people screened at these events, forty-five (45) were classified as being in the "Diabetic" A1c zone with scores greater than 6.5, and forty-four (44) were classified as being in the "Prediabetic" A1c zone with scores between 5.7 and 6.4. Some participants had A1c scores of over fourteen (14), which is dangerously high, and did not know they were in the diabetes range. As shown in **Exhibit C.22-8** below, statistically 24.6% of the sample was diabetic and twenty-four percent (24%) was prediabetic—accounting for nearly fifty percent (50%) of the sample population. According to the CDC 2014 National Diabetes Report, 9.3% of the U.S. population has diabetes—and in our sample, the percentage was more than double that number, showing that diabetes is at an epidemic rate in Appalachia.



Exhibit C.22-8: Results of Diabetic Screenings Initiative in Eastern Kentucky



Bluegrass.org and the Clark County Interagency Council

Passport's Community Engagement representative collaborated with the Clark County Interagency Council to support the Teen Homeless Awareness Project in Winchester/Clark County, where over sixty (60) teenagers are homeless. Passport donated eighty (80) fleece blankets and eighty (80) backpacks and helped fill them with hygiene items and other basic necessities.

Kentucky River Foothills Council

Passport participated in the Supporting Families Summit, where our staff collaborated with the Kentucky State Police, local physicians and behavioral health counselors to bring awareness to human trafficking, bullying, opioid/prescription drug abuse, internet safety and active school shooting survival techniques.

Behavioral Health Councils

Passport's clinical staff also joins various coalitions across the Commonwealth related to their particular areas of expertise. For example, Passport's Behavioral Health Program Manager, Dr. David Hanna, has worked closely with community partners and providers to improve services and outcomes for Passport members. He participates in a number of community coalitions, including the community partners group in Louisville, which is a quarterly meeting of behavioral health providers discussing common concerns.

As both a licensed clinical psychologist and MCO representative, Dr. Hanna has been able to consult on delivering services within a managed care environment. For example, when discussing the challenges of serving individuals with comorbid intellectual disability and mental health conditions, Dr. Hanna pointed out



provider options available within our network and talked about the kinds of services, both those requiring prior authorization and those that did not, that would likely help address these issues.

Dr. Hanna has also participated actively on the Behavioral Health Subcommittee of the Louisville Health Advisory Board, helping to plan a community-wide suicide prevention effort through the provision of QPR (Question, Persuade, Refer) training and researching and sharing information on community suicide fatality reviews. In working with providers, Dr. Hanna has focused on providers who are new to managed care or who have questions about how to serve members with complex needs in a managed care framework. Dr. Hanna has done this extensively with Applied Behavior Analysis (ABA) providers by meeting with their advocacy group, working closely with the executive director of their professional association, and discussing opportunities with providers prior to their joining the network.

Dr. Hanna has also worked closely with community mental health centers, which often operate specialized programs that do not neatly fit into the standard fee schedule. For example, he has provided consultation on how to deliver care consistent with the Recovery Model of Mental Illness within a payer system that requires a focus on medical necessity.

In addition, other team members from the Health Integration team participate in a variety of behavioral health coalitions and groups, including the Kentucky Mental Health Coalition, Louisville Pediatric Mental and Behavioral Health Alliance, Children's Alliance Groups, Kentucky Psychological Association, Autism Council, Kentucky Board of Examiners of Psychology, National Alliance for Mentally III, and Refugee Mental Health Group.

Schools and Colleges

Passport collaborates with schools and colleges across the Commonwealth not only to distribute information at school events and resource offices but also to develop special initiatives aimed at improving Kentuckians' health and quality of life. For example, in Floyd and Johnson counties, our Community Engagement representative collaborated with the UK Extension offices to create a program devoted to teaching students about the consequences of their actions.

Testimonial from Family Scholar House:

"Through the years, we've been so impressed by Passport's dedication to the community, leadership development for the disadvantaged and promotion of education that in 2017, we honored Passport with our annual Dr. Lucy M. Freibert, SCN Award. Passport has [invested], and I believe will continue to reinvest, in Kentucky communities to improve the health and quality of life for Kentucky Medicaid recipients."

-Cathe Dykstra, Chief Possibility Officer and President and CEO, Family Scholar House



Collaboration with Eastern Kentucky Community Partners

Our eastern Kentucky health educator works with various community organizations, coalitions, and advocates to address health needs and disparities in the different regions of eastern Kentucky. Here are examples of some of the work:

- FRYSCs (Family Resource Youth Service Centers)—discovering the health needs of students and providing health education: The eastern Kentucky health educator works with schools' family resource and youth centers to discover the biggest health-related issues so he can provide health education to students.
- **KY ASAP (Agency for Supporting Abuse Policy):** The eastern Kentucky health educator meets with ASAP to learn the most recent data about the drug-related problems in eastern Kentucky and to brainstorm solutions. This is also a way for him to touch base with people about where he can be used to provide education on problems such as vaping.
- CADA (Communities Against Drug Abuse): The eastern Kentucky health educator learns about drugrelated issues on a more local level and gets to hear from people like local law enforcement officers about the problem. The eastern Kentucky health educator, along with other members, provides input about ideas that could help improve the situation. This is also a good opportunity to discover areas to provide health education.
- Floyd County Fitness and Nutrition Coalition: The eastern Kentucky health educator works with the group and provides input on ideas to improve the health of the county. Recently, he worked with the group to provide ideas for a program that will add healthier food options at a local swimming pool.
- **Floyd County Diabetes Coalition**: The eastern Kentucky health educator works with the group to determine strategies to improve diabetes outcomes in the area.
- Community partners—discovering the biggest health needs in the community: The eastern Kentucky health educator works with various groups to determine the specific regional and countyspecific health needs. He also learns about the best ways to get through to different areas. Transportation is a big issue, so he has learned from these groups to do work through the schools because they are usually a good anchor point to reach a great number of people.

Conclusion

Passport has an existing system of special programs designed to meet the evolving needs of the Commonwealth. Encouraging program participation through proactive and multichannel outreach is central to achieving our mission. We are continually analyzing the needs of our members and designing new programs that are tailored to the meet those needs.

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.