

G.5. Kentucky SKY Enrollee Services

- a. Describe the Contractor's proposed approach for coordinating with the Department, DCBS, and DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor's experience expediting enrollment in other markets.
- b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor's proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor's approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.
- c. Describe the Contractor's proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor's approach to:
 - i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes
 - ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs
 - iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.
 - iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.
 - v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees
 - vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.
- d. Describe the Contractor's proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.
- e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor's proposed process to assess a FC or JJ Enrollee's access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.
- f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:
 - i. Process for outreach and engagement of Adoption Assistance (AA) Enrollees.
 - ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.
 - iii. Attempts for periodic re-engagement after Disenrollment.

- iv. Include how the Contractor will use results from the survey to improve the program.
- g. Provide the Contractor’s proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:
 - i. Report of a lost ID card.
 - ii. A Kentucky SKY Enrollee name change.
 - iii. A new PCP assignment.
 - iv. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee’s ID card.
- h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.
- i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.
- j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.

Introduction

Passport understands that accessible and effective health care begins with strong communication between the managed care organization (MCO) and the member, smooth administrative procedures, and easily accessible support for any problems that might develop. These factors are especially important when children and youth become members in the chaotic circumstances often surrounding entry into foster care. Passport’s approach to member services is designed to quickly connect with individuals becoming members and make the connection to providers easy and in keeping with member and family preferences. We have also designed processes for addressing unexpected problems that arise, whether that is a crisis jeopardizing the member’s stability, difficulty locating a provider or something as simple as a lost Medicaid ID card.

G.5.a. Describe the Contractor’s proposed approach for coordinating with the Department, DCBS, DJJ to ensure Kentucky SKY Enrollees begin receiving services immediately upon entering Foster Care. Please include the Contractor’s experience expediting enrollment in other markets.

Kentucky SKY Immediate Response for Foster Care

In 22 years of experience in serving foster children in Kentucky, we have learned that regardless of how we become aware of a youth’s foster care status, we need to respond immediately to connect them with services including care coordination, medical screenings and primary care, and behavioral health (BH). Passport uses a “no wrong door” approach to (1) identify members, (2) enroll members in the program, (3) identify acute and ongoing needs, and (4) connect to services. Under this philosophy, members may call Member Services, Passport’s main line, or any other number such as Provider Services – the member will be soft transferred to a member services representative (MSR) for assistance. Members may also email us through the website or contact us through the member portal. They may walk into our office for face-to-face assistance or speak with a local Passport representative at a number of our community engagement outreach events. By having staff located within the community they can be approached at any time or anyplace. For example, many have assisted restaurant workers standing in line at the grocery or upon a member’s request.

Frequently, our first notification occurs through a phone call from a Department for Community Based Services (DCBS) worker, foster parent or school. All Passport staff who answer phones are trained to identify potential new foster care members and conduct a warm transfer to the Kentucky SKY dedicated Care Coordination team. We also become aware of new foster care members through routine monitoring of the updated 834 file as described below.

Eligibility File Load Overview

When enrollment data regarding member eligibility is received from DMS through the Health Insurance Portability and Accountability Act (HIPAA) 834 transaction file (834), it is ingested into the system via a series of controlled steps with monitoring oversight to ensure accuracy.

File Load Monitoring

The file load process has end-to-end monitoring in place. Automated monitoring jobs track expected receipt of 834s from the Commonwealth and send triggered notifications to data operations if not found for investigation and confirmation. See **Exhibit G.5-1** for an example of our alerts received during the file load monitoring process.

Exhibit G.5-1: Passport’s File Load Monitoring Sample Alerts

Details of Missed Execution Jobs

JOB_ID	JOB_DESC	FREQUENCY	START_TIME	END_TIME	SERVER_NAME	MISSEDEXECUTION_DATE	MISSEDEXECUTION_TIME
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:15:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:30:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:45:00
PH834DAILY	Eligibility Load and Processing	Every Day	0	23	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	01:00:00
CCHHS837	837 Daily	Every Day	0	1	ALDPRDDBPHKYALDERA_SANDBOX	2019-04-16	00:15:00

Eligibility File Validation and Quality Assurance

Upon receipt of the 834, eligibility file loading immediately begins and includes a multistage quality assurance (QA) process with checkpoints throughout to ensure accuracy. During these standardized quality checkpoints, we will not proceed in our loading stages until we have received technical and business validations and approvals.

The technical team quality checks the record counts overall and by line of business; counts of expected additions and terminations; verifies the number of members on the 834 file against what is to be loaded; and provides validation and analysis of each file. For monthly, quarterly and reconciliation loads or any loads connected to times of significant program change, we apply added layers of deep audit, quantification and QA checks. The eligibility team reviews the results from a preliminary loading process to monitor and validate loading results, as well as address member record-level issues. If a member record is flagged for rejection or warning, the eligibility team reviews and determines the appropriate steps to take to repair the account if possible, with corrections that can be made using Kentucky Health Net for verification. Discrepancies at the member level that cannot be corrected are communicated back to the DMS via the 200 Report. The 200 Report is also used to inform DMS of a member’s date of death or if it has been discovered that a member may live out of state. The 200 Report is sent to DMS monthly by the tenth (10th) of the month.

Passport will notify DMS of any known enrolled members who were not included on 834. Further, if we become aware of any changes in demographic information, we will advise the member to report the information to the appropriate source. In the event that the demographic information change does not appear on the 834 within sixty (60) days, Passport will report the conflicting information to DMS.

After a thorough preliminary review and completion of these technical and business quality checks, the second phase of finalization occurs to commit the file into IdentifiSM HPA and officially load the updated member eligibility.

Continuous Process Improvement Advances Passport’s Data Loading Speed and Reliability

We prioritize a sound, high-performing technical foundation for consuming 834 files. Over the past two (2) years, we have made significant investments in infrastructure to support rapid 834 file ingestion for daily, monthly, quarterly and reconciliation files well within DMS time-bound load requirements. In 2019, our

average file load time for a daily 834 was approximately ten (10) hours, within DMS's requirements for rapid loading. These investments and upgrades include the following:

- Developed and implemented a new 834 eligibility and enrollment parser to drastically reduce load time
- Upgraded data centers with new networking (firewalls, routers, etc.), providing greater platform stability and faster data access
- Migrated to new server farm enabling access to faster computers, more and faster storage, and higher maximum memory configurations, as well as benefiting from greater distribution of shared services onto broader virtualized servers
- Implemented multiple database configuration and maintenance changes
- Migrated to new SAN, enabling access to larger data storage and faster I/O speeds
- Built a new application QA team (20 resources) focused on full automated regression testing against configuration
- Invested in architecture improvements of the code that drives plan assignment which significantly reduced the processing time for loading the large 834 files
- Implemented replicated server for eligibility loading and extracts for improved performance of eligibility loading and extract generation
- Built a network operating center which provides around the clock IT operational monitoring and support
- Enhanced pre-production environments to support more comprehensive testing prior to code deployments, by running additional scenarios and load test through, and
- Simplified data structures for faster loading and added reliability

Member Plan Assignment

The 834 file load process involves ingesting the raw data via an eligibility pipeline process to determine record-level program participation by using indicators from the 834 information to map the members to the correct "plan" in our core system (where the "plan" correlates directly to the benefits the program allows). Distinct plan types also support the benefit and coordination requirements of varying eligible member categories, and distinct member groups are placed into categories such as Kentucky Children's Health Insurance Program (KCHIP), newborn, family and children, and dual eligible members. Additional identifiers are loaded in our front-end database for reconciliation and reporting. The maintenance code given on the 834 will determine if the member information on file will be an addition, termination or change to the member record. A history of all changes to a member's eligibility record is maintained on the system for reference.

Retroactive Eligibility Processes

Retroactive eligibility indicators are also shared on the 834 and our existing plan structures support retroactive eligibility loads, assigning distinct retrospective eligibility segments aligned with appropriate claims processing behaviors. In addition, for members determined to have retroactive eligibility, authorization requirements are lifted for the period a member was retroactively eligible to prevent challenges to claims payments for providers during this period. For terminations and/or retro-terminations, specific processes assess prior claims payments for recoupment of funds when retro-termination activity occurs. Passport follows the same process to reconcile claims payments for eligibility claims that are pending for retroactive enrollment.

Reenrollments

Upon consumption of an 834 file, our system logic has a member-match component to review if the member is active or has previously been in our system. When matches are found, the logic will reinstate members with their original IDs and primary care providers (PCPs) if they reenroll within a twelve (12)-month time period to support continuity of care. Our process adheres to all requirements of Attachment C – Draft Medicaid Managed Care Contract and Appendices, Section 26.12.

Distribution of Eligibility Information to Subcontractors

Our core eligibility system is also used to disseminate Passport's member eligibility to subcontractors providing services, such as CVS/Caremark (pharmacy), Avesis (dental and vision) and Beacon Health Strategies LLC (BH). Eligibility is automatically extracted on a daily basis and sent to each subcontractor. The creation and successful distribution of these extracts are monitored through our data operations team and subcontractor operations teams to ensure regular and timely delivery. Subcontractors then load these extracts into their systems on a daily basis for the most updated view of member eligibility. Passport also works with subcontractors on a monthly and quarterly reconciliation schedule and is available to consult and partner with subcontractors to ensure the proper consumption methodology of the data. This collaboration is especially evident when new data elements are expected on the 834, and we jointly coordinate on readiness and testing of any file changes.

Enrollment in Passport Triggers ID Card and New Member Welcome Kit Generation

Passport will continue to provide for a continuous open enrollment period throughout the term of the contract for newly eligible members. Passport does not and will not discriminate against potential members nor use any policy or practice that has the effect of discriminating on the basis of an individual's health status, need for health services, race, color, religion, sex, sexual orientation, gender identity, disability or national origin. Passport understands that the individuals listed in Attachment C –Draft Medicaid Managed Care Contract and Appendices, Section 26.8, Persons Eligible for Enrollment and Retroactivity, shall be eligible for enrollment and agree to the associated terms for eligibility and retroactive coverage.

We similarly understand that the individuals listed in Section 26.11 of the draft contract shall be ineligible for enrollment.

Passport understands enrollment packets will be developed by DMS for potential members. We understand that we will have an opportunity to review and comment on the information to be included in the enrollment packet and may be asked to provide material for it.

Upon receipt of new membership information from DMS in the eligibility files, automated processes identify these individuals and initiate distribution of ID cards and new member welcome kits within the five (5)-day requirement. These time sensitive documents contain critical information and begin plan engagement. We understand and acknowledge the enrollment period timeframes, including those related to newborns and presumptive eligible individuals. We also understand that we will be responsible for the provision and costs of all covered services beginning on or after the beginning date of enrollment and the associated requirements related to continuation of medically necessary covered services.

An extract is generated from the core eligibility system based on triggers of new members needing these new member materials. Automated monitoring built by our data operations team ensures that the extract is created as expected daily. Our eligibility team adds a second layer of monitoring of this extract process and validates extract content, performing QA checks to confirm that the number of ID cards to be distributed matches expectations from the core eligibility system. After validation, the ID card extract is provided to Clarity, the ID card vendor. Quality checks are also done in the Clarity system prior to cards being mailed. When multiple members of the same family enroll at once, ID cards are sent grouped by family rather than in individual envelopes to avoid any delivery time differences that may cause member confusion.

The ID cards and New Member Welcome Kit communications include all required components using approachable, welcoming language. When SKY members enroll in Passport, Passport mails a Welcome Kit within five (5) business days, by a method which will take no longer than three (3) days to reach the member or other appropriate recipient. For foster care (FC) members, the Welcome Kit is sent to the social service worker (SSW), while JJ Members Welcome Kits are sent to the Department of Juvenile Justice (DJJ) children's benefit worker. Adoption Assistance (AA) Members Welcome Kits are sent to the member or adoptive parent. Upon request from the SSW or children's benefit worker, Passport will mail the Welcome Kit to the foster parent, caregiver or DJJ residential treatment facility. The Welcome Kit is the SKY Member Information Packet and contains a confirmation letter with the name and contact information for the Passport SKY Care Coordinator, a copy of the Passport SKY Member Handbook; a SKY identification card; and other required information, such as information on selecting and changing PCPs and dental providers; information about the Care Coordination team, including about the role of the Care Coordination team, how to seek assistance in scheduling appointment and accessing care coordination services, how the SKY member can share special health care needs and specific services that the Care Coordination team may need to coordinate services; information about the role of the SKY call center and how to access the call center; information about the role of the inquiry coordinator; and an explanation of the disenrollment procedures for AA members. An electronic copy of the SKY Member Handbook is always available on the Passport

website. The contents of the Handbook are carefully organized to highlight important calls to action, emphasizing how to access care through clear and concise directions on:

- The roles of DCBS and DJJ in consenting to the FC members' and JJ members' health care services
- The role of the PCP and dental provider
- The Kentucky SKY identification card
- How to access the SKY Member Services Call Center
- How to select or change PCPs and dental providers
- Role of the Care Coordination team
- How to access the Passport website
- How to access the Care Coordination team
- Continuity of care and transition issues, and
- The aging out process

Clinical Processes to Ensure Timely Connection to Care

Passport understands the importance of expeditiously providing care to Kentucky SKY members. For this reason, assessment and care coordination are initiated at the time of enrollment in the Kentucky SKY program. Our process to manage these needs involves:

- Assessment
- Care Coordination

Assessment

Within one (1) business day of notification of a new Kentucky SKY member, a Care Coordination team is assigned to the member. The Care Coordination team will consist of, at a minimum, the Care Coordinator, member, caregiver (when applicable), and a DCBS social service worker or DJJ worker (when applicable). Depending on the needs of the member (as determined through the assessment process), additional team members will be added. These additional team members will include providers, including PCPs.

Upon assignment of the new member to the Care Coordination team, the Care Coordinator will work to identify the current or needed PCP, dental, BH and other specialists, and other providers. Information and input will be sought from each of the providers for assessment and care plan development purposes. The Care Coordinator will contact the member, caregiver, and/or DCBS/DJJ worker to complete a Health Risk Assessment (HRA), if a recent HRA is not already on file for the member. The Care Coordinator will also begin to assemble available reports, assessments, criminogenic risk factor assessment if available, and documentation from DCBS, DJJ and providers. The Care Coordinator will schedule a Care Coordination team meeting to take place within thirty (30) days of enrollment. We understand that the ability to access needed services right away is particularly critical for members of the SKY population.

Within thirty (30) days of enrollment, the Passport Kentucky SKY team will complete the Kentucky SKY Pediatric Assessment or the Kentucky SKY Former Foster Youth Assessment (Member Needs Assessment). Please see **Attachment G.5-1_SKY Pediatric Assessment** and **Attachment G.5-2_SKY Former Foster**

Assessment. Both of these assessments include Adverse Childhood Events screeners. Based on the findings from that assessment and any other available information, the team will develop a care plan for the Kentucky SKY member, which will be updated by the team at a frequency determined by the risk level of the member.

By leveraging the Identifi platform, all Passport employed Care team members will have real-time 24/7 access to any documentation (including assessments and care plans) which are completed by Passport Care team members. Identifi contains a suite of reports which give insight into care management programs and interactions with members occurring within the programs. These reports can be run daily by Passport Care Team members and by their managers to help ensure timely completion of program requirements. Retrospectively, monthly chart and call audits are conducted for each Care Coordinator and Care Advisor on the team to ensure they are meeting program requirements with the members they are serving. Passport Care Management team managers participate with directors in a monthly performance management meeting, which includes review for each Care Management team member of monthly quality audit results, maintenance of workload and any other feedback received about the employee. During this meeting, the leadership team determines what corrective action should be taken to address any areas of need. These actions can be at the individual or team level, such as retraining on program requirements, engagement skills, etc.

Care Coordination

Kentucky SKY members who have had their health information analyzed (i.e., records, results) and are determined to be at a lower risk of future complications will be enrolled in the Kentucky SKY care management program. Care coordination is an important component of all care management interventions and includes addressing barriers to care; like transportation, adequate housing and nutrition needs.

The Care Management team will determine, working with the foster family and child, and foster child's medical home provider, the ongoing intensity of care coordination support. The child and foster family/caregiver will have access to their assigned Kentucky SKY care coordinator when they ever need additional support.

Care coordination focuses on:

- Connections to school-based, community and state agency resources
- Psychosocial issues – interventions address factors that impact a child's or caregiver's adherence to the child's health care plan, such as social, emotional, or financial barriers including any needs identified and shared with us in the DJJ and Administrative Office of the Courts (AOC) criminogenic risk factor assessment
- Caregiver support – interventions support caregiver's emotional resources, providing external/community-based resources such as caregiver support groups, respite, and development of coping skills

- Health behaviors/interventions encourage children and their families to develop healthy behaviors (e.g., nutrition and activity) and reduce unhealthy behaviors (e.g., quit tobacco use)
- Monitoring and closing gaps in care
- Avoidance of duplicative immunizations and tests – to do this, we leverage the Kentucky Immunization Registry and any administrative data that we receive from DMS as part of the eligibility file; Passport works closely with agencies like Brooklawn, Ramey Estep Homes, and Boys and Girls Haven to ensure records are transferred and accurate

The Care Coordinator ensures completion of an assessment and care plan to support the member’s Care team in providing care, removing barriers to treatment and ensuring the member is connected with the PCP and that communication between providers is established.

Expedient Enrollment in Other Markets

Throughout our history, Passport and the Department have worked hand in hand for the Kentucky SKY population. Our Member Services team includes Special Support Technicians who are trained to regularly update eligibility. They are equipped to handle any access issues as they arise in a real time environment. They also work closely with members, their guardians and providers to alleviate access to care issues. Across departments and with our state agency partners, we work in coordination so the concerns can be addressed on each side.

Our partner, Evolent Health, is also active in the state of Florida for three different health plans, including coverage of foster care members. Their national innovation arm continually evaluates new approaches and optimizations for foster care programs throughout the country. Passport will leverage the project management resources of Evolent to ensure it meets timeliness requirements. We and our partners are centrally focused on providing the highest quality experience to our members.

G.5.b. The eligibility of Kentucky SKY Enrollees often changes due to their status in Foster Care or the juvenile justice system. Describe the Contractor’s proposed process for resolving Enrollment and eligibility discrepancies. Include the Contractor’s approach for collaborating with the Department, DCBS and DJJ in resolving eligibility issues.

Passport’s Approach to Kentucky SKY Member Eligibility

Passport recognizes that maintaining accurate eligibility files will be critical to serving the Kentucky SKY population well. Children and youth in DCBS or DJJ custody may abruptly become members, have frequent changes of address, or unexpectedly be removed from state custody. Former foster youth may not maintain stable addresses, have difficulty keeping up with member ID cards or staying in contact with their health plan. Passport’s process is designed to be maximally supportive of the unique needs of these groups. We have a flexible process for collaborating with DCBS and DJJ to resolve enrollment and eligibility issues. This process includes the following steps:

- If a member does not show as active in KyHealthNet, a specialist contacts DCBS regional Children’s Benefits Worker (CBW) and/or Title IV-E Specialist and notifies them that the member is showing inactive. They are asked to confirm that this is correct. If not correct, the DCBS employee escalates the issue to DMS and lets the Passport specialist know when the status has been corrected.
- If a state worker, provider or foster parent notifies Passport that a member is not active, the same steps as above are followed. Once corrected, the specialist notifies the entity that brought the issue to their attention originally.
- Occasionally, the specialist will receive notification from a DCBS worker or case manager that a youth on extended commitment is not active. The specialist goes through the above steps. If confirmed that the member is not active, the specialist explains that member is eligible until age twenty-six (26), but that they must re-enroll once reaching age nineteen (19). Specialists details steps to re-enroll with the state (usually presenting at a benefits office) and also provide the name of a regional independent living specialist to provide additional guidance in the process.
- Currently, DJJ has “administrative” custody of a member in DJJ, but the parent retains guardianship. However, the MCO is allowed to speak with DJJ about eligibility issues. While we have not historically received eligibility requests from DJJ, just questions about ID numbers and cards, the process would be similar to the process described above. We would reach out to or receive questions from a DJJ Benefits Specialist instead of the DCBS personnel mentioned above.

We prioritize providing an excellent member experience as individuals transition in or out of the plan and will meet the Department’s expectations and requirements outlined in Attachment C –Draft Medicaid Managed Care Contract and Appendices. Passport will accept all members without restriction and maintain appropriate levels of staffing and service delivery to ensure an excellent member experience. Our eligibility processes and infrastructure serve as the foundation and core drivers of these critical functions, and are especially significant with their immediate critical implications, such as member access to care, claims processing, provider panels and capitation and subcontractor services and operations. Our eligibility operations are highly controlled for accuracy and timeliness, with established processes to identify, investigate and address eligibility issues quickly. Dedicated leadership and technical teams are actively driving and overseeing these operations and are positioned to lead any troubleshooting or modifications that may arise. In addition, Passport has in place the technical and procedural infrastructure to support member enrollment activities, as well as changes and disenrollments that occur over time.

- G.5.c. Describe the Contractor’s proposed process to assign Kentucky SKY Enrollees to a PCP within two (2) Business Days of Enrollment. Include a discussion of the Contractor’s approach to:
- G.5.c.i. Assist Kentucky SKY Enrollees to select a PCP and auto-assign Kentucky SKY Enrollees who do not make a selection within the required timeframes

Passport’s Approach to Helping Foster Care Members Identify and Select a PCP

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

Passport’s commitment to High Fidelity wraparound is evident in our support of youth and family/guardian “voice and choice” in selecting their own preferred provider. Passport’s Kentucky-based MSRs are available to help members select or change a PCP and to help coordinate their medical care. Passport’s Care Coordinator (who has to be assigned within one business day) will call the SSW, caregiver, foster parent or member to ask their preference for a PCP. If they do not select one or we are unable to reach them, then we will auto assign the PCP. During our welcome call, if the member indicates the auto-assigned provider is not the best fit, we will inquire about previous providers, familiar providers, family members’ providers, cultural and linguistic needs, and office locations close to the member’s work, home or school to help find the provider that best meets his/her unique needs. Upon PCP assignment or validation, we offer assistance in scheduling an initial PCP visit to promote continuity of care. We have efficient processes for assigning PCPs to SKY members. These streamlined assignment rules include:

- SKY members already enrolled with Passport prior to Jan. 1, 2021 will be assigned to their current medical home, unless a different preference is indicated
- SKY members new to Passport as of Jan. 1, 2021 will have the opportunity upon enrollment to select their PCP
- **SKY members who do NOT select a PCP upon enrollment will have a provider auto-assigned for them within two (2) business days, in accordance with the terms of the Contract.** Auto-assignment for foster care members will be based on where the member’s DCBS case is located, while AA members’ region of residence is determined by the adoptive parent’s official residence. For JJ members, assignment will be based on the member’s DCBS case location or location of their DJJ residential facility. Finally, for former foster care members, assignment will be based on the county where the member is residing.
- Passport will assess PCP access, and assign a new PCP as necessary, for Foster Care, Adoption Assistance (AA) and Juvenile Justice Kentucky SKY members who have a placement change

All SKY members will have the option, as other Passport members do, to request a change of PCP assignments if they choose. Change requests should come from the member, adoptive parent, DCBS staff, caregiver, DJJ staff, foster parent or kinship caregiver. Requests will go directly to the Passport SKY team, which will coordinate with Member Services to complete the request.

If the Kentucky SKY member was a Passport member before entering the program, a claims review will be completed to determine if the SKY member is due for a comprehensive well child exam (or annual exam for SKY members twenty-one (21) or older). The results of the review will be shared with the DCBS social service worker. Furthermore, gaps in care will be addressed telephonically with the member's current placement. In the case of DJJ Kentucky SKY members, emails will be sent to the DJJ benefits worker, and a call will be made to the guardian and/or placement. Notification will also be given via phone, email or letter to adoptive parents. For former foster youth, this information will be communicated to the member directly through text, email, telephone and/or letter.

In all situations, Passport attempts to provide a personalized and person-centered experience. Care Coordinators will confirm the selection of the PCP in their initial contact with Kentucky SKY members. Our Care Coordinators will assist in selection of a PCP if needed using a DMS plan-approved protocol. This process walks the member or the member's guardian through PCP selection and offer assistance in scheduling an initial visit. The script includes a stepped approach for determining member preferences for optimal PCP assignment. We will ask about previous providers the family has visited, cultural and linguistic needs, and office locations close to the member's home or school. We will identify a list of high quality providers who meet each member's needs within their geographical areas. In all cases, our teams will ensure that the member or the member's guardian knows how to access the member website, which also lists current providers.

Making sure that our foster care members have a medical home is at the heart of Passport's approach to population health. The PCP in their role as the medical home provides our members with primary and preventive care, and arranges other medically necessary services that the member needs. Therefore, Passport acts quickly to make sure that members are linked with a medical home through a rapid initial assignment, and a flexible model that allows for choice and change.

At the time of enrollment, the assigned PCP will be confirmed via a letter in the New Member Welcome Kit. The member and member's guardian will also be notified at this time of his or her right to change the PCP if the member is not satisfied with our assignment. The member and member's guardian will also receive a member ID card with the practice name and phone number printed on the ID card.

Passport encourages members to self-select PCPs and ensures that all members who are required to have a PCP have one selected or assigned within the required timeframes. Our panel of providers will reflect to the extent possible, the cultures, languages and ethnic backgrounds of the members we serve. Our contracting efforts have laid the groundwork for a robust provider network to ensure members have adequate access to a qualified, diverse network of PCPs (and other health care providers). For example, Passport meets one hundred percent (100%) of the adequacy standards for PCPs statewide. Passport allows any willing provider who is located within our geographic coverage area and who is willing to meet Passport's terms and conditions (including the Kentucky Medicaid program and Medicaid partnerships) to participate in our network.

Every Passport member, especially former foster youth in this case, is encouraged to choose his or her primary care health professional from among those available in Passport’s extensive provider network. Ensuring the member has an assigned PCP is a critical component of our mission to improve the health and quality of life of our members. A member’s established relationship with a PCP fosters coordination and continuity of care as well as consistent and ongoing communication and health education.

G.5.c.ii. Work with the Department, DCBS, DJJ, Foster Parents, and Adoptive Parents to assign PCPs

As described in our response to c.i above, Passport auto-assigns PCPs within two (2) business days to SKY members who do not select a PCP upon enrollment. We recognize the usual indicators used in auto-assignment may not be appropriate for children and youth in state custody. For example, a child’s assigned DCBS office may be in Clinton County, but their actual placement in a therapeutic foster home may be in Hardin County. Therefore, an address, a common indicator for auto-assignment, would not be appropriate. Passport will use the best available information about the child’s location to auto-assign the PCP if no choice is made. We will also confirm assignment with the SSW or other guardian, and Care Team members will be able to make alternative assignments if more convenient or appropriate for the member. Similarly, for former foster youth, we recognize that addresses may change frequently and we will outreach the member to ensure that their assigned PCP is accessible to them if they express no preference. For AA members, the adoptive parent’s official residence will usually be the basis for locating a PCP, but subject to change based on input from the parent.

We acknowledge that in most cases, appropriate PCP assignment for members who are moving frequently and unpredictably will be less than perfect. Therefore, we will work closely with DCBS, DJJ, FP, etc. to resolve the issue quickly.

Passport will assess PCP access and assign a new PCP as necessary for foster care, former foster youth, AA and Juvenile Justice Kentucky SKY members who have a placement change. We notify DCBS workers and foster and adoptive parents (and members) of their assigned PCP via phone or email from the Kentucky SKY team. The member will also receive an updated member ID card in the mail every time a change is made.

G.5.c.iii. Track data to confirm that every Kentucky SKY Enrollee is assigned to a PCP.

Passport generates a daily report that identifies all members without an assigned PCP. This report is shared with the Care Coordination team who outreaches the member to initiate the PCP selection process outlined above. If the member cannot be reached, we auto-assign the PCP and provide written notice to the member and the PCP.

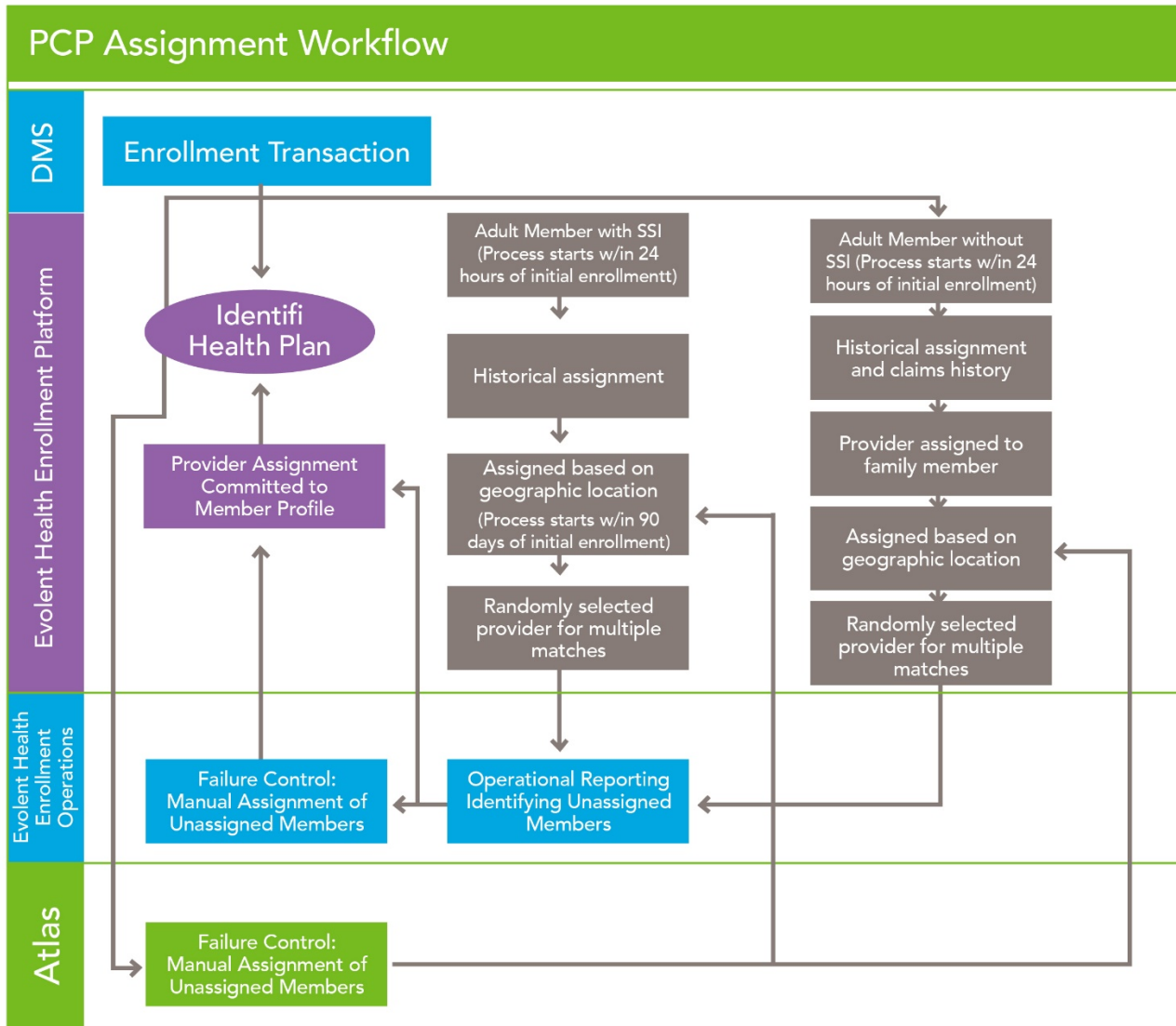
To confirm that every Kentucky SKY member is assigned to a PCP, Passport uses a PCP algorithm. The algorithms Passport deploys for PCP assignment contemplate several criteria to align our members with the PCP that best meets their needs, whether the member is new to Passport or has regained Medicaid eligibility, as illustrated in **Exhibit G.5-2**. Criteria include:

- Previous or historical PCP assignment
- PCP assignments for like family members
- Geographic algorithms

We appreciate the positive impact that a relationship with a PCP can have on a member's best health. Therefore, we strive to connect members to their previously assigned PCP if they have had Passport eligibility within the past year through a review of available claims data or prior PCP assignments, as described in **Exhibit G.5-2**. Assigning members to their historical PCP also helps ensure continuity of care. Children under sixteen (16) are assigned to a pediatrician.

In the event that an eligible PCP cannot be found in the member's claims data the algorithms for a PCP based on geographical location is applied. Geographical assignments consist of a search of providers in five-mile increments from the member's home until the maximum distance is reached. For members living in urban and non-urban areas, the search is a maximum distance of thirty (30) miles or thirty (30) minutes from the member's home or work. Assignments take into account the need for children under sixteen (16) to be assigned to a pediatrician, pregnant women the opportunity to be assigned an obstetrician, language needs known to the plan, as well as access to transportation. If more than one eligible PCP is found in the search, the member is assigned to a PCP that is chosen randomly from this list of eligible PCPs. Passport has one-hundred percent (100%) success aligning a member to a PCP using these algorithms.

Exhibit G.5-2: PCP Assignment Workflow



G.5.c.iv. Inform PCPs of new Kentucky SKY Enrollees within the required timeframes.

Tracking and Communicating PCP Assignments

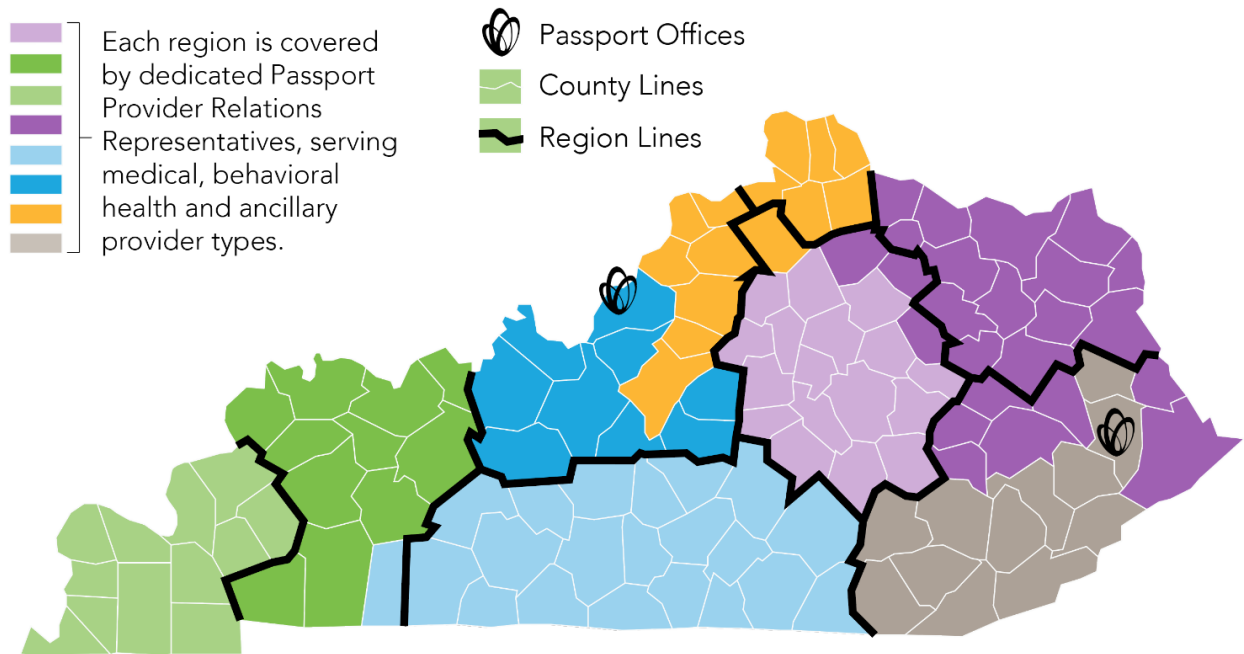
In order to inform providers of new Kentucky SKY members within the required timeframes, the Director of Provider Network Management (PNM) will generate a report for PCPs that identifies SKY members assigned to their panel. These PCP panel rosters, updated daily, are available to providers 24/7 via our online provider portal. All in-network PCPs may access their their panel roster at anytime by using their unique, secure provider portal login and password.

In addition, the dedicated SKY Provider Relations Liaison will distribute these monthly reports to the PCPs (see **Attachment G.5-3_Sample PCP Roster**), with the help of Passport’s statewide Provider Relations staff. This team, combined with our Population Health Managers, aids in bridging the transition between operations and clinical quality.

The map in **Exhibit G.5-3** shows how dispersed our team is throughout the Commonwealth.

Exhibit G.5-3: Passport’s Provider Relations Specialists across the Commonwealth

Provider Relations Representative Regions



G.5.c.v. Confirm that PCPs received the list of assigned Kentucky SKY Enrollees.

As noted in our response to c.iv. above, Passport will confirm that PCPs receive the list of assigned Kentucky SKY members through frequent contacts made by our dedicated SKY Provider Relations Liaison and Passport’s statewide staff.

G.5.c.vi. Provide a sample of the report the Contractor will use to notify PCPs of their assigned Kentucky SKY Enrollees.

The Director of Provider Network Management will generate a report for PCPs that identifies SKY members assigned to their panel (see **Attachment G.5-3_Sample PCP Roster**). The dedicated SKY Provider Relations

Liaison will distribute these monthly reports to the PCPs. This report includes the member ID, first/last name, gender, phone number, address, county and region.

G.5.d. Describe the Contractor’s proposed process for communicating with Kentucky SKY Enrollees about their PCP assignments and encouraging Kentucky Care Enrollees to schedule regular appointments with their assigned PCPs and keep scheduled appointments. Include how the Contractor will identify and work with Kentucky SKY Enrollees to resolve barriers to keeping appointments and how the Contractor will work with resources available at the Department, DCBS and DJJ to communicate with Kentucky SKY Enrollees. Include a discussion of how this process would differ when communicating about their Dental Provider assignment and encouraging Kentucky SKY Enrollees to schedule and keep regular appointments with Dental Providers.

Helping Kentucky SKY Members to Adhere to Their PCP Assignments

Passport understands that SKY members may face barriers and complications in maintaining their regularly scheduled appointments. We engage the SKY member and their caregivers in a variety of methods and stages to encourage them to keep up with their appointment schedules. These include:

- New SKY member welcome packets, notifications and calls
- Telephonic outreach to children and their guardians
- Monitoring for PCP visits
- Supporting adherence with dental visits
- Providing assistance with transportation arrangements

New Member Welcome Packets, Notifications and Calls

We send new members a welcome packet that includes a welcome letter, Member Handbook and member ID card with the member’s selected or assigned PCP’s contact information. The Member Handbook includes an array of preventive care information, including the early and periodic screening, diagnosis and treatment (EPSDT)/child health check-up periodicity schedule and services, who to call for help accessing services, how to access our audio health library, and more. Passport will seek regional or state permission to send these materials to members’ placement settings as well. If blanket permission is not given, placements may individually request these materials, subject to guardian approval.

In addition, DCBS guardians will receive a secured email containing the member’s ID number and the name of his or her PCP. For DJJ SKY members, a secured email containing this information will be sent to the member’s benefits specialist, unless otherwise instructed by DJJ.

Kentucky SKY Care team representatives also make outbound calls to all members or their guardians to welcome the member to the Kentucky SKY program. During this call, we review covered benefits, confirm the member’s selected or assigned PCP, and reinforce the value of completing scheduled preventive care, as well as the follow-up treatment recommended by the member’s PCP or specialist.

We use the welcome call as an opportunity to help the member or guardian make the initial PCP appointment and arrange transportation. We also work with organizations like Family Scholar House and the True Foundation to provide educational sessions and benefits materials.

Telephonic Outreach to Children and Their Guardians

Through multilingual telephone outreach programs, both automated and live, we provide focused reminders to children and their families about preventive health benefits and screenings, including information about disease progression and incentives for obtaining the screenings.

- Our Care Coordinators conduct outbound calls to each household with Kentucky SKY members under the age of 21. They reinforce the availability of preventive care, the recommended schedule for EPSDT screenings and immunizations, as well as the importance of follow-up when referred for a service identified as the result of an EPSDT screening.
- Our Care Coordinators will outreach members to remind them about needed appointments. We refer guardians who need additional help or who have clinical questions to their local Care Management team for follow-up and assistance, which may include home visits from a member of the local Care Management team community health worker (CHW).
- The SKY Care Coordinator will notify the member and/or caregiver and legal guardian after the PCP is assigned.

Monitoring for PCP Visits

Passport understands that a member's relationship with a PCP is important for managing and maintaining a member's best health and controlling rising health care costs. Our Kentucky SKY Care team actively monitors member claims/encounter data to identify gaps in care, high or avoidable emergency department (ED) utilization, and other information that encompasses receipt of services from the member's PCP. Kentucky SKY members' claims will continue to be monitored regularly, and gaps in care will be addressed with outreach to caregivers or guardians.

After the Kentucky SKY care coordinator contacts the current caregiver or legal guardian to establish a suitable PCP and assist in setting up an appointment, a letter will be sent to the appropriate address (guardian, benefits worker, member or placement) providing guidance on how to use the PCP, including:

- Your PCP is the main doctor who gives you most of your care and makes referrals when you need them. Think of your PCP as your medical home—the place that knows you the best.
- Make an appointment with your new PCP right away, even if you are not sick. The purpose of this visit is to get set up as a new patient. Your PCP will get to know you and get an idea of how to treat you.
- The more your PCP knows about your health history, the more he/she can help you. Getting set up as a patient before you get sick is important. When you are an established patient, you can get your

medicines and referrals more quickly.

For members with a care gap, after an appointment is confirmed as scheduled, the Kentucky SKY Care Coordination team will call the member (or former foster youth), guardian, placement or provider at regular intervals to confirm that it was kept.

If an appointment is not kept, our Kentucky SKY Care Coordination team will follow up with the member (or former foster youth or placement) to identify and address any barriers contributing to the missed appointment by engaging additional community resources. Reasons for missed appointments could include lack of transportation, language, physical limitations, hours and so on. Barriers will be addressed through solutions including arranging Medicaid transportation, changing PCPs, arranging interpreter services or identifying other community resources that can mitigate the barrier.

During this call, the team member will inquire about the possible reasons that the member has not visited their PCP and help them resolve those issues and schedule a PCP appointment. The Kentucky SKY Care Coordination team will reinforce the reasons why establishing and maintaining a relationship with the PCP is so important to their overall health. Caregivers and former foster youth will also be educated to the incentives in form of gift cards attached to well-child exams for members ages seven to twenty (7-20) years.

Passport will work collaboratively with SSWs, Family Service Office supervisors, MCO liaisons, Office of Children with Special Health Care Needs (OCSHCN) nurses, independent living specialists and service region clinical associates to collaborate and coordinate care for the member. Similar communication through the DJJ Benefits Specialist and case workers will also be utilized. Ongoing communication between appropriate parties regarding care gaps and other health issues (hospitalizations and ED visits, use of psychotropic medication and utilization of BH benefits) will occur regularly.

Tracking Completion of Scheduled Appointments and Gaps in Care

We track completion of scheduled appointments to ensure children receive the full range of timely EPSDT screenings and treatment as specified in the ACIP Recommended Immunization Schedule, the American Academy of Pediatrics (AAP) Bright Futures guidelines, and DMS guidelines, and identify children who are more than two (2) months behind based on claims reports for outreach. Kentucky SKY Care Coordinators contact guardians or foster parents with a SKY member who has gaps in care for services related to preventive health screenings and chronic care. They also review the child's needed screening or care and help schedule the appointments and eliminate any barriers to keeping the appointment, such as arranging transportation.

Identifi, Passport's care management, utilization management (UM) and communication platform, allows Care Coordinators and other Passport team members to easily view claims/encounter information for Passport members because that data is stored within the member's record. Identifi alerts Passport Care team members to potential gaps in care, such as a missed EPSDT well-child visit, allowing the team to know upon login to a member's record that a discussion about that particular needed services should occur during the next outreach. If a claim is received for that needed service, the alert for the care gap will disappear and it will show within the record as closed.

Supporting Adherence with Dental Visits

Regular dental care is important to our Kentucky SKY members' health and well-being. We encourage adherence with dental visits by educating our members and guardians on the importance of dental care. In addition, we work diligently to overcome any barriers to receiving dental care, such as transportation.

Guardians or caregivers and members (including former foster youth) will receive assistance from their Kentucky SKY care coordinator in locating a dentist close to their home. The Kentucky SKY team can also identify dental providers who offer specialized care for children with diagnoses such as post-traumatic stress disorder (PTSD) and autism. A similar process as above to address care gaps for dental exams will be utilized. Claims/encounters review will focus on six (6) month exams and annual X-rays. When a member is one (1) year old or older and shows care gaps for dental care, caregivers and guardians will be notified of those gaps. Caregivers and former foster care members will also be educated about incentives attached to attending regular dental appointments.

For both medical and dental provision, Passport Provider Network representatives will continue to address availability by adding providers to the network, regardless of whether a specific provider has been requested. For dental benefits, we subcontract with Avesis. Avesis has provided essential vision and dental care programs for millions of members for over thirty-five (35) years and is recognized today as one of the fastest growing managed ancillary health administrators in the nation. Their success can be attributed to fully understanding the needs of their clients, in addition to its proven ability to cost-effectively deliver exceptional quality and visionary solutions. Avesis has proven expertise in designing and administering innovative vision and dental programs; in-depth knowledge of the ever-changing landscape of government sponsored programs; and regulatory insight into the unique challenges facing the Medicaid, and Children's Health Insurance Plan (CHIP) healthcare populations. Passport interfaces with Avesis throughout the organization to make sure that the dental network is adequate and that dental needs are integrated. Regardless of direct or subcontractor services, Passport retains full accountability for network adequacy.

G.5.e. Foster Care (FC) Enrollees and Juvenile Justice (JJ) Enrollees often experience changes in placement. These placement changes may require assignment of new PCPs and Dental Providers. Describe the Contractor’s proposed process to assess a FC or JJ Enrollee’s access to a PCP and Dental Provider timely after a change in FC Enrollee or JJ Enrollee placement and assigning a new PCP or Dental Provider if the prior Provider no longer meets access standards.

Helping Kentucky SKY Members Navigate Placement Changes

Changes in placement are common occurrences among Kentucky SKY members. These changes are disruptive to the member’s overall continuity of care and can threaten individual well-being. Passport works to support the member and the guardian throughout the placement change process, including the assignment of new PCPs and dental providers.

We prioritize the following tasks to support the member in getting timely access to their new providers:

- Processing the assignment of new providers
- Ensuring member access to care
- Connecting the member with dental providers

Processing the Assignment of New Providers

Notification of a member’s change in placement happens through a range of avenues (e.g., call from placement, call from SSW or DJJ worker, notification through coordinating conversations with CRP). However, notification occurs, our support of the member and helping him/her remain connected to needed health services begins immediately. Upon notification of a placement change that may require a change in PCP, the Kentucky SKY Care Coordination team will contact the new caregiver and determine if it is feasible for the member to stay with their current PCP. If not, the team will discuss what the caregiver’s preference is for a provider. Depending on the response, we will respond as follows:

- **There is a preferred provider in network:** If the preferred PCP is in network and has an opening on their panel, the Kentucky SKY team will work with Member Services to make the change to the new PCP, issue a new card to the member, and notify the PCP’s office that the member has been assigned to the new provider.
- **There is NOT a preferred provider:** If the placement has no preference in a PCP, a PCP will be auto-assigned based on the placement’s ZIP code, a new card will be issued to the member, and the caregiver and provider will be notified.
- **There is a preferred provider out of network:** If a caregiver requests a provider who is not in network, Passport PNM will reach out to the provider to determine if the provider will come into network or if the nonparticipating provider will continue to see the member. If an agreement cannot be reached, the Kentucky SKY team will go back to the caregiver asking for an in-network preference. If this is not provided, an auto-assignment will occur as described above.

In each case, our team will facilitate the transfer of records, including the provider and placement claims history, as needed. We will also inform the new placement of any current care gaps, based on claims review.

The new Passport Kentucky SKY ID will be issued to new placement as requested, and with guardian's permission.

Connecting the Member with Dental Providers

To facilitate the member's selection of a new dental provider, our Kentucky SKY Care Coordination team will work with the new caregiver to select a dental provider accepting new patients based on the caregiver's preference or, if no preference, based on ZIP code. The process for assigning a dental provider to a Kentucky SKY member varies, depending on the eligibility group of the member. For FC or JJ members who change placement, Passport will assess the member's access to their currently assigned dental provider within one (1) business day of receipt of notification of the changed placement. If the assigned dental provider no longer meets the geographic access standards, the guardian or appropriate caregiver will be notified within the same business day. The guardian or caregiver must select a new dental provider within two (2) business days, or Passport will assign the Kentucky SKY member an appropriate dental provider.

Passport will also identify providers who specialize in interacting with traumatized children, children with autism, and children with other developmental concerns.

In all cases, our team will ensure that the new caregiver knows how to access the member website, which has a provider directory and helpful resources.

FC members, AA members and JJ members and their guardians or caregivers will have the option, as other Passport members do, to request a change of dental provider based on the needs of the member. Requests will go directly to the Passport Kentucky SKY team, which will coordinate with Member Services to complete the request.

G.5.f. Describe the Contractor's process for engaging Adoptive Parents who request to opt out of the Kentucky SKY program to stay enrolled, including:

G.5.f.i Process for outreach and engagement of Adoption Assistance (AA) Enrollees.

Engagement of Adoption Assistance Members

Adoption Assistance members and their families receive the same level of service described above in terms of welcome, choice of providers and access to care coordination. We will conduct outreach to them within the first week of enrollment and use motivational interviewing to gain a clear understanding of the child's and family's needs and preferences. During the process, we work closely with the family to provide assessment, care management and referrals to community services. During these interactions, our goal is to let these families know that we are here and available as a resource to support them on behalf of the state.

Engaging Adoptive Parents Who Request to Opt Out

There are various reasons why an adoptive parent may plan to opt out of the Kentucky SKY program, despite the wealth of resources it provides the member. Passport believes in doing everything we can to strengthen the health outcomes of our Kentucky SKY members. When we receive an opt-out request, we contact the parents immediately to:

1. Understand the reasoning behind the opt-out request
2. Reengage the family with outreach
3. Evaluate the family's feedback to continuously improve our programming

G.5.f.ii. Conducting surveys with AA Enrollees to determine the reason for opting out of the Kentucky SKY program.

Surveys to Understand the Reasons for Opting Out

Passport's outreach specialists conduct a brief phone survey of all adoptive parents who opt out of Passport coverage. The survey asks about general satisfaction, reasons for the opt-out request, and other issues relevant to obtaining feedback for improving services. If we are unable to reach the family, we mail the survey.

When an adoptive parent expresses interest in opting out, we make contact to understand the reasoning behind their request. We respect the family's decision, but we also want to make sure the disengagement is not a result of a fixable issue. After working to understand the reasoning behind the request, we attempt to reengage the family with outreach and care management activities. We also take care to offer alternative community resources to the family and, as indicated, connect them to other adoptive parents for peer support.

G.5.f.iii. Attempts for periodic re-engagement after Disenrollment.

Reengage the Family with Outreach

In our experiences, we have found that well-executed reengagement efforts are effective. We use outreach specialists to contact AA members and attempt to reengage them. During this discussion, our specialists will describe the program and its value to them, with the goal of the family remaining in the program.

If the family ultimately decides to opt out, the outreach specialist would set action items for follow-up in Identifi (our medical management platform). These periodic attempts to contact and engage the families would take place at least twice per year.

G.5.f.iv. Include how the Contractor will use results from the survey to improve the program.

Evaluate Feedback for Continuous Improvement

Information from the surveys will be analyzed and shared with the Kentucky SKY management team. The data will also be shared with the SKY Advisory Committee and through them reported to the Quality Medical Management Committee (Passport Quality Improvement Committee), where it is incorporated into Passport's overall quality efforts.

Resulting actions may include, but are not limited to:

- Staff retraining or re-alignment
- Application of additional resources
- Modification of policy and procedures
- Improved communications with stakeholders (e.g., members, caregivers, providers, agencies)

Our goal is to use any feedback we receive to encourage the ongoing improvement of our programs.

G.5.g. Provide the Contractor's proposed plan for providing Kentucky SKY Enrollees with ID cards in the required timeframes (be issued initially within five (5) Calendar Days of receipt of the eligibility file from the Department and reissued within five (5) Calendar Days of a request for reissue) in the following instances:

- I. Report of a lost ID card.
- II. A Kentucky SKY Enrollee name change.
- III. A new PCP assignment.
- IV. FC or DJJ Enrollee moves to a new placement or for any other reason that results in a change to the information disclosed on the Kentucky SKY Enrollee's ID card.

Passport's Kentucky SKY Identification Cards

Passport will use its existing Kentucky Medicaid ID card process to ensure that all newly enrolled Kentucky SKY members receive ID cards within the required five (5)-day time frame. In addition, in the event of a lost ID card, name change, change of PCP or any other event that will result in information changes to the card, Kentucky SKY members or their guardians may contact us to request a new or updated card. Following Passport's "no wrong door" methodology, members or guardians may contact Passport's staff in a variety of methods—via phone, email, in person and so on—in order to request this change. All staff who answer phones are trained in the unique needs of SKY members and have a process to conduct a warm handoff to the Kentucky SKY team.

G.5.h. Describe how the Contractor will address and manage crisis calls during business hours as well as after hours.

Passport Crisis Lines Are Available 24/7 to Kentucky SKY Members

Passport works to ensure that Kentucky SKY members and their caregivers have access to trained crisis professionals twenty-four (24) hours a day and seven (7) days per week through our 24/7 Nurse Advice Line and Behavioral Health crisis line. Both lines are staffed with professionals who receive Kentucky SKY-specific training. Crisis calls are prioritized over all others, and we team with appropriately licensed staff trained to assist callers in need. Furthermore, Passport will also offer 24/7 coverage from an on-call member of the Kentucky SKY Care team who will be able to assist with any crises related to coverage, accessing services and so on.

Emergent Medical Health Crises

Passport offers our SKY members access to a 24/7 Nurse Advice Line for moments of crisis when members and guardians get sick, hurt, or have a health question. A registered nurse will help members decide what to do next or direct members to the right level of care.

Emergent Mental and Behavioral Health Crises

We understand that immediate BH help and support is an important resource for our members. Members may call Passport’s Crisis Hotline during a mental health emergency/crisis and be immediately connected with a licensed BH professional. We typically handle crisis calls via our dedicated hotline or through our customer service line. Our crisis line is staffed by licensed personnel twenty-four (24) hours a day, seven (7) days a week, and is available toll-free throughout the Commonwealth.

Passport’s
Crisis Hotline
handled 19,862
calls in 2018

Face-to-face emergency services are also available twenty-four (24) hours a day, seven (7) days a week. Our Crisis Hotline is **never** answered by any automated means. For calls received by our Crisis Hotline:

- Ninety-nine percent (99%) are answered by a licensed clinician by the fourth ring
- Callers never receive a busy signal
- Call abandonment rate is seven percent (7%) or less
- Callers can immediately connect to the local suicide hotline and other crisis-response systems through our patch capabilities to 911 Emergency Services
- We never impose maximum call duration limits and allow calls to be of sufficient length to ensure adequate information is provided to the member
- We meet cultural competency requirements and provide linguistic access to all members, including the interpretive services required for effective communication

- Our Crisis Hotline BH clinicians are all independently licensed clinicians, with the training and experience to identify signs and symptoms of crisis. They will quickly execute a crisis assessment to understand the severity of the situation and intervene with the member. Training topics for Crisis Hotline BH clinicians include:
 - Crisis assessment, including identification of:
 - Safety to member
 - Safety to others
 - Desire to cause harm vs. desire and means to cause harm
 - Severity and urgency of crisis situation
 - Need for immediate intervention by law enforcement due to a safety risk
 - Crisis response, including:
 - How to access and deploy emergency response resources for the member's current location, such as Mobile Crisis Outreach provided through our BH provider network, emergency medical services (EMS), or local law enforcement.
 - Process for creating referrals to provider(s) for follow-up care and to Interdisciplinary Care Team for case review and engagement in Passport's Care Management program.
 - Sharing all information pertaining to the crisis call to care management in the clinical system so that the member's clinical record is up to date and complete.
 - If a call is deemed to be nonemergent: discussion of existing treatment details, professional/social supports, and positive coping skills.

The Crisis Hotline BH line is answered by a clinician. They are responsible for working with the member to deescalate or stabilize while the appropriate resources are activated to intervene with the member. The clinician will remain on the line to assist as needed. After a crisis situation is resolved, follow-up care may be provided by a BH or PH team member. The determination of which team will take primary responsibility will be made during joint rounds held by the Care Management Team.

Passport has also completed an internal study looking at the effectiveness of local crisis stabilization services in preventing hospitalization for child and adolescent members. In response to the findings, we developed a workgroup with leadership representation from Passport, Beacon Health Strategies LLC and Centerstone Kentucky (Seven Counties Services) staff to explore more effective ways of utilizing the crisis service and promoting adequate follow-up care, with the intent of saving lives.

We monitor our Crisis Hotline's performance against the Behavioral Health Services Hotline standards and submit performance reports summarizing call center performance as indicated.

Members, caregivers or providers may call Passport’s crisis line while experiencing a situation that is considered a mental health emergency or crisis. We define a crisis as a situation in which an individual in the Kentucky SKY member’s home is in immediate risk of seriously harming him/herself or someone else, such as threats of violence or suicidal ideation or behaviors. It is also considered a crisis if the member is unable to reasonably care for him/herself. We typically handle crisis calls via our dedicated crisis line (which also receives crisis calls transferred from customer service).

When Kentucky SKY members experience a BH crisis and they or their caregivers/guardians need assistance, we hope they will contact their BH provider first for assistance. Their second line of defense should be their Kentucky SKY Care Coordination team. Care Coordination teams will create a crisis plan for each member as part of the team process. The Kentucky SKY care coordinator and Care Advisor will be listed on the plan as options to contact in the event of a crisis. If the Kentucky SKY care coordinator or Care Advisor cannot be directly reached, then members, caregivers or guardians can use our BH crisis line.

If the Crisis Line BH clinician is unable to resolve the issue and the situation needs prolonged support, the crisis clinician will contact the on-call Kentucky SKY BH clinician for support.

G.5.i. Describe the processes, protocols and guidelines the Contractor will use to achieve maximum stability and the best outcomes for Kentucky SKY Enrollees in crisis as well as avoid inappropriate and unnecessary Emergency Care and hospital admissions. Describe how the Contractor will prioritize emergency and crisis calls over routine calls, protocols that will be in place to support warm transfers, and what technology the Contractor will have to enable direct telephonic/computer connectivity to emergent and crisis intervention resources.

Supporting Kentucky SKY Members in Crisis

Our Kentucky SKY members’ long-term stability and improved outcomes are a top priority to Passport. Members in crisis are more likely to experience harm or additional trauma. Lack of a robust crisis response can result in costly, inappropriate utilization of medical resources like EDs and inpatient stays.

We have structures in place to move from reactive crisis orientation to proactive care by enhancing the following systems:

- Our care management model
- Processes and strategies to recognize and solve problems before they occur
- An algorithm to identify members more likely to experience crisis
- Our crisis line and protocol

Our Care Management Model

Passport’s care management model is based on proven population health techniques that integrate physical health and BH services and recognize that a member’s total needs, including social support needs, must be met if meaningful gains are to be made in improving health and functional outcomes. Key features that distinguish this model from other managed care models include:

- The proprietary identification and risk stratification tool incorporates multiple social data sets, as well as claims, clinical and electronic health record (EHR) data, supporting identification of members at higher risk because of the combination of health and social factors. The predictive model has a higher reliability rating than other industry-leading models.
- The model targets members with projected high future costs (who have “rising risk”) and impactable conditions for care management in addition to those members with chronic conditions or high service use, expenditures or levels of care, and allows us to intervene early and change the member’s trajectory.
- Interventions are focused on the factors most likely to improve the member’s health outcomes and quality of life: member education on self-management, PCP engagement and support, and coordination of the member’s services and supports that address identified health needs and Social Determinants of Health (SDoH). Our model includes local multidisciplinary care management teams aligned with specific PCPs and their patients, and embedded in high-volume practices that support the PCP–member relationship and implementation of the PCP’s treatment plan.
- Our integrated approach brings care management teams, providers and UM staff together, working on a single platform, Identifi, which includes care management, UM and provider-facing applications with available EHR integration. Identifi supports real-time communication, alerts and information sharing across providers, settings and levels of care. This includes the creation of multidisciplinary care plans that can be shared across the care continuum, including with caregivers.

Our care management approach integrates PH, BH and social interventions, assigning members to a local care manager most qualified to meet their needs.

A primary focus of all of our clinical programs is member self-efficacy through member or family/caregiver education, modeling and teach back. We help members and their caregivers gain critical self-management skills employing evidence-based teaching methods, while considering their readiness to assume responsibility, the complexity of their health and social support needs, and resources. Care managers focus on those conditions and needs of top concern to the individual, which may be social supports, such as housing, rather than health care-related.

Program goals and objectives are customized by program, but in general include:

- The child or family demonstrates knowledge of his/her condition(s) and self-management or recovery plan
- The member has maintained or improved his/her health and functional status
- The child or family has an established relationship with the child's health Care Management team and community-based support services, and knows how to navigate these services
- The member follows his/her medication regimen, as prescribed
- The member has completed specific health care activities, including wellness care and activities specific to their conditions (such as lab testing related to the use of certain medications)
- The member avoids unplanned inpatient stays and avoidable ED visits

Processes and Strategies to Recognize and Solve Problems Before They Occur

Central to Passport's approach to recognizing and solving problems before they occur is the close relationship that Care Coordination teams maintain with Kentucky SKY members. The Kentucky SKY Care Coordination team monitors for care gaps and at least annual visits to PCPs. In regular contacts with members, Care Coordination team staff remain alert to issues that might need support either now or in the future. This type of intervention helps us to close care gaps and ensure members are receiving the services they need.

Furthermore, Passport conducts performance improvement and quality management activities that are built on effectively aggregating, organizing and evaluating data. We utilize our operating partner's tools such as Identifi (described further below), Microstrategy, SaaS, SQL and its enterprise data warehouse, supported by myriad Informatics and Technology teams. We systematically collect data to monitor, measure, evaluate and continuously improve nearly all aspects of care and services for our members. Our trend analyses and benchmarking identify issues for immediate study and action before they escalate into major problems. We also use data to design, implement and evaluate the effectiveness of our foster care program.

Identifi offers benchmarking across multiple health systems, performance metrics, patient engagement and physician engagement. It is based on a clinical rules engine consisting of more than 1,400 rules, with several thousand member characteristic categories that cover measures from Medicaid and other federal programs. Our National Committee for Quality Assurance (NCQA)-accredited UM solution uses medical policy decision support and education to help transform provider behavior and reduce inappropriate utilization. We review clinical guidelines annually and on an interim basis and, as needed, to flag any updates that may impact measures.

The Identifi platform automatizes and expands the stratification functions of our original model. Identifi is a comprehensive, integrated and scalable Medicaid Management Information System (MMIS) specifically designed to support health plan administration, population health, member engagement and PNM. Identifi's capabilities combine the early identification of impactable, at-risk members with structured care management workflow and integrated UM tools to deliver cost savings and quality improvement. The Identifi platform identifies members through multiple methodologies, including proprietary, configurable predictive modeling algorithms that are based on independent medical, pharmaceutical, laboratory, BH claims, and eligibility/demographic variables. The tool allows for ongoing monitoring of stratification performance and identification rates to optimize resource allocation across populations, programs and geographies.

Algorithm to Identify Members More Likely to Experience Crisis

While all members will be engaged in care coordination/care management, to stratify them appropriately Passport leverages a highly accurate predictive model. While risk stratification is one method used to identify the appropriate level of care management engagement, clinicians may identify a child for a higher level of engagement based on their experience and knowledge of the child, and the child's conditions and clinical trajectory. Passport will leverage the algorithm, as well as clinician input, to ensure that children with high utilization of services—in addition to those who are Medically Complex or who have had a recent or current BH inpatient stay—receive care management. This allows Passport to put the necessary supports in place to help avoid a crisis before it happens.

Crisis Line Training and Prioritization Protocol

When Passport is notified of a Kentucky SKY member crisis from our dedicated crisis line or via the SSW or caregiver, we understand that swift action is crucial to ensuring the least amount of disruption to members and guardians. We have systems in place to prioritize crisis calls over typical calls. Crises for this population are different from the typical traffic we handle in our crisis line. As mentioned earlier, calls can come from the SSW, caregiver, parent or even hospitals.

In all crisis scenarios, our s will engage our crisis call handling protocol. This protocol includes notification of a supervisor while keeping the caller on the line, acquiring the caller's contact information in case the caller hangs up or leaves the call, and immediately transferring the call to a BH clinician while remaining on the line with the caller. Our team members are co-located with an on-site BH subject matter expert, who remains available to assist. Callers in crisis are never to be placed on hold, and we leverage specialized technology that allows the representative to remain on the phone with the member during call transfer. If the representative is unable to determine whether the situation constitutes a crisis, the call will be warm-transferred to a BH clinician so they can make a clinical determination. In the case that the call is not routed through another channel and the member or caregiver calls our crisis line directly, a BH clinician will be the first point of contact for the caller.

The Crisis Line BH clinicians are responsible for working with the caller to de-escalate or stabilize while the appropriate resources are activated to intervene with the member. The representative will also remain on the line to assist as needed. After a crisis situation is averted, follow-up care is provided by a BH clinician or other Kentucky SKY team member.

G.5.j. Describe trainings and resources the Contractor will provide to call center staff related to recognition and management of crisis calls to ensure the most expedient and risk-reducing outcomes, including a description of the level and type of training.

For optimal utilization of the crisis line, we train all of our phone representatives on how to quickly identify and escalate a crisis call. All of Passport's member-facing staff, including Member Services representatives, are trained to take a member-centric approach to support and interact on the phone. Staff are also trained on how to identify crisis calls and to immediately escalate them to a licensed BH clinician via the crisis line. In this way, we are able to ensure that our member-facing staff are equipped and empowered to quickly address crisis situations and thereby reduce costly outcomes such as hospitalizations or ED overuse.

We simultaneously train Passport staff on call standards and communication strategies for non-English speakers, benefits, emergency services, resources and the direct transfer protocol for case managers. Additional training focuses on courtesy, professionalism, empathy, health literacy (avoidance of jargon), de-escalation procedures and our definition of quality. We also provide population-specific training such as guidance for interacting with the elderly, minors and caregivers. Our methods of training include face-to-face classroom training, role-playing, real-life case analysis, listening to call recordings and practice studies that trainees develop solutions and responses to resolve. This enhanced exercise and practice methodology helps our staff to adequately prepare for taking live calls.

Our Crisis Hotline BH clinicians are all independently licensed clinicians with the training and experience to identify signs and symptoms of crisis. They will quickly execute a crisis assessment to understand the severity of the situation and intervene with the member. This also helps our staff to divert care to appropriate providers and facilities to reduce waste and duplication.

Training topics for Crisis Line BH clinicians include:

- Crisis assessment, including identification of:
 - Safety to member
 - Safety to others
 - Desire to cause harm vs. desire and means to cause harm
 - Severity and urgency of crisis situation
 - Need for immediate intervention by law enforcement due to a safety risk

- Crisis response including:
 - How to access and deploy emergency response resources for the member’s current location such as mobile crisis outreach provided through our BH provider network, EMS, or local law enforcement
 - Process for creating referrals to provider(s) for follow-up care and to interdisciplinary Care team for case review and engagement in Passport’s case management program
 - Sharing all information pertaining to the crisis call to case management in the clinical system so that the member’s clinical record is up to date and complete
 - If a call is deemed to be nonemergent: discussion of existing treatment details, professional/social supports, and positive coping skills

All Passport staff must also complete required annual training that includes compliance; privacy; confidentiality; member rights and responsibilities; diversity and cultural competency; code of conduct; and identification of fraud, waste and abuse; as well as education on confidential reporting of safety or compliance concerns raised by members, their families, other callers, or about health care providers.

Conclusion

Passport’s experienced Kentucky SKY team will provide comprehensive member services for Kentucky SKY members. The team allows seamless integration of our organization-wide offerings and resources to our Kentucky SKY population. Our twenty-two (22) years of experience provides Passport a deep understanding of the Kentucky SKY populations, the agencies responsible for their care, and the professionals who work with these individuals on a daily basis.

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.