USE CASE 3

The Vendor is implementing a two-year initiative to improve outcomes by addressing a variety of health behaviors (e.g., tobacco use and diet) and social determinants of health in the southeast region of Kentucky. The Vendor has enrolled several primary care and multi-specialty provider groups in the area to participate in the initiative and has developed relationships with various community agencies to support the effort. The Vendor has identified five (five) quality measures for which providers will receive incentives for meeting targeted improvements. The quality measures emphasize physical and behavioral health integration, social determinants of health, and critical community resources. The Vendor intends to make initial incentive payments 14 months after the start of the initiative. Six (6) months into the project, a multi-specialty provider group's Administrator met with the Vendor to discuss challenges the group is encountering with the initiative and to raise concerns about reporting. This provider group has 50 participating practitioners, including Advanced Practice Nurses, in four different locations.

Specifically, challenges are as follows:

- Some practitioners in the group are very engaged while others are not interested in supporting the effort, indicating it is too complicated and administratively burdensome as the group is also participating with similar initiatives being implemented by the other contracted Medicaid MCOs, but that have different required measures.

- The provider group has a new electronic health record (EHR) system and experienced numerous onboarding issues that haven't yet been resolved. In addition, the provider group does not plan to contribute or retrieve information from KHIE until the EHR issues are resolved. The provider group does receive ADT data from Southeastern Kentucky Medical Center and the Baptist Health hospitals.

- The Administrator has made multiple attempts to outreach to a community housing agency that the MCO indicated is supporting the effort to discuss opportunities to collaborate; however, the agency has not returned calls.

- Enrollee compliance is lower than anticipated. Follow up and other outreach has been difficult due to Enrollees not returning calls and also incorrect Enrollee contact information.

- The Administrator is frustrated that the MCO had not provided feedback on the first set of required reports that were submitted three months after project initiation.

Communication has been minimal, and the Administrator is concerned about lack of support.

The Administrator and practice leadership are concerned with the extended timeframe for incentive payments and the ability to impact providers' behaviors.

Describe the Vendor's approach in addressing the Provider's concerns. At a minimum, address the following:

a. Provider engagement at local, regional, and statewide levels;

b. Provider education, communications, and support;

c. Simplification of provider administrative burden;

d. Enrollee engagement; and

e. Vendor assessment of internal operation challenges and mitigation strategies.

Passport's Provider-Led Approach to Value-Based Purchasing Programs

Passport was founded by Kentucky providers in 1997 and is guided by its commitment to improving the health of Kentuckians. Our medical leaders, clinical, quality, and network staff work directly with providers, often on-site at provider locations, to improve health care outcomes, to understand and address Social Determinants of Health (SDoH); and to advance Value Based Purchasing (VBP) programs, a goal we share with the Commonwealth. In 2017, Passport began working with providers to design a VBP for Kentucky primary care providers. With input from stakeholders, HealthPlus was launched in 2018.

As a first of a kind program, HealthPlus and its provider partners struggled with implementation and system issues, not dissimilar to those presented in C.29 Use Case 3. For example, providers were concerned about the appropriateness of the original measures selected for improvement and about the limited ways to earn incentives, citing the placement of too much emphasis on medical savings. Passport worked diligently with its provider partners to understand the root of these issues, take swift action, and improve the program for all participants moving forward, which included changes to several of the measures selected for improvement to ones that better reflected community needs, and adding an additional method for receiving incentive payments that was not anchored on medical expense savings.

Similarly, Use Case 3 describes a provider who has issues with a plan-developed health improvement program six (6) months after the start of the program. We refer to this provider as the **ACME group** in this example and the plan program as **HealthPlus**. We describe the details of our **Action Plan** below, including the steps we will take to address the identified issues, the expected challenges, the anticipated , and the methods we will use to keep the program moving forward, including how we will apply these lessons to other providers and to our own internal programs to advance our VBP model.

Provider Engagement at Local, Regional, and State Levels

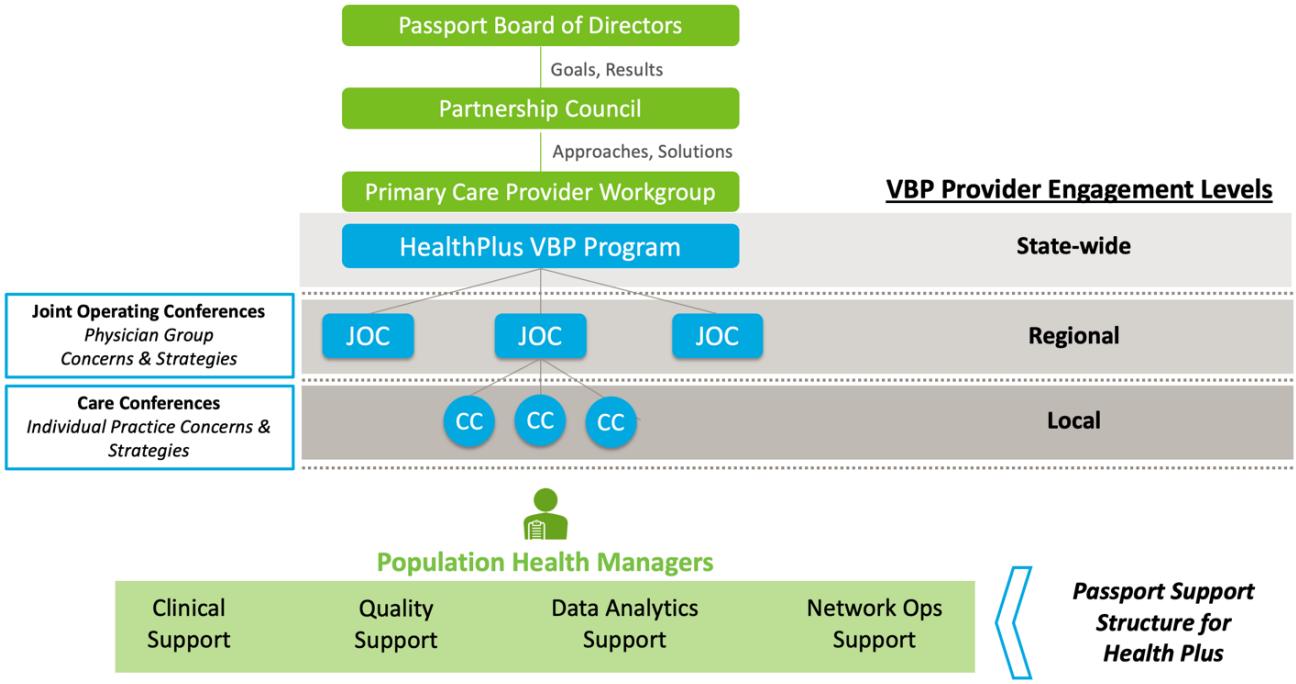
Req C.29-3.a

HealthPlus is supported by and administered through a flexible structure that depends on provider leadership and involvement and provides multiple supports from Passport. The new structure provides clear pathways for communicating with ACME providers, structures for identifying issues and opportunities that affect ACME, and extensive support for ACME providers from Passport. For example, each practice and provider group have the support of a locally based Population Health Manager (PHM). PHMs meet regularly with the ACME providers and practice managers in **Local Care Conferences** where actionable data are exchanged, education is provided, progress is reviewed, and problems are resolved. Issues that cannot be resolved at the Care Conference level are escalated to **Regional Joint Operating Committee** meetings where physician leadership from the ACME group and Passport can discuss the issues arising from individual practice locations and develop strategies and broad-based solutions to address ACME's needs.

These solutions, and remaining challenges can then be shared with a broader audience of practices and physician leaders through Passport's Primary Care Provider (PCP) Workgroup, a state-wide collaboration of primary care providers. The PCP Workgroup reports up to Passport's Partnership Council, 90% of the members of which represent provider organizations or are providers themselves and is the committee where system-level, statewide problems can be addressed, and programmatic changes made. Once made,

these changes can easily be disseminated down to practices and practitioners through our PHMs. This bi-directional structure, shown in **Exhibit C.29-3**, facilitates both top-down and bottom-up problem identification and learning.

Exhibit: C.29-3: Passport's HealthPlus VBP Structure and Governance



Under this structure, Passport's PHMs, **local** and well-known to ACME practices, are partners in these efforts, and are well-positioned to learn of ACME's challenges and opportunities for improvement. Through ongoing touchpoints with the ACME practices, the PHM learns that some practitioners are very engaged while others are less so, largely because they feel that HealthPlus is too complicated and administratively burdensome as the group is also participating in similar managed care organization (MCO) programs that have different required measures. The PHM will engage Passport's CMO and Quality Lead to take the following actions:

- Facilitate a discussion at the next round of **Care Conferences** that includes:
  - Education on program goals and process for the selection and vetting of measures
  - Review of the universe of required measures (across all payors and MCOs) for similarities and opportunities to align measures and reporting processes.
  - Assess practice workflows and recommended modification to reduce re-work across payor/MCO requirements. For example, through this process, Passport's PHM identifies that ACME's new EMR operates on a calendar year, meaning all care gap information is wiped clean at the beginning of each year. Because of this configuration, ACME cannot see when each member needs to come into the office. To address this, the PHM works with the Passport Data Analytics

Lead to develop a "proactive care gap" report that shows all HEDIS claims results from the prior year with the last date of service for each metric. This allows ACME to perform targeted outreach their members before any true gap in care occurs.

- Escalate problematic measures to ACME's Joint Operating Conferences to discuss recommended strategies to better align across MCOs. Recommendations from this group are provided to the Passport PCP Workgroup for approval and programmatic changes. For example, based on feedback from ACME, the 2020 HealthPlus program moved from the quality measure for Comprehensive diabetes care – nephropathy to Comprehensive Diabetes Care - HbA1c Testing. ACME feels that widening the scope to include all diabetic patients will encourage its practitioners to get those members in the door and engaged with other needed care.
- Advocate with the Department for Medicaid Services (DMS) CMO Workgroup for statewide alignment opportunities to solve underlying issues. For example, Passport's chief medical officer (CMO) was instrumental in determining the Kentucky Core Measure set that was developed collaboratively with the Cabinet for Health and Family Services, the Kentuckiana Health Collaborative and multiple stakeholders, providers and other MCOs.

Provider Education, Communication, and Support

To succeed in HealthPlus, ACME providers need ongoing education, communication and support to focus their work on the most important actions for their patients. Passport's robust central services are available to support ACME practitioners in addressing identified problems. These services include: consultation on Medicaid regulations; access to information about the Commonwealth data and reporting systems; assistance in identifying and connecting to community resources to address SDoH issues; extensive reporting resources to assure that providers know where they are in terms of achieving goals and where improvement is needed; network managers to help with areas such as claims payment and enrollment issues; quality managers with expertise on quality measurement and improvement methods, Health Integration and Care Managers who can work directly with patients in need of more support; and consultation with Passport's Medical leadership for help with identifying state-wide resources for complicated issues of medical policies and practices.

As part of these support services, Passport's PHMs and director of performance improvement are working with ACME to resolve many of the workflow issues that are a result of ACME's new EHR system. Because of these outstanding issues, ACME is unwilling to engage with the KHIE but are receiving ADT data from Southeastern Kentucky Medical Center and Baptist Health Hospitals. Because clinical data are critical to timely identification and engagement of high-risk members, Passport actively works with ACME to support their transition to KHIE through the following activities:

- Resolve ACME's outstanding EHR workflow issues by providing:
  - Technical assessment of ACME's EHR capabilities and technology issues,
  - Targeted feedback and technical recommendations to the ACME's EHR vendor on behalf of ACME. For example, given the issues with care gap tracking because ACME's EHR is configured on a calendar year, Passport works with ACME's vendor to determine alternatives.
  - Direct engagement of Passport's IT Lead with ACME's EHR vendor to explore options for integration between ACME's EMR and Passport's Information Systems. This type of integration

will allow Passport to directly produce any necessary quality reporting, reducing ACME's administrative burden.

- Accelerate ACME's adoption of the KHIE by:
  - Reinforcing the contract requirement for all Passport providers, including ACME to participate in the KHIE
  - Assisting ACME in applying to the Provider Assistance Program recently announced by the Commonwealth; educating on the program and completing application on behalf of ACME
  - Offering ACME an incentive to offset ACME's implementation costs of connecting to KHIE
  - Collaborating with DMS to encourage connectivity to KHIE from key hospital facilities to incentivize practitioners to adopt KHIE by helping them identify member opportunities
- Ensure use of ACME's ADT data by providing custom reports with real-time patient opportunities by:
  - Developing low effort process for ACME to share ADT data with Passport data team. Passport's technology platform is built for taking in data feeds using HL7 protocols. ADT data are stored centrally along with claims and other member information to complete longitudinal histories for each patient. Through this, we produce reports, dashboards, and alerts, customized for ACME.
  - Providing ACME with daily reports of patients who have been admitted to the hospital that are at high-risk of readmission for outreach by a Passport care manager and follow-up with an ACME practitioner for a post-discharge follow-up visit. Passport uses a predictive model to identify members with the highest likelihood of all cause 30-day readmissions. This model was developed specifically for Medicaid members and includes numerous factors, including inpatient and emergency utilization, polypharmacy, durable medical equipment and SDoH. This is combined with ADT information to recalibrate risk scores and identify members for intervention.

Simplification of Provider Administrative Burden

Req C.29-3.c

As part of this high-risk readmission effort, the Passport PHM learns that several of ACME's patients at high-risk of readmitting to the hospital are homeless and ACME's attempts to outreach Passport's recommended community housing agency has been unsuccessful. To support ACME with this issue, Passport's PHM takes the following actions:

- Notifies Passport's Community Engagement team, which has a direct relationship with the community housing agency, to reestablish the connection with ACME. In addition, Passport:
  - Designates a member of the Community Engagement team to the be the direct liaison to the housing agency on behalf of ACME to alleviate the need for ACME to outreach
  - Recommends a collaboration model between ACME and the housing agency to ensure quick follow-up and placement for ACME's patients who need housing services
- Extends PHP's Pathways Program to ACME, where the Passport Community Engagement team will directly assist members in obtaining the necessary resources for safe and stable housing through face-to-face visits in the member's homes, providers' offices and in community service organizations.

Through this effort, Passport's team works to take the burden off ACME so its practitioners can focus on patient clinical care. In addition to supporting ACME with workflow efficiencies – like the examples above with care gap reporting or aligning measures across MCOs – Passport looks for opportunities to relieve ACME of administrative duties. For example, Passport's PHM obtained limited access to ACME's EMR to support ACME's practice managers with quarterly data pulls so that they can focus on member care.

Enrollee Engagement

Req C.29-3.d

As part of HealthPlus, Passport data analytics and reporting teams develop Provider Scorecards on a regular basis to enable ACME to track their progress. Through this reporting process, the Passport PHM determines that member compliance is lower than anticipated. The PHM outreaches to the ACME practice manager and learns that follow-up and outreach has been difficult due to members not returning calls and incorrect member contact information. Upon learning this information, the PHM takes the following actions:

- Notifies Passport Member Service to obtain any updated member addresses and phone numbers to ensure ACME has the most recent contact information for these members
- Engages data analytics Lead to conduct detailed analysis of hard-to-engage members. Results show that the majority of these members are young adults. These data were reviewed during the next Care Conference and the group recommended deploying alternative outreach methods, including a texting initiative. Through this initiative, ACME is able to reach forty-one percent (41%) and schedule appointments with twenty-five percent (25%) of those previously hard-to-reach members
- Mobilizes Passport Care Management team to:
  - Deploy a community health worker to the communities in which these hard-to-reach high-risk ACME members reside to make contact and engage with PCP and in clinical programs
  - Schedule PCP appointments with hard-to-engage members, provide reminders and arrange transportation when necessary
  - Determine whether the ACME provider office is meeting the member's needs and if not, provide that information to the ACME practitioners to assess course of action.

Vendor Assessment of Internal Operation Challenges and Mitigation Strategies

Req C.29-3.e

The HealthPlus program affords ACME the opportunity to earn incentives by improving quality outcome scores (captured in the Provider Scorecard) and moderating medical expenses. As a participant in HealthPlus, ACME was required to submit a set of reports 3 months after the start of the program. The ACME Administrator is frustrated that Passport had not provided feedback on this first set of required reports and has expressed his concerns to Passport's CMO. As a result, Passport's CMO takes the following actions:

- Review of internal Passport processes to assure timely assessment, review of ACME reports and feedback to ACME. As part of this review, Passport's CMO determines that the reports are being used by the internal teams to generate the Provider Scorecards and identify outreach opportunities; however, this information is not being communicated back to ACME.

- Schedules internal meetings to ensure that internal processes are clear – with clear owners and timelines – and that ACME team members can communicate accurate updates to ACME providers.
- Schedules regular meetings with ACME Provider leadership (within two (2) weeks of ACME's submission of the reports) to review Passport's analysis of the reports and findings.
- Adds report review as a standing agenda item for practitioner Care Conference meetings, led by Passport's PHMs, to confirm receipt of reports, the status of reviews, and timelines for feedback. For Care Conferences where data are reviewed, Passport will share analysis one (1) week prior to meeting and answer any questions ACME may have before or during the Care Conference.

Making the Action Plan Live

Passport's CMO recognizes the issues outlined above are substantial, very important to ACME and may potentially lead to their withdrawal from HealthPlus. Once ACME and Passport come to an agreement on the Action Plan, Passport's CMO assigns the Director of **Network Performance Management** to ensure the plan stays on track. The director develops a more detailed workplan with owners, constructs timelines meets weekly with internal Passport teams assigned to the various actions. PHMs keep their ACME provider partners informed of the progress of the Action Plan items that directly impact them and seek their feedback about the desirability and feasibility of the changes. They assure them that practitioners have the Passport and community resources they need to succeed. Information from practitioners is shared with the Passport CMO and Action Plan team. The CMO and the director meet twice monthly to monitor Action Plan progress, remove obstacles, and adjust the workplan where needed. The CMO assures that Passport resources are made available, presents progress to the Joint Operations Conferences and speaks at least monthly with ACME's medical leadership, whom he knows personally given his relationship to all provider groups involved in HealthPlus. Passport and ACME CMOs present the Action Plan, the processes used to develop it and the results, including challenges and successes to the PCP Workgroup, in order to share information that can be useful to others.

From Action Plan to State-wide Initiatives

Sharing challenges and successes among the PCP Workgroup is critical to advancing our VBP model. In this example, Passport and ACME's presentation of their Action Plan, what worked and what did not (and most importantly, why) gives providers **across the Commonwealth** an opportunity to reflect on their own performance and a chance to learn from others. It also provides participants with an opportunity to make recommendations for how the HealthPlus program can continue to evolve with the provider community. For example, providers' concerns about the length of time until incentive payments are available is being addressed by Passport. For the 2020 Program year, Passport worked with its governance structure to reduce the incentive payout period by three (3) months. This allows providers to feel the impact of their work more quickly and ensures the program gains momentum as we continue to move providers along the VBP spectrum.

Moving to Value Based Payment models is urgently needed throughout the health care system. To successfully make this transition, providers and payors are moving into new roles and learning new ways to do business together. At the same time, addressing the pressing needs in our Commonwealth to improve the health outcomes and health status of Kentuckians requires new methods and tools to engage and motivate individuals to improve their health. Passport, with our twenty-two (22) years of service to the Commonwealth and long-standing provider relationships, is uniquely positioned to meet the needs of a transforming healthcare system.